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Using the SEND Thresholds (0-25 Years)

Guidance 2024





Contents

	Page
An introduction to the SEND Thresholds	3
A focus on inclusive practice and removing barriers to learning	4
Specific Characteristics of Effective Provision for Children and Young People (CYP) with SEND 0-25	5
The Graduated Approach: Quality First Teaching Expectations	7
The SEND Thresholds	13
Preparation for Adulthood (PFA)	15
The child and young person's voice	16
Top Ten Tips for working with parents/carers and families	19

Early Years

Guidance for Children with SEND in the Early Years	21
Early Years SEND Thresholds	25
• Cognition and Learning	26
• Communication and Interaction	35
• Social, Emotional and Mental Health	44
• Vision Impairment	55
• Hearing Impairment	70
• Multi-Sensory Impairment	85
• Physical and Medical Needs	100

Primary and Secondary

Guidance for School Aged Pupils with SEND	117
• Cognition and Learning	119
• Communication and Interaction: Complex Social Communication	131
• Communication and Interaction: Speech, Language and Communication Needs ..	143
• Social, Emotional and Mental Health	161
• Vision Impairment	182
• Hearing Impairment	207
• Multi-Sensory Impairment	228
• Physical and Medical Needs	255



Post 16

Guidance for Post 16 Pupils with SEND	280
• Cognition and Learning	289
• Communication and Interaction: Complex Social Communication	294
• Communication and Interaction: Speech, Language and Communication Needs ..	297
• Social, Emotional and Mental Health	307
• Vision Impairment	314
• Hearing Impairment	337
• Multi-Sensory Impairment	357
• Physical and Medical Needs	379
• Preparation for Adulthood: Useful Information and Resources	401

Gateshead Services

Education Services	403
Health Services	409
Social Care Services	413
Acronyms	415



An introduction to the SEND Thresholds

Gateshead have great pleasure in presenting 'The SEND Thresholds' which is the Local Areas response to meeting the SEND Code of Practice (2015) Graduated Approach and the DfE SEND Improvement Plan launched by the DfE on 2 March 2023. We want to build on best practice nationally and to shape the Graduated Approach at all settings 0-25. The SEND Thresholds will provide an invaluable framework for staff in all settings 0-25.

The young people of Gateshead are really proud to support the development of the SEND Thresholds. "We are pleased that the Thresholds, which we have been a part of, give guidance, advice and expertise on the support that we require in settings 0-25 to meet our needs - the Thresholds are a guide and give us the beginning of the conversation as to what should or could be available to us".

Gateshead Council have recognised the importance of the young person and the family voice with particular respect to those children and young people with additional needs and hence we have a section in the Thresholds supporting the young people and family voice.

During the consultation with young people and families they came up with some amazing practical ideas to improve communication and provision – these ideas will be in sections of the Threshold publication. Although, there is amazing practice in early years, primary, secondary and post 19 settings there are messages which we would like all professionals across education, health and social care to hear.

There are some really strong messages here. Families were enthusiastic about sharing their experiences of meetings and from this we have devised ten top tips on working collaboratively using the SEND Thresholds. A more detailed additional document will be produced for settings to support the effective involvement of families and carers.

The SEND Thresholds will be supported by training from Education, Health and Social Care services following the launch in January 2024. Forty Pilot Settings 0-25 across Early Years, Primary, Secondary, Special and Post 16 along with Young People and their families, as well as Health and Social Care colleagues, have been part of a Pilot Trial and have contributed to this final document.

We are delighted to be part of this creative approach and thank all professionals, the Parent Carer Forum and Youth Voice who have provided invaluable support within their relative areas.



Suzanne Dunn
Service Director - Education, Schools and Inclusion



From the young people:

"Please listen to us and let us have a voice. Sometimes we try and share our feelings with you but you 'pretend or be deaf'.

"I have support needs which need to be tailored to my requirements."

"We are good at masking disability - we need to have so much confidence to speak out, we try and go to the people who will help. Trust is so important to us."

"Our lives are like a jigsaw with pieces that don't always fit... so in the end it is the design that is at fault and flawed not us."

"Never underestimate the power of talking – I need to talk about my feelings and my aspirations not just writing on a form."

"There is a lot of training required for staff who are working with us across the agencies – we need to have things in place for our health, environment and the curriculum – people need to listen to us and our ideas."

"It's important to be comfortable in the environment I am in in order to achieve my full potential."

A focus on inclusive practice and removing barriers to learning

As part of its commitments under Articles 7 and 24 of the United Nations Convention on the Rights of Persons with Disabilities, the UK Government is committed to the inclusive education of disabled children and young people and the progressive removal of barriers to learning and participation in mainstream education.

The Equality Act 2010 and Part 3 of the Children and Families Act 2014 interact in a number of important ways. They share a common focus on removing barriers to learning. In the Children and Families Act 2014 duties for planning, commissioning, and reviewing provision, the Local Offer and the duties requiring different agencies to work together apply to all children and young people with SEN or disabilities.

The key areas of focus for the Children and Families Act 2014 are based on the following principles:

- High expectations and aspirations for what children and young people can achieve
- Aspirations of children and young people and their parents/carers are at the centre of everything we do
- Early identification of needs and integrated early help
- Integrated assessment and planning from 0-25 years focused on long-term outcomes, bringing together education, health and care support
- High quality provision organised with clear pathways and providing choice to families
- Excellent outcomes achieved through the knowledge, skills, and attitude of everyone working with children and young people with SEND.





Specific Characteristics of Effective Provision for Children and Young People (CYP) with SEND 0-25

- Development of a personalised pathway where the CYP is at the heart of all that is done.
- Transition is effective across all settings 0-25 and there are clear expectations regarding the sharing of information and planning for the next stage.
- The school/setting follows the SEND Code in terms of the graduated response of Assess, Plan, Do and Review in all aspects of their work and this can be clearly evidenced.
- Curriculum modifications are made and documented in short and medium-term planning.
- The management and monitoring of teaching and learning standards in schools/ settings has a focus on high quality differentiation and the golden thread running through this is that all teachers are teachers of SEND.
- Settings have made reasonable adjustments to their curriculum and can evidence this change through planning, observations, learning walks, scaffolding and scrutiny of CYP's work.
- There is a clear and well documented training plan across the whole school/setting for staff in terms of understanding and meeting the needs of CYP with SEND.
- Parents/Carers and CYP are involved at all stages.

- TAs/support staff are routinely involved with planning, assessment, and evaluation of CYP's progress.
- There are clear baseline assessments on entry and exit of all the interventions.
- Target setting is SMART (Simple, Measurable Achievable, Realistic and Time Limited) and can be followed through in terms of input and impact.
- Timetables are personalised.
- Leaders and managers regularly scrutinise the work of CYP with SEND, observe lessons and undertake focused learning walks. This is then fed back to the governor for SEND who comes into the school on at least a 6-weekly basis to report to the Governing Body on the progress of CYP with SEND and those who are vulnerable. A report is given to the SEND governor by the SENDCO which includes information on key areas of SEND practice, data on outcomes and developments in school/setting.
- The learning environment is conducive to the needs of CYP with SEND and is communication-friendly.
- The resources, and in particular ICT, enable CYP with SEND to access the curriculum.



The Graduated Approach: Quality First Teaching Expectations

Core Principles

The following Core Principles underpin all our work with CYP with SEND at whatever level in the education system. These have been put together by a group of SENDCOs, senior leaders and LA Officers. These will be further developed to incorporate family and young people's views, along with those from Health and Social Care.

- Every teacher is a teacher of SEND – in fact, everyone in any setting has a responsibility for SEND as a core part of their work.
- There must be a whole school approach to meeting the needs of CYP with SEND and/or barriers to learning and their families.
- Both the pupil and family voice are of paramount importance
- The environment should be supportive, inclusive, shaped to recognise differences and flexible to meet the needs as they arise.
- Senior Leaders including Governors demonstrate clear commitment to ensuring high quality aspirational provision for SEND that permeates throughout the organisation.
- The SENDCO must be a qualified teacher and have the NPQSEND or be working towards this qualification with the aim of achieving it within three years of appointment to post. The SENDCO must have a training plan in place to ensure that they are up-to-date with current and future best practice. This qualification is being reviewed through the DfE Change Programme following the SEND and AP improvement plan 2023.
- Quality First teaching is embedded across the setting and is an integral part of planning, delivery and part of the appraisal and performance management of every member of staff.
- Teaching Assistants and support staff have a clear management structure with specialisms and training that enable them to provide high quality specialist interventions that ensure children and young people with SEND make at least good if not outstanding progress.
- The SENDCO has responsibility for ensuring that the right support is in place for each CYP. All staff and in particular senior and middle leaders are responsible and accountable for the quality delivery and outcomes within their area. They contribute to the holistic vision and ethos of the organisation.
- Early identification and assessment are embedded in the whole school approach to SEND with a clear understanding of assess, plan, do, review and an understanding of diagnostic tests.
- The curriculum is ambitious, rigorous, flexible, and bespoke to the needs of all. It must be progressive, building on skills and understanding, providing a rich tapestry where learning can take place.
- Resources – the Notional SEND Fund, Pupil Premium Grant and Catch-up funding is effectively targeted to those children and young people who have SEND/barriers to learning.
- There is an effective Quality Assurance system in place to monitor and track interventions and approaches through evidence-based enquiry.
- Preparation for Adulthood (PfA) is embedded across all settings 0-25 and the four key outcomes (Family, Friends & Community, Employment, Independent Living and Good Health) are key drivers in the ambitious curriculum.

Leadership and Management

1. Provision for children and young people with SEND, including those with additional needs and disadvantaged groups, is well led and managed.

- Clarity over the role of the Governing Body/Trust and Leadership Team through effective Governance structure and professional development.
- SEND training programme is securely in place for all
- Staff are confident that the Governing Body and SLT are knowledgeable about the inclusion of CYP with SEND and this is reflected in the vision, practices and values so that all children achieve and realise their potential.
- The Governing Body/Trust, SLT and the SENDCO act as champions for inclusion, have evidence of effective policy, practice and procedures through minutes and strategy which holds leaders and managers to account.
- The Local Offer is well-known and used effectively and staff as a whole have taken an active part in the development of the school SEND information report.
- The SENDCO is an experienced teacher with the NPQSEND (or working towards) and is part of the senior management team. They have time and administrative support to carry out their role effectively. Their time is spent in supporting Quality First teaching as well as those CYP with more significant needs.
- The Governors and senior leaders of the school actively monitor the outcomes of CYP with SEND and provide accurate information in a timely manner.
- The school ethos and values are in tune with effective inclusive practice.

2. Leaders are ambitious for CYP with SEND and this ambition is shared by staff.

- Staff know that they work in an inclusive school where diversity is valued and welcomed and can provide examples of how they have established and maintained an inclusive environment within day-to-day practice.
- The curriculum is well-planned and incorporates the PfA outcomes which are embedded from the early years.
- The curriculum is planned to meet needs and reflects leaders' high aspirations for all CYP from disadvantaged groups.
- The curriculum is planned to meet the needs of all children in the setting assessing the implementation and impact on all CYP.
- There are regular reviews and evaluation including deep dives, the voice of the CYP and family in the development of the bespoke curriculum pathway.

Curriculum, Teaching and Learning

1. The curriculum is successfully adapted to be ambitious and meets the needs of all CYP in supporting their independence and aspirations, and the planning of professionals involved reflects this.

- Needs, strengths and interests
- Gains in knowledge
- Additional resources
- Appropriate methods of communication
- All is accessible
- Pace is good and the environment effective and regularly reviewed
- Staff are committed to developing their expertise
- PfA is built in at every level

2. Staff adapt learning approaches, following advice and guidance from specialist teachers where appropriate, to provide appropriate learning challenges. Staff cater for different learning needs and styles with individual and/or small group planning and programmes where appropriate. Every teacher and leader is a teacher and leader of SEND.

- Learning is carefully planned
- Staff effectively interact with all CYP
- Reading and communication are at the heart of the curriculum
- Staff have the appropriate skills in implementation
- Multi-sensory teaching techniques are embedded
- Handwriting skills, effective approaches to homework, age appropriate study skills, key vocabulary and resources are within easy reach of all CYP

3. Staff ensure that CYP have opportunities to work in different ways, i.e. independently and in a variety of small groups.

- Strategies are in place to promote independent learning
- Scaffolding of learning is evident
- Staff are specifically trained to lead and support interventions
- Seating plans and organisational plans are in place to include the effective use of additional adults

4. Staff provide regular opportunities for collaborative learning and peer support.

- Building and maintaining positive relationships
- Opportunities to develop peer awareness
- School/setting promotes the culture of peer support



Assessment and Individual Planning

1. A regular cycle of assess, plan, do, review.

- Staff are aware of CYP starting points
- Staff are aware of CYP strengths and areas for development through a diagnostic approach
- Information is shared effectively between and across phases
- All CYP have equal opportunities across the curriculum
- There are regular reviews and the use of a variety of assessment profiles including the Boxall profile
- CYP voice is captured at all times
- CYP are aware of what they need to do to get to the next stage

2. Staff ensure that formative assessment and feedback are a feature of daily practice, and this should be reflected in the marking and assessment policy.

- There is account of prior learning
- Wide range of assessment strategies
- CYP have regular opportunities for reflection
- Marking clearly moves the CYP forward in their learning and understanding
- The impact of interventions is critically evaluated

3. Expertise is in place to manage access arrangements and advice is sought from specialist teachers when necessary.

- Adaptations are made
- Procedures are in place to inform parents/carers
- Reasonable adjustments are made based on individual needs
- Adapted resources and/or equipment is available to support access

Partnership and co-production with CYP and parents/carers

1. The school/setting works in co-production with parents/carers in decision-making.

- Co-production of all materials
- Understanding and use of the Local offer
- Parents made aware of the communication channels and their child's individual needs
- Good communication and effective communication between school and parent/carer
- Information on the Local Offer is comprehensive and shows a variety of bespoke pathways and benefits from 0-25
- There are formal and informal events for parents and career to share their views
- Transition is carefully and sensitively managed

2. CYP are enabled to participate in their assessment and review procedures.

- CYP actively participate in all reviews and are a part of decision-making bodies
- CYP know their next steps and end of year targets
- Person-centred approaches are regularly reviewed

Supporting social and emotional development/pastoral care

1. The school/setting recognises and responds to the social and emotional aspect and support needs of CYP with SEND and the provision takes account of issues and the impact of these, such as family breakdown, family illness, moving home, bereavement and other key challenges and changes.

- There is a calm and purposeful environment
- Language is differentiated to meet needs
- Strong relationships with social, emotional and mental health professionals and services
- School/setting promotes the emotional regulation of all CYP

2. CYP feel safe and valued and know that they can approach staff who will listen to their opinions and concerns.

- Negatives beliefs are challenged
- The voice of the CYP is central to the school/setting improvement and is encouraged and acted upon
- School council is active

The Physical and Sensory Environment

1. The physical environment is adapted to meet the needs of CYP.

- There is a purposeful and well-organised learning environment
- Physical accessibility checks of the building and individual learning spaces are regularly carried out with various tools such as an environmental audit (See Gateshead Accessibility Strategy - <https://gateshead-localoffer.org/wp-content/uploads/2022/09/3701-JH-Accessibility-STRATEGY-2021-24.pdf>)
- The furniture and equipment is of the right size and quality
- Extra-curricular activities and visits are planned to fully include all
- Pupil views are regularly sought to plan for future provision in this area
- Use of funds is targeted within a clear strategic plan
- Risk assessments are completed in collaboration with relevant professionals when appropriate

2. Staff are aware of the sensory needs and barriers to learning that may impact on CYP.

- Needs are known and planned for
- Equipment is readily available to support equal access
- The environment is adapted to meet the needs of CYP with sensory impairment
- Displays are meaningful and there is access to safe spaces
- Staff are aware of lighting, smells and noises in the room which could affect those CYP with sensory needs
- All sensory experiences are risk assessed

Equipment and resources

1. Resources are available in every classroom or learning environment and the quality and impact of the support is scrutinised.

- Resources are easily accessible and readily used to promote leaning, independence and reduce stigma
- Resources are clear and uncluttered, labelled using text and images
- There is easy access to auxiliary aids

2. Specific resources and strategies are provided to overcome potential barriers to learning.

- Assessments by specialists identify appropriate resources that may be made available
- ICT and assistive technology equipment may be made available for those with more complex needs
- These are planned and used effectively to support learning



Staff skills, training, transitions and use of expertise

1. All staff including teaching assistants make a positive contribution to the progress of CYP.

- Additional adults are employed effectively
- Clear and regular communication between adults
- Group/seating arrangements are reviewed to ensure that independence is developed as far as possible
- Staff are well trained and there is a clear plan for ongoing professional development and best practice is shared across the school/setting

2. All transitions during the day are well planned, well managed and provide the opportunities for CYP to develop the skills to manage change.

- Some of the transitions include the start and end of the day, moving between and within lessons, changing from structured to unstructured time, break to lessons, special events and life events
- Staff prepare the CYP for the forthcoming events through visual timetables and discussions about daily transitions
- Support for CYP is readily available on entry to school and exit
- 'All about me' plans are in place
- Strong liaison with parents and carers and the staff within the next stage of education, employment and/or training



The SEND Thresholds

The SEND Threshold descriptors are based on national best practice in determining and describing the needs of CYP with SEND. They are based on the four areas of the SEND Code of Practice (2015) and on the 'golden thread' of the graduated approach – of assess, plan, do and review that pervades all best practice. The SEND Thresholds are in line with the recently published DfE SEND and AP Improvement plan and will be part of Gateshead's contribution towards the national standards.

The following will be the focus of this new pupil need led approach using the SEND Thresholds 0-25:

- Greater emphasis on accountability and targeting of 'Notional SEND' budgets and funding from the 'High Needs Block' to meet each pupil's needs
- An evidence base of the assessment of need, the range of interventions in place and the impact and outcome
- Schools/settings to provide evidence of interventions through a provision map for the pupil/class/group/school/college
- Schools/settings to demonstrate that they are following the SEND Code of Practice: interventions should be based on the graduated approach of assess, plan, do and review. Evidence of interventions whether successful and/or unsuccessful must be recorded.
- Interventions should be clearly defined and have specific timescales and outcomes that can be measured through quantitative and qualitative data
- Schools/settings to take account of environmental factors – routines, structure, noise levels and rooming, as well as the impact of mental health, sensory needs, and emotional resilience
- An emphasis on 'Quality First Teaching' and what that looks like in practice – every teacher/practitioner is a teacher of SEND
- It is envisaged that most pupils' needs will be met at Thresholds 1-3 through the notional budget in the school/college, and for the higher Thresholds this will be funded through top up funding from the LA High Needs budget
- Schools/Colleges will need to demonstrate how they are spending Element 1 (AWPU or basic entitlement) and Element 2 (notional SEND based on deprivation indicators including Pupil Premium) – this currently equates to £6,000 per pupil per annum in the notional SEND budget
- Provision maps showing the range, frequency and impact of interventions will need to be costed at all levels
- Services that are provided to schools/settings including Further Education and Work Based Training Providers will need to demonstrate their effectiveness and impact (including the cost) in the CYP's provision map
- The family and the CYP with additional needs should be listened to throughout the process and their voice is acted on



The SEND Threshold descriptors will provide a core framework for all professionals working with CYP and will give greater clarity for parents, families, and carers in terms of what their child's needs are, and what each child is receiving.

These SEND Thresholds provide a helpful reference point in relation to identifying the level of need and will support CYP with additional needs with consistency across schools/colleges and other settings. The provisions included help provide clarity for schools/settings and families about the role of schools/settings and education for CYP whose needs fall into the lower thresholds.

The linear model of assessment and diagnosis that has been used in the development of these thresholds does not correlate directly to delivery within health services. A key indicator from a health service and therapies perspective is in relation to the impact of the condition, disability, impairment and/or need on the functional ability of the child or young person in relation to their day-to-day life and learning opportunities, which could vary significantly within all the thresholds, even within the lower ends of the scale.



There may be an identified need for input and intervention with children and young people, by health services, at any time within any of the thresholds depending on the level of impact on the child or young person.

These thresholds therefore serve the helpful purpose of providing a framework to support the allocation of educational and SEND resources and support by providing a simplified indication of health resources that could potentially be required.

The provision map will give clarity as to when assessments should take place, the specific interventions which have been put in place and the impact they have had, as well as the outcomes. This evidence will be the basis for any additional funding that may be required over and above that which is provided by the school/colleges SEND budget. A school/setting would also need to include any support and the impact of that support that they have bought into outside of LA services.

Interventions provided by the school/setting or by specialist staff employed by the LA, the NHS or the school/setting should be planned in terms of input at **universal, targeted and specialist** levels.

Those pupils who have 1:1 support and/or small group work and interventions should be closely monitored on a half-termly or termly basis through a provision map with the intention that the interventions move/de-escalate to targeted then universal support – thus moving towards greater independence and emotional resilience wherever appropriate.

LA officers will be well versed in the interpretation and implementation of the Thresholds. The Thresholds will be used across all aspects of SEND provision, systems and practices including SEND panels, the deployment of SEND Support services and will be applied across mainstream and specialist settings.

Schools and settings will need to ensure that SENDCOs are appropriately trained and qualified. It is important that they are part of the senior leadership team and that they have access to and knowledge of the school/setting budget. In addition, they must have a thorough understanding of how the school spends Element 1 and 2 of the notional SEND budget as well as knowledge of the additional funding that comes into the school/setting via the top up/high needs funds.

Preparation for Adulthood (PfA)

Preparation for Adulthood (PfA) starts at the earliest stage in life through the development of early communication, feeding, making choices to becoming an independent adult. Our curriculum in early years settings and schools should be shaped around the needs of the child and young person regardless of disability. The PfA outcomes gives a clear framework for a curriculum model that can be developed 0-25 using the excellent practice that is already in our settings. It will also support effective transition across and between settings building upon the PfA outcomes, working closely with parents and in shaping EHC plans that are realistic and prepare children and young people with SEND for their next stage.

It will be important regardless of age/stage/Threshold to read through all the PfA outcomes 0-25 so that parents, young people and professionals can plan for the next outcome in their preparation for adulthood. Many CYP with SEND will have complex needs that span several of the Thresholds, so it is important to read all the PfA outcomes to plan a bespoke pathway. The PfA outcomes are not exhaustive and parents, young people and professionals can work and plan together to expand this framework and build all the curriculum experiences both in the setting/school, at home and in the local community that will meet the needs, aspirations and wishes of the CYP.



Suggestions in relation to PfA outcomes can be found on the following pages:

Early Years

Cognition and Learning	34
Communication and Interaction.....	42
Social, Emotional and Mental Health	53
Sensory and/or Physical and Medical Needs	
• Vision Impairment.....	68
• Hearing Impairment.....	83
• Multi-Sensory Impairment.....	98
• Physical and/or Medical Needs.....	115

Primary and Secondary

Cognition and Learning	129
Communication and Interaction.....	159
Social, Emotional and Mental Health	180
Sensory and/or Physical and Medical Needs	
• Vision Impairment.....	204
• Hearing Impairment.....	225
• Multi-Sensory Impairment.....	249
• Physical and/or Medical Needs.....	276

Post 16/19

Cognition and Learning	292
Communication and Interaction.....	304
Social, Emotional and Mental Health	311
Sensory and/or Physical and Medical Needs	
• Vision Impairment.....	335
• Hearing Impairment.....	355
• Multi-Sensory Impairment.....	377
• Physical and/or Medical Needs.....	399

The child and young person's voice

The Gateshead SEND Youth Forum have been engaged in a series of discussions both as a group and individually on their experiences growing up in the education system and suggestions on how settings and professionals can make improvements and make life so much better for them... The passion and commitment by the young people shown during discussions was remarkable and truly humbling. All the quotes are from the young people themselves and are in their own words.

Listening

"It's no use saying, 'oh you need to speak up' when everybody who can make a difference is pretending to be deaf."

"I think I would have thrived more if my views and opinions were taken on a lot more. As someone who has a history of anxiety the ability to speak honestly is a bit difficult"

"I've been to several meetings...and all of them change what I say. Or they just don't listen at all, or they don't do anything about it. If they don't hear what they want to hear then they just don't listen or they change it into what they want to hear. It takes so much energy to go out and speak and try to get things to change but they never change and that's one of the problems."

"I'm pretty sure that if people used the Threshold document to identify what the needs are they'd pick up on some of the techniques they could use".

"I want to get voices heard for people in the SEN Community. If there's something I am struggling with I'd want to see if I can get help with it, so I'd rather be one of those people who can speak out and be able to give views".

The feedback from Gateshead's SEND Youth Forum is clear - the voices of the children and young people with SEND in Gateshead deserve to be heard. They need to be listened to and treated with dignity and respect. Childhood and adolescence can be a difficult time for many people, but for those with SEND it can be particularly tough. As professionals, we place great importance on engaging with children and young people when trying to obtain their views on specific subjects. We must ensure that the information we receive is used to effect meaningful, positive change in the lives of young people. Members of the Gateshead SEND Youth Forum give so much of their time and energy to professionals wanting their feedback, it is vital that we treat that feedback with the respect it deserves. For our young people this means listening, acting upon what they say, using their exact words, and not treating their opinions and experiences in a tokenistic manner.

'Listening to young disabled children' a publication by the Council for disabled children is an excellent resource for Early Years and Primary which outlines practical ways in which settings can develop a listening environment and a listening culture. There are many practical ideas around early communication, listening through music and developing communication passports.

www.ncb.org.uk/listening-and-participation-resources

Equity

“You don’t really want equality, you want equity so that everybody gets what they need to feel equal...Not everybody requires the same stuff – not everybody has the same sensory needs, not everybody has the same anything to be honest.”

Our young people want a system based on equity rather than equality. This means an awareness from professionals that not everybody has the same needs, regardless of if they share similar conditions in relation to SEND. Young people with SEND are individuals and want to be treated that way, this also includes an awareness of invisible disability and masking:

“I think for me it’s really hard cos my learning difficulty, my disability is quite invisible. My mum would say that I’m very good at masking my disability “.

Young people are asking the adults and professionals in their lives to take the time to understand them and provide the help they need as individuals rather than a ‘label’.

Services and Professionals Working Together

Even for adults and professionals, SEND systems and services can be complex and difficult to manage. As a child or young person, they can seem virtually impossible. There can be so many different professionals, groups and services involved in the lives of children and young people with SEND, it’s important for those involved to work together as closely as possible to make the system as straightforward as possible for the children, young people, and families who use it. As illustrated in the above quote, children and young people place great value in professionals turning up to their meetings and sharing information with each other. As well as making their lives easier, it also helps to develop a system in Gateshead where our children and young people with SEND feel listened to, valued, and appreciated. NDTI have produced a fabulous document called Top Tips for brilliant meetings with young people, it gives many ideas on how to make meetings more accessible for everyone. <https://www.ndti.org.uk>

“We were meant to have different people at the meetings, but they never came. I filled in forms and had my views shared, it was whether they acted on it or not.”

Getting the 'Right Support' – this means...

Young people talked avidly about the support, or lack of it, that they received. They had a real insight into what they needed and what they received. Professionals listening was and is key to ensuring that the support is right.

Many thanks go to the Youth Forum and in particular Harry Vincent. Harry has been instrumental in pulling young people's views together and is accompanying the SEND Secondees, Chris, Amanda, Nadine and Sam on their visits to the Pilot settings talking to children and young people.

"In my opinion when I started in year 7, not many people knew about the learning difficulty I had. Now that they know, I think things are much better."

"Receiving the right support makes me feel happier and a lot safer in College and a lot safer in the special school I used to go to because at mainstream primary I just didn't feel safe whatsoever."

"It's important to be comfortable in the environment I'm in in order to achieve my full potential."

"Academically I'm receiving the right support but for my health and care I am not quite getting the support I need, and I think the reason is because there hasn't been the best provision and when I moved into mainstream my EHCP wasn't up to date."

"to be honest a lot of support has helped me like teaching support from College, obviously 1:1 support I get quite a lot from the teachers, I'm not a student who needs much help but when I do need it, it's always there."

"The last two years I've been in an environment that is more fitted for people like me with learning difficulties, I've felt a complete change and feel like my last secondary school did not have the staff to understand my needs, it was more about GCSE's and that's what they focused on and for someone like me, I can't really just sit and do an exam".

"The support I received was 1=1 help with my work which made me feel really understood. I think it was not long before my GCSE's, I was working in big groups and the school got a teaching assistant to come into my lessons and support me."

"Despite the fact that my health and care needs haven't been met due to my wheelchair and health provisions I have somehow still managed to get the best grade a could on my course – however if I don't have the personal care stuff in place for September when I go to College, or my wheelchair sorted I won't be able to achieve my best – it will be so much more difficult" "putting things well in advance is what I need."

Top Ten Tips for working with parents/carers and families

Following discussions with parents/carers and families in Gateshead these Top Ten Tips have been written as a best practice guide and support and foster relationships. For further details, including conducting meetings in the home or other locations, see the accompanying document 'Parent/carer voice' which has shaped these tips.

- 1 When arranging meetings, ensure parents/carers are consulted on their availability and the purpose of the meeting, ideally before multi-disciplinary professionals.
- 2 Ensure you know the CYP's details, including how to pronounce their name, their history and details of medical conditions.
- 3 Speak to parents/carers, and if appropriate the CYP, before the meeting to ensure it is clear how the CYP voice will be heard, be that in the meeting itself or via alternative means.
- 4 When holding a meeting, begin with a round of introductions and use parents'/carers' preferred names (not mum and dad). You may wish to have name cards throughout the meeting.
- 5 Parents/carers and families who speak and use a different language (BSL) must have an interpreter booked in advance and involved in the meeting in order to understand information. For those parents/carers that wish to do so, they may bring someone along to support.
- 6 When conducting a meeting:
 - arrive on time
 - inform participants of any delay
 - dress appropriately
 - offer refreshments and comfort breaks
 - avoid small talk or separate conversations
 - listen to all participants equally
 - don't pressure participants into making decisions on the spot, allow time for reflection and offer additional support as needed
 - be clear about who is taking minutes and who is circulating them and time frames
- 7 Be mindful of the pitch of the discussions and avoid or explain jargon and acronyms. It is better for meetings to be paused and questions asked, rather than people leaving unsure or unhappy.
- 8 Avoid generalised statements related to protected characteristics.
- 9 Be honest and open about the CYP and their needs, what can realistically be achieved by professionals and when this will be done by.
- 10 Overall, be respectful – remember you are discussing someone's baby/child/family.



Guidance for Children with SEND in the Early Years

Early Years Best Practice: Guiding Principles

The *Early Years Foundation Stage Statutory Framework 2021* contains the regulatory and legal framework for early childhood education and care. There are a number of non-statutory documents, including the Gateshead Hybrid document, which describe what adults do and provide to ensure all children have the best possible start in life. This includes details of provision, which enables them to develop their personalities, talents and abilities irrespective of ethnicity, culture or religion, home language, family background, learning difficulties, disabilities or gender. Every child is a unique child who is constantly learning and can be resilient, capable, confident, and self-assured.

Guiding principles in relation to best practice include the following:

- To recognise that each child is unique and learns in different ways and at different points in their development.
- To appreciate the importance of the developmental stage of the child rather than their chronological age.
- To recognise that there are going to be vast differences within each cohort. There will be differences between gender, time of birth (autumn – summer), early birth, low birth weight, pre-birth circumstances, socio-economic factors and children/families who move frequently etc.
- Children need to have the opportunity to interact, form attachments and engage in order for the setting to effectively understand/evaluate the whole child.

The environment is pivotal to all the above. It needs to be stimulating and address the children's interests and needs.

- Practitioners must regularly reflect on the environment and their practice to ensure that it meets the needs of the children.

- All Early Years practitioners/teachers understand and observe each child's development and learning, assess progress and plan for next steps.
- Parents/carers have a crucial role in the development and assessment of their child's education and progress. Practitioners have a professional responsibility to involve and to listen to parents at regular intervals.
- Monitoring children's progress throughout the Early Years Foundation Stage is essential. Decisions about a child's level of need should be part of a continuous and systematic cycle of planning, action and review within a school/setting that is clearly evidenced through relevant and fit for purpose documentation.

There are various assessment tools that schools/settings can use. However, it is important that schools/settings undertake assessments that are accurate, reliable, and valid. Assessments should have:

- Contributions and evidence from a range of adults including parents/carers and from a variety of different sources.
- Observations of the child to highlight specific areas of learning and next steps where appropriate.
- Links with the EYFS and Characteristics of Effective Learning.
- Evidence of moderation with other professionals – in house and/or external.
- A range of evidence bases which can be recorded in different ways along with the practitioners' knowledge of the child e.g. National Portage Association Developmental Journals, needs-led Early Support Developmental journals.

Assessment for learning informs planning for suitably differentiated teaching and learning. The key lies in effective individualised arrangements for learning

and teaching. The resources might be extra, individualised interventions, the provision of different materials or specialist equipment (this may include specialist technology, postural equipment, AAC or equipment to assist with sensory or emotional regulation), adaptations to the environment, some individualised or group support or staff deployment and training.

It needs to be noted that the complexity of some children's emotional and behavioural needs may not be reflected in the thresholds below. However, schools/settings must acknowledge the impact of emotional and dysregulated behaviour on all aspects of the child's progress and wellbeing. The prevalence of attachment disorder, mental health-related conditions and family circumstances compound the accuracy of assessment tools.

Support for children with SEND in the Early Years

Children within the Early Years Foundation Stage access their entitlement to early education via a range of providers including private, voluntary, and independent settings (PVI), schools, nursery schools and childminders. The SEND Code of Practice (2015) states that Early Years providers must have arrangements in place to support children with SEND, and this should include a clear approach to identifying and responding to SEND which is the responsibility of all practitioners within the school/setting.

Where a child appears to be functioning behind age-appropriate expectations, or where a child's progress gives cause for concern, practitioners should consider progress information from the school/setting in addition to advice and recommendations from external professionals. If a child is not making expected progress in relation to the three prime areas of early years development (Personal Social & Emotional, Communication & Language and Physical Development) this will clearly impact on their ability to make good progress in relation to the four specific areas (Literacy, Mathematics, Understanding the World & Expressive Arts and Design) through which the prime areas are strengthened and applied.

Some children can be identified as having additional needs within the Early Years Foundation Stage (birth to 5 years). It may be clearly evident what the child's primary need is; however, for the majority of children it takes time for the primary need to be established through ongoing observation and assessment.

Children with SEND in the Early Years Foundation Stage become known to Gateshead Education, Schools and Inclusion Service in accordance with the Local Offer: SEND Pathway for Children in the Early Years (0-4 Referral Meeting) either through their school/setting or through health professionals (health visitor, GP or paediatrician).

The Early Years Foundation Stage emphasises the importance of identifying children who require additional support as early as possible and focuses on ensuring the full involvement of the child's parents/carers in the process. Parents/carers are involved in the 0-4 referral process with their agreement from the outset through the two-way sharing of information, views and outcomes. This includes ensuring:

- Parents/carers contribute to the assessment.
- Parents/carers are invited to participate in target setting, monitoring progress and reviews, and are involved in supporting targets in the home.
- That there is consistent involvement of relevant professionals as required.
- That the ascertainable views of the child are taken into account.
- That opportunities are available for parents/carers to learn how to support their child further.

1:1 support for a young child may not always be appropriate. Early support can take the form of staff training, physical or sensory adaptations, creating enabling environments, or provision planning, in accordance with recommendations within this and the Gateshead Hybrid document, to enable the very young child with special educational needs to learn and progress fully.

Transition

Settings should be mindful that on entry, children may be accessing a group setting for the first time. With this in mind, practitioners need to take into account children's previous experiences both at home and within the wider community. Practitioners must be sensitive to this when monitoring children's development and progress across the thresholds. Children in the Early Years need time to settle

and become used to the routines of the school/setting, which for some children may be very unfamiliar and overwhelming.

It is important that when children start in a school/setting, or move on to another setting or to school, they have the best possible chance of a smooth transition and a successful placement. Transition should be seen as a process not an event. The key to successful transitions lies in the preparation and planning beforehand and the settling in, or follow up, afterwards.

Planning and preparation for transition into the setting should involve parents/carers and other relevant professionals, in addition to a range of further elements which may include:

- multi-disciplinary transition meetings;
- establishing relationships;
- sharing information/strategies and knowledge of the child;
- individualised, graduated transition into setting, within setting or to another setting;
- creating continuities where possible;
- preparation in the setting pre-transition (i.e. necessary postural and/or specialist equipment, environmental adaptations or changes);
- training and support including any necessary medical training and MDT joint modelling visits;
- settling in and follow-up including parents/carers and all key professionals.

It is the responsibility of the original school/setting to ensure the appropriate transfer of information to the receiving school/setting.

Successful transition at all stages of development and across all settings for children with SEND has its foundation in good practice for all children. Where a child's needs have been identified before they are admitted to the setting, transition is likely to require more detailed planning, the closer participation of parents/carers and the sharing of a wider range of information. The period of planning and preparation is likely to involve the SENDCo as well as the allocated key person and, for some children, the involvement of a wider range of professionals.

Early Years Inclusion Funding

The Early Years National Funding Formula, introduced by the Government in April 2017, placed a requirement on Local Authorities to establish an Early Years Inclusion Fund (EYIF). The intention of the fund is to support Early Years practitioners to secure better outcomes for children with SEND.

Early years inclusion funding (EYIF) is available to 2, 3 and 4-year-old children who live in Gateshead and who have special educational needs and/or a disability. This is to enable them to have the opportunity to access an Ofsted registered Early Years setting as part of the SEND graduated approach, where their educational needs are not able to be met without additional resources. For 2-year-olds, funding is allocated on the basis of up to 15 hours of attendance and for 3- and 4-year-olds on the basis of up to 30 hours attendance. Contact the Early Years Team for additional information, eligibility criteria and the application process for Early Years Inclusion Fund.

Disability Living Allowance

Disability Living Allowance (DLA) is available to families to help with additional costs of looking after a child who is under 16 and has difficulties walking or requires much more looking after than a child of the same age who does not have a disability. Applications for DLA are made online at <https://www.gov.uk/disability-living-allowance-children>.

The Disability Access Fund

The Disability Access Fund (DAF) is a one-off payment of £828 per eligible child. This funding helps early years and childcare providers to make reasonable adjustments in their settings to support an individual child with a special need and/or disability.

A child will be eligible for a DAF payment if they are in receipt of disability living allowance (DLA) and are receiving free early education for 3- and 4-year-olds (either 15 or 30 hours).

Children are not eligible if they are in a primary school reception class. However, children who defer their start in reception and remain in their nursery provision will continue to be entitled to a DAF payment. DAF can only be claimed once in any financial year. If a child attends more than one setting the child's parents will choose which setting will receive the funding. This preference will be recorded on the parental declaration form that all parents/carers are required to complete. If a child moves to a new provider within the financial year the new setting will not be eligible to claim a DAF payment until the next financial year.

DAF applications are managed via the Childcare Provider Portal:

<https://childcare.tax.service.gov.uk/ccp/acc/login>

Evidence is required to support each application. This includes a completed application form signed by parents and provider and a copy of the DLA benefits award letter.

Completed documents are then submitted by the provider via the Provider Portal. Claims are handled by the Childcare Team and are dealt with promptly at the end of each week. Payments are made the week after a successful application is received. A DAF claim may be submitted at any point in the year or term. There is no deadline submission date each term for this funding.



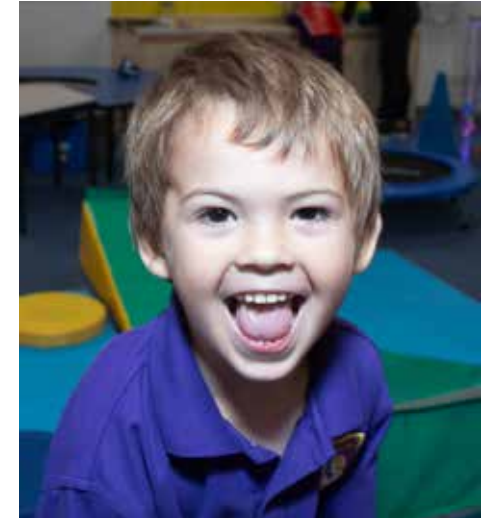
Early Years SEND Thresholds

The following information relates to children in the Early Years Foundation Stage (EYFS) from birth to the term after their 5th birthday, who have a range of special educational needs (SEND).

For children in their Reception year in school, please read in conjunction with the relevant school-age primary need descriptors for:

- Communication and Interaction: Autism Spectrum Disorders
- Communication and Interaction: Speech, Language and Communication Needs
- Cognition and Learning Needs
- SEMH Needs
- Sensory and/or Physical and Medical Needs

It is crucial to note that the Thresholds are intended as a guide for settings and that children's development across the prime areas may be difficult to map directly into the different thresholds. This may be particularly true of children with certain difficulties, e.g., ASD where the child's developmental profile is 'spiky'. For example, some children may sit 'between' thresholds. In these cases, professional judgement **must** be considered when reviewing the level of support that may be needed. In each of the thresholds, take into account the overarching threshold descriptor and information in both the 'Assessment and Planning' and the 'Teaching and Learning Strategies/Curriculum and Interventions' columns. The child's developmental profile must not be taken in isolation. Schools/settings may wish to begin looking at the Primary section to enhance transition at that point.



Using the Guidance to Support Learning

Once the Threshold has been established, professionals will find advice about how to support the learning of children at each threshold. It is important to recognise that Quality First teaching will provide a firm basis upon which to use the additional strategies identified at each threshold. Strategies and advice from earlier thresholds need to be utilised alongside more specialised information as the thresholds increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

Identifying the Threshold

1. Read the descriptors in each table and identify those that best describe the child. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (*child's presentation*) in the first column of each threshold to think about how the child's individual profile affects their access to the curriculum and setting. These statements support a decision about the extent to which the child is affected and give guidance about how contexts and support needed affect placement at a threshold.
3. Steps 1 and 2 above should enable professionals to make a judgement about which threshold the pupil is at currently. It is important to recognise that these thresholds can alter either because the child's profile changes or because of context changes such as times of transition or school/setting placement.

Cognition and Learning Needs Guidance

Threshold Descriptors Overview	
Threshold 1	<ul style="list-style-type: none"> • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay/emerging need: <ul style="list-style-type: none"> - At 2 years functioning at or below emerging 16-26 months - At 3 years functioning at or below emerging 22-36 months - At 4 years functioning at or below emerging 30-50 months - At 5 years functioning at or below emerging 40-60 months • Cognitive abilities broadly lie within age-related expectations as evidenced by EYFS ages and stages, however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult-directed activities (more than would be expected for a child of that age range and observed over time).
Mild	
Threshold 2	<ul style="list-style-type: none"> • MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly. • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> - At 2 years functioning at or below developing 8-20 months - At 3 years functioning at or below developing 16-26 months - At 4 years functioning at or below developing 22-36 months - At 5 years functioning at or below developing 30-50 months • Some mild learning difficulty/delay, shows some difficulties with conceptual understanding. • Some difficulties with engagement in learning experiences. • Easily distracted and requires prompts and adult intervention to remain on task. • May need some adult encouragement to remain engaged in adult initiated play. • Struggles to follow adult directed activities within a small group where child has chosen the activity.
Mild - Moderate	

<p>Threshold 3</p>	<ul style="list-style-type: none"> • MODERATE persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly. • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> - At 2 years functioning at or below emerging 8-20 months - At 3 years functioning at or below emerging 16-26months - At 4 years functioning at or below emerging 22-36 months - At 5 years functioning at or below emerging 30-50 months • Differentiated work and targeted support with conceptual understanding, and reasoning across the EYFS needed. • Very uneven profile of early learning skills that requires a balance of small group and additional adult support. • Demonstrates some difficulties learning basic concepts and retaining them over time despite targeted support. • Limited and/or repetitive play skills, these persisting despite targeted support. • Displays some difficulties with imaginative play unless supported by an adult. • Experiences some difficulties following adult led routines and structure.
<p>Threshold 4</p>	<ul style="list-style-type: none"> • SIGNIFICANT persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly. • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay: <ul style="list-style-type: none"> - At 2 years functioning at or below developing 0-11 months - At 3 years functioning at or below developing 8-20 months - At 4 years functioning at or below developing 16-26 months - At 5 years functioning at or below developing 22-36 months • Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills. • Limited and restricted play skills which are persistent despite targeted support. • Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support. • Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support. • Displays persistent patterns of repetitive play.

Threshold 5

Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
 - At 2 years functioning at or below emerging 0-11 months
 - At 3 years functioning at or below emerging 8-20 months
 - At 4 years functioning at or below emerging 16-26 months
 - At 5 years functioning at or below emerging 22-36 months
- Severe learning difficulties and global delay, affecting self-help and independence skills.
- Cannot independently access play experiences.
- Tendency to withdraw from group learning activities which is severely impacting on learning.
- Requires intensive support to enable the child to engage with learning.
- Severely limited and restricted play skills which are persistent despite targeted support.
- Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.
- Experiences persistent and significant difficulties learning basic concepts and retaining them over time despite targeted support.
- Displays persistent patterns of repetitive play.
- Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS.

Threshold 1 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the developmental profile may broadly show the following level of delay/emerging need:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months <p>Cognitive abilities broadly lie within age-related expectations as evidenced by EYFS ages and stages, however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult-directed activities (more than would be expected for a child of that age range and observed over time).</p>	<p>Setting to liaise with the family/carer and gather information relating to the child.</p> <p>Discussion re family engagement with supporting agencies.</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g., outdoors, lunchtime. Progress to be monitored for at least 2 terms.</p> <p>Termly/half-termly (as appropriate) review of child's progress in relation to the EYFS.</p> <p>Good use of Quality First teaching with close reference to the EYFS developmental profile.</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Possible attendance at more than one setting must be taken into consideration.</p> <p>Consider early referral to SALT where understanding is identified as a difficulty.</p> <p>Use of the ECAT assessment can identify areas of specific need in SLC which are linked.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Effective differentiation of activities, in terms of adult engagement, levels of language and visual prompts, to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carer, child, SENDCo and key person.</p> <p>Use of Quality First teaching and monitoring through EYFS levels.</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Continuous provision enhanced, directed and targeted.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>ECAT/ICAN strategies.</p>

Threshold 2 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Presentation to be considered in line with child's age and appropriate developmental stage.</p> <p>MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months <p>Some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</p> <p>Some difficulties with engagement in learning experiences.</p> <p>Easily distracted and requires prompts and adult intervention to remain on task.</p> <p>May need some adult encouragement to remain engaged in adult initiated play.</p> <p>Struggles to follow adult directed activities within a small group where child has chosen the activity.</p>	<p>As Thresholds 1 plus:</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age-related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Referral to SALT.</p> <p>Involvement of Area SENDCo.</p> <p>Consider referral to 0-4 Referral Meeting. Begin to collate relevant developmental evidence.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes from support plan.</p> <p>Planned interventions involve parent/carer, child, SENDCo, key person and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff training needs are addressed.</p> <p>Specific interventions e.g., BLAST & TALKBOOST.</p>

Threshold 3 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Presenting behaviours to be considered in line with child's age and appropriate developmental stage.</p> <p>MILD but persistent difficulties and is not making expected progress despite a range of interventions and quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months <p>Some mild learning difficulty/delay, shows some difficulties with conceptual understanding.</p> <p>Some difficulties with engagement in learning experiences.</p> <p>Easily distracted and requires prompts and adult intervention to remain on task.</p> <p>May need some adult encouragement to remain engaged in adult initiated play.</p> <p>Struggles to follow adult directed activities within a small group where child has chosen the activity.</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spiky.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/EY HINT/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of any specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess/Plan/Do/Review process implemented.</p> <p>Consultation with, and involvement of EP to be considered.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and monitoring assessments etc. to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Use of Makaton, intensive interaction, and visual approaches to supporting the development of early learning skills.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff will need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</p>

Threshold 4 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SIGNIFICANT persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 6-26 months • At 5 years functioning at or below developing 22-36 months <p>Moderate to severe learning difficulties, showing significant delay in problem solving/reasoning skills. Limited and restricted play skills which are persistent despite targeted support.</p> <p>Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.</p> <p>Experiences persistent difficulties learning basic concepts and retaining them over time despite targeted support.</p> <p>Displays persistent patterns of repetitive play.</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an adapted and individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets includes specialist advice as part of a multi-agency plan.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

Threshold 5 - Cognition and Learning

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SEVERE persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of quality first teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below emerging 0-11 months • At 3 years functioning at or below emerging 8-20 months • At 4 years functioning at or below emerging 16-26 months • At 5 years functioning at or below emerging 22-36 months <p>Severe learning difficulties and global delay, affecting self-help and independence skills.</p> <p>Cannot independently access play experiences.</p> <p>Tendency to withdraw from group learning activities which is severely impacting on learning.</p> <p>Requires intensive support to enable the child to engage with learning.</p> <p>Severely limited and restricted play skills which are persistent despite targeted support.</p> <p>Within the extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.</p> <p>Experiences persistent and significant difficulties learning basic concepts and retaining them over time despite targeted support.</p> <p>Displays persistent patterns of repetitive play.</p> <p>Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS.</p>	<p>As Threshold 4 plus:</p> <p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an adapted and individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency targets and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets includes specialist advice as part of a multi-agency plan.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Complete and submit application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi-agency SEND support planning meeting arranged in line with EHCP assessment process.</p> <p>Continue with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to engage in aspects of real-world/role play and show developing awareness of the tasks carried out by different professionals (doctor, nurse, firefighter, police officer).</p> <p>Child is able to show interest in activities and resources within the nursery environment and will engage in aspects of exploratory, functional and sensory play, demonstrating developing understanding of the world around them.</p> <p>Child is able to show developing imagination through substitution and representation of objects within play (using a cardboard tube to represent a phone, for example).</p> <p>Child is able to begin to make meaningful choices between objects and activities.</p> <p>Child will show increased listening skills and task focus.</p>	<p>Child is able to make choices between options offered at snack and mealtimes.</p> <p>Child has an understanding of risk/safety within the home (hot pans, cooker top, boiling water etc.).</p>	<p>Child shows a developing understanding of friendships and interaction with others and will be able to name 'friends' within their nursery group.</p>	<p>Child is able to begin to recognise which foods and drinks are healthier and the importance of a healthy diet.</p> <p>Child has an understanding of the importance of self-care routines to maintain good health (washing hands, cleaning teeth, having a bath etc.)</p> <p>Child has a developing understanding that some substances are harmful to ingest or touch.</p> <p>Child has an understanding of basic feelings and emotions.</p>

Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning: literacy skills, Mathematics, Understanding of the world and Expressive Art and Design
http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Cognition and Learning.

Communication and Interaction Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>Mild</p>	<ul style="list-style-type: none"> Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay or emerging needs: <ul style="list-style-type: none"> At 2 years functioning at or below emerging 16-26 months At 3 years functioning at or below emerging 22-36 months At 4 years functioning at or below emerging 30-50 months At 5 years functioning at or below emerging 40-60 months May develop spoken language at a slower rate than peers. Some difficulties with understanding of language. May demonstrate limited understanding of non-verbal cues. 	<ul style="list-style-type: none"> Some immature speech sounds. Requires help with key words. Requires repetition from an adult. May have English as an additional language. Difficulty being understood by adults outside the family. Some difficulties in interactions with peers; may need adult prompting. May display shorter attention span in comparison to peers. Range of noises and sounds in babble limited.
<p>Threshold 2</p> <p>Mild - Moderate</p>	<ul style="list-style-type: none"> MILD but persistent difficulties and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly. Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> At 2 years functioning at or below developing 8-20 months At 3 years functioning at or below developing 16-26 months At 4 years functioning at or below developing 22-36 months At 5 years functioning at or below developing 30-50 months Difficulty following or understanding instructions and everyday language without visual references. 	<ul style="list-style-type: none"> Adults have difficulty understanding speech without it being in context. Poor enunciation/clarity of speech/making noises/sounds. Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction. Lack of awareness of social space and related social difficulties. Difficulties forming and maintaining friendships with peers. Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.

Threshold 3		
Moderate	<ul style="list-style-type: none"> • MODERATE and persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly. • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> - At 2 years functioning at or below emerging 8-20 months - At 3 years functioning at or below emerging 16-26months - At 4 years functioning at or below emerging 22-36 months - At 5 years functioning at or below emerging 30-50 months 	<ul style="list-style-type: none"> • Mild to moderate delay in expressive and/ or receptive language requiring regular SALT input. • Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words. • May display some loss of previously demonstrated communication skills. • Difficulty communicating or expressing feelings or needs. • Limited ability to understand the impact of their actions on others. • Becoming increasingly isolated with peers. • Limited initiation of social interaction – limited noises/ babble, limited response to adult interactions: physical/ verbal responses.
Threshold 4		
Significant	<ul style="list-style-type: none"> • SIGNIFICANT persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly. • Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile shows at least the following broad levels of delay: <ul style="list-style-type: none"> - At 2 years functioning at or below developing 0-11 months - At 3 years functioning at or below developing 8-20 months - At 4 years functioning at or below developing 16-26 months - At 5 years functioning at or below developing 22-36 months • Moderate to severe language and/or speech sound disorder/ limited language or babble. • Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems. 	<ul style="list-style-type: none"> • Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills. • May avoid communication or use extremely limited non-verbal communication when in a speaking situation. • Avoids interactions with others. • Displays tendency to withdraw from social and group learning activities. • Appears unaware of others. • Displays difficulties expressing emotions. • Persistent and significant difficulties engaging in social interactions and forming relationships with others. • Difficulties in relation to understanding and interpretation of social interactions and social situations.

Threshold 5

Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly. Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
 - At 2 years functioning at emerging 0-11 months
 - At 3 years functioning at or below emerging 8-20 months
 - At 4 years functioning at or below emerging 16-26 months
 - At 5 years functioning at or below emerging 22-36 months
- Severe delay in receptive and/ or expressive language.
- Very limited understanding of what is said or signed.
- Communicates by emotion, gesture, eye pointing or symbols.
- Cannot independently access play experiences.
- May display sustained loss of communication skills previously demonstrated.
- Unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment.
- Frequent and significant difficulties following adult direction due to difficulties with understanding of language.
- Withdrawal from social and group learning activities which are severely impacting on learning.
- Significant evidence of persistent repetitive play and restricted interests.
- Inability to form relationships/unable to tolerate social interaction other than to get needs met.
- No understanding of social boundaries.
- Severe and persistent high anxiety levels requiring intensive support.
- Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS environment and curriculum.

Threshold 1 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the developmental profile may broadly show the following level of delay/emerging need:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months <p>Cognitive abilities broadly lie within age-related expectations as evidenced by EYFS ages and stages, however the child may be easily distracted and require prompts to remain on task, may need adult encouragement to remain engaged in play and/or may struggle to concentrate on adult-directed activities (more than would be expected for a child of that age range and observed over time).</p>	<p>Setting to liaise with the family/ carer and gather information relating to the child.</p> <p>Discussion re family engagement with supporting agencies.</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g., outdoors, lunchtime. Progress to be monitored for at least 2 terms.</p> <p>Termly/half-termly (as appropriate) review of child's progress in relation to the EYFS.</p> <p>Good use of Quality First teaching with close reference to the EYFS developmental profile.</p> <p>Use of Early Support Developmental Journal as best practice to support small step approach to learning.</p> <p>Possible attendance at more than one setting must be taken into consideration.</p> <p>Consider early referral to SALT where understanding is identified as a difficulty.</p> <p>Use of the ECAT assessment can identify areas of specific need in SLC which are linked.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Effective differentiation of activities, in terms of adult engagement, levels of language and visual prompts, to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carer, child, SENDCo and key person.</p> <p>Use of Quality First teaching and monitoring through EYFS levels.</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Continuous provision enhanced, directed and targeted.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>ECAT/ICAN strategies.</p>

Threshold 2 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Presentation to be considered in line with child's age and appropriate developmental stage.</p> <p>MILD but persistent difficulties and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months <p>Difficulty following or understanding instructions and everyday language without visual references.</p> <p>Adults have difficulty understanding speech without it being in context.</p> <p>Poor enunciation/clarity of speech/making noises/sounds.</p> <p>Immaturity in socialisation. Older age range looks towards adults rather than peers. Some difficulties with social communication and interaction.</p> <p>Lack of awareness of social space and related social difficulties.</p> <p>Difficulties forming and maintaining friendships with peers.</p> <p>Younger age range – not linking with an important adult. Lack of playing with sound/noise/babble.</p>	<p>As Threshold 1 plus:</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age-related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from Quality First teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Referral to SaLT.</p> <p>Consider referral to 0-4 Referral Meeting. Begin to collate relevant developmental evidence.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve as Threshold 1 + SENDCo and other professionals.</p> <p>Clarity on support given at:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Use of Makaton, intensive interaction, and visual approaches to supporting the developing of language and interaction skills.</p> <p>Access and use of 'autism friendly' strategies/focus upon social play and interaction skills.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Staff training needs are addressed.</p> <p>Draw on ICAN/ELKLAN strategies.</p> <p>Use of specific interventions such as BLAST and TALKBOOST.</p>

Threshold 3 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Presenting behaviours to be considered in line with child's age and appropriate developmental stage.</p> <p>MODERATE and persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below emerging 8-20 months • At 3 years functioning at or below emerging 16-26months • At 4 years functioning at or below emerging 22-36 months • At 5 years functioning at or below emerging 30-50 months <p>Mild to moderate delay in expressive and/or receptive language requiring regular SALT input.</p> <p>Has reduced vocabulary both receptively and expressively impacting on learning and retention of new words.</p> <p>May display some loss of previously demonstrated communication skills.</p> <p>Difficulty communicating or expressing feelings or needs.</p> <p>Limited ability to understand the impact of their actions on others.</p> <p>Becoming increasingly isolated with peers.</p> <p>Limited initiation of social interaction – limited noises/babble, limited response to adult interactions: physical/verbal responses.</p>	<p>Observations and EYFS developmental assessment identify on-going needs and delayed progress in relation to age related expectations.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan details support in:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess-Plan-Do-Review process implemented.</p> <p>Consider referral to EP.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include deployment of additional adults to support planned interventions within:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Increased focus on planned interventions, may continue with BLAST and TALKBOOST. As a baseline provision ICAN and ELKLAN strategies implemented throughout with targeted individualised interventions included in accordance with recommendations from SALT, EP</p> <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/or use of resources, including ICT and specialist equipment/ materials/ communication aids. Visual timetable, clear routines, preparation for change and activity transitions</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of language and interaction skills</p> <p>Access and use of Autism friendly strategies/ social play and interaction skills</p> <p>Staff may need access to specific specialist training.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult directed activity, and child led activity. Repetition of these steps to enable the child to engage effectively.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p>

Threshold 4 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SIGNIFICANT persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 6-26 months • At 5 years functioning at or below developing 22-36 months <p>Moderate to severe language and /or speech sound disorder/ limited language or babble.</p> <p>Uses mix of speech and alternative communication methods such as visuals, Makaton, BSL and/or augmented communication systems.</p> <p>Assessments show child is working at least 2 age and stages below chronological age in at most areas of language, communication and social interaction skills.</p> <p>May avoid communication or use extremely limited non-verbal communication when in a speaking situation.</p> <p>Avoids interactions with others.</p> <p>Displays tendency to withdraw from social and group learning activities.</p> <p>Appears unaware of others.</p> <p>Displays difficulties expressing emotions.</p> <p>Persistent and significant difficulties engaging in social interactions and forming relationships with others.</p>	<p>SENDCo involved in on-going observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, i.e. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and intervention.</p> <p>Support plan with SMART targets takes account of any specialist advice. Joint Portage/SaLT assessment/ advice as part of Early Communication Pathway.</p> <p>Termly/ half-termly review of child's progress towards outcomes/targets on individualised learning/support plan following assess-plan-do-review process. Involvement of parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Increased differentiation of activities and materials to reflect developmental levels and acquisition of early learning skills, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Increased focus on individualised planned interventions, with regular targeted and focused adult attention and interventions for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

Threshold 5 - Communication and Interaction

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SEVERE to PROFOUND persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at emerging 0-11 months • At 3 years functioning at or lower than emerging 8-20 months • At 4 years functioning at or lower than emerging 16-26 months <p>Severe delay in receptive and/ or expressive language.</p> <p>Very limited understanding of what is said or signed.</p> <p>Communicates by emotion, gesture, eye pointing or symbols.</p> <p>Cannot independently access play experiences.</p> <p>May display sustained loss of communication skills previously demonstrated.</p> <p>Unable to speak or communicate in the setting which hasn't improved over the last 3 months and is having a significant impact on their ability to access the learning environment.</p> <p>Frequent and significant difficulties following adult direction due to difficulties with understanding of language.</p> <p>Withdrawal from social and group learning activities which are severely impacting on learning.</p> <p>Significant evidence of persistent repetitive play and restricted interests.</p> <p>Inability to form relationships/ unable to tolerate social interaction other than to get needs met. No understanding of social boundaries.</p> <p>Severe and persistent high anxiety levels requiring intensive support.</p> <p>Functions at a level that requires considerable and specialised interventions and adaptations to the EYFS environment and curriculum.</p>	<p>As Thresholds 1 - 4 plus:</p> <p>SENDCo involved in ongoing observation. Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation.</p> <p>High level modifications to learning environment and breaking down of tasks into small steps within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/half-termly review of child's progress towards targets on individualised learning/support plan.</p> <p>Complete and submit application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCP assessment processes.</p> <p>Continue with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression. Additional individualised risk assessments completed where appropriate.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions, daily trained adult attention and support for individual/group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/materials/communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum. The environment should incorporate a total communication approach.</p> <p>Multi-sensory approaches used to support access to EYFS.</p>

Communication and Interaction : PFA Outcomes and Provision

Early Years (0-5 years)

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to engage in aspects of real-world/role play and show developing awareness of the tasks carried out by different professionals (doctor, nurse, firefighter, police officer).</p> <p>Child is able to show interest in activities and resources within the nursery environment and will engage in aspects of exploratory, functional and sensory play, demonstrating developing understanding of the world around them.</p> <p>Child is able to show developing imagination through substitution and representation of objects within play (using a cardboard tube to represent a phone, for example).</p> <p>Child is able to begin to make meaningful choices between objects and activities.</p> <p>Child will show increased listening skills and task focus.</p>	<p>Child is able to make choices between options offered at snack and mealtimes.</p> <p>Child has an understanding of risk/safety within the home (hot pans, cooker top, boiling water etc.).</p>	<p>Child shows a developing understanding of friendships and interaction with others and will be able to name 'friends' within their nursery group.</p>	<p>Child is able to begin to recognise which foods and drinks are healthier and the importance of a healthy diet.</p> <p>Child has an understanding of the importance of self-care routines to maintain good health (washing hands, cleaning teeth, having a bath etc.).</p> <p>Child has a developing understanding that some substances are harmful to ingest or touch.</p> <p>Child has an understanding of basic feelings and emotions.</p>
<p>Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Prime Areas of Learning: literacy skills, Mathematics, Understanding of the world and Expressive Art and Design http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc</p>			
<p>Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Cognition and Learning.</p>			

Social, Emotional and Mental Health Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>Mild</p>	<ul style="list-style-type: none"> Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay: <ul style="list-style-type: none"> At 2 years functioning at or below emerging 16-26 months At 3 years functioning at or below emerging 22-36 months At 4 years functioning at or below emerging 30-50 months At 5 years functioning at or below emerging 40-60 months May present with some difficulties settling into setting. 	<ul style="list-style-type: none"> May display emotional distress (anxiety) and seek out peer/ adult support including ‘detached’ behaviours. Occasional and short term unwanted dysregulated behaviour resulting in adult intervention. Displays some attention seeking behaviours. Occasionally needs adult support in self-regulation.
<p>Threshold 2</p> <p>Mild - Moderate</p>	<ul style="list-style-type: none"> MILD but persistent difficulties and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly. Using the EYFS as a guide and being mindful that every child is unique, the child’s developmental profile may broadly show the following level of delay compared to chronologically aged peers: <ul style="list-style-type: none"> At 2 years functioning at or below developing 8-20 months At 3 years functioning at or below developing 16-26 months At 4 years functioning at or below developing 22-36 months At 5 years functioning at or below developing 30-50 months Frequently displays some difficulties entering in the setting and can be unsettled at periods throughout the day. Has difficulty seeking comfort from familiar adults and/or with self-soothing. 	<ul style="list-style-type: none"> Ongoing difficulties relating to separating from parent/carer. Can be highly distracted within activities and need some short-term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age. Does not consistently conform to routine and boundaries. Some difficulties with regulating emotions/behaviour. Some attention seeking or avoidant behaviours, likely to show reliance on adults. Some difficulties recognising and communicating emotions. Some difficulties managing change to routine and transitions. Frequently needs adult support in self-regulation.

Threshold 3

Moderate

- **MODERATE persistent difficulties** and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:
 - At 2 years functioning at or below emerging 8-20 months
 - At 3 years functioning at or below emerging 16-26 months
 - At 4 years functioning at or below emerging 22-36 months
 - At 5 years functioning at or below emerging 30-50 months
- Displays some unusual behaviours or changes in behaviour requiring adult intervention.
- May display some difficulties in sharing, turn taking and social interaction.
- May display difficulties with attention and concentration.
- Displays some refusal to follow instructions, may run from adults.
- May display aggressive behaviour toward adults and peers when told 'no'.
- Displays some tendencies to withdraw from activities and some unwillingness to engage with others.
- Displays some difficulties forming relationships which impact upon development despite targeted intervention.
- Concerns regarding social and emotional health that require outside agency input and has an impact on development.
- Displays increased levels of anxiety and may be overly dependent on 'comfort objects'.
- Frequently detaches from others.
- Becoming increasingly isolated from peers.
- May display signs of hypervigilance.
- Only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group.
- Show signs of distress when faced with new people, places, events or when unsure what is going to happen.
- May find transitions difficult.
- Struggles to predict what will happen without adult prompts.
- Has difficulties understanding social and physical risks.

Threshold 4

Significant

- **SIGNIFICANT persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
 - Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay compared to chronologically aged peers:
 - At 2 years functioning at or below developing 0-11 months
 - At 3 years functioning at or below developing 8-20 months
 - At 4 years functioning at or below developing 16-26 months
 - At 5 years functioning at or below developing 22-36 months
 - Unpredictable extremes of demanding behaviour which affects the safety of self and others.
 - Severe and persistent difficulties in social interaction.
 - Severe attachment difficulties affecting development.
 - Struggles to sustain activities without significant, consistent adult attention and intervention.
 - Displays considerable difficulties with attention and concentration.
 - Regular refusal to follow instructions, may run from adults.
 - Displays aggressive behaviour toward adults and peers when told 'no'.
- Frequently displays high levels of anxiety.
 - May display signs of hypervigilance.
 - Finds transitions difficult.
 - Displays some social withdrawal and reluctance to engage with social activities.
 - May have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral.
 - Has social and emotional needs that significantly impact on child's ability to build and maintain successful relationships with adults and peers.
 - Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety, and episodes of heightened emotional state.
 - Is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting.
 - Shows signs of distress over even small changes in the environment.
 - Rigid, repetitive, or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression, or withdrawals.

Threshold 5

Severe

- **SEVERE persistent difficulties** and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.
- Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:
 - At 2 years functioning at emerging 0-11 months
 - At 3 years functioning at or lower than emerging 8-20 months
 - At 4 years functioning at or lower than emerging 16-26 months
 - At 5 years functioning at or lower than emerging 22-36 months
- Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk.
- Cannot independently access play experiences.
- Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs.
- Frequent emotional meltdowns due to non-tolerance of demands.
- Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are deemed unpredictable, persistent, and extreme in relation to the child's age and stage of development.
- Needs a calm, safe, designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.
- Struggles to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.
- Persistent and severe social isolation.
- Severe and persistent high anxiety levels requiring intensive support.
- Frequent, and unpredictable, behaviours that jeopardise the health and safety of self and others.

Threshold 1 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below emerging 16-26 months • At 3 years functioning at or below emerging 22-36 months • At 4 years functioning at or below emerging 30-50 months • At 5 years functioning at or below emerging 40-60 months <p>May present with some difficulties settling into setting.</p> <p>May display emotional distress (anxiety) and seek out peer/adult support including 'detached' behaviours.</p> <p>Occasional and short term unwanted dysregulated behaviour resulting in adult intervention.</p> <p>Displays some attention seeking behaviours.</p> <p>Occasionally needs adult support in self-regulation.</p>	<p>Setting to liaise with the family/ carer and gather information relating to the child.</p> <p>Discussion re family engagement with supporting agencies.</p> <p>Setting to supplement usual systems of assessment and planning with additional observations, and across a range of contexts e.g., outdoors, lunchtime. Progress to be monitored for at least 2 terms.</p> <p>Termly/half-termly (as appropriate) review of child's progress in relation to the EYFS.</p> <p>Good use of Quality First teaching with close reference to the EYFS developmental profile.</p> <p>Use of Early Support Developmental Journal as best practice to support small steps approach to learning.</p> <p>Observation by practitioner and SENDCo to assess next steps in liaison with parent/carers.</p> <p>May benefit from SALT referral if needs impact on SLC development. Referral for bumpy speech/ dysfluency.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring.</p> <p>Effective differentiation of activities to enable learning at a level appropriate to the child.</p> <p>Any planned interventions involve the parent/carers, child, SENDCo and key person. Use of quality first teaching and monitoring through EYFS levels.</p> <p>Flexible grouping strategy to focus adult support where needed.</p> <p>Implementation of reasonable adjustments to the EYFS environments and curriculum.</p> <p>Nurture strategy activities.</p> <p>BLAST and TALKBOOST focus on confidence as well as SLC are useful at this point.</p> <p>Signposting points to support and training e.g., Incredible Years and Phoenix Cups.</p>

Threshold 2 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>MILD but persistent difficulties and is not making expected progress despite a range of interventions and Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months <p>Frequently displays some difficulties entering the setting and can be unsettled at periods throughout the day.</p> <p>Has difficulty seeking comfort from familiar adults and/or with self-soothing.</p> <p>Ongoing difficulties relating to separating from parent/carer.</p> <p>Can be highly distracted within activities and need some short-term individual adult direction to participate and engage in activities. Sits for shorter lengths of time than peers of the same chronological age.</p> <p>Does not consistently conform to routine and boundaries.</p> <p>Some difficulties with regulating emotions/behaviour.</p> <p>Some attention seeking or avoidant behaviours, likely to show reliance on adults.</p> <p>Some difficulties recognising and communicating emotions.</p> <p>Some difficulties managing change to routine and transitions.</p> <p>Frequently needs adult support in self-regulation.</p>	<p>As Threshold 1 plus:</p> <p>SENDCo involved in ongoing observation as EYFS profile shows child is not making expected progress towards age related expectations.</p> <p>Support plan with SMART targets in place, if moving to SEND support level from quality first teaching, otherwise continue with EYFS developmental records. Supervision and monitoring of the support plan by SENDCo. Professionals to be involved in the termly review process.</p> <p>Clear assessment relating to IMPACT of the intervention strategies to guide next steps.</p> <p>Setting to liaise with parent/carer.</p> <p>Seek informal advice from Area SENDCo.</p> <p>Consider referral to 0-4 Referral Meeting.</p> <p>Consider SALT involvement.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Staff trained in 'nurture programme' and 'Friends'.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on implementing key learning outcomes.</p> <p>Planned interventions involve the parent/carer, child, SENDCo, key worker and other professionals.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Flexible grouping strategy, evidenced in support plan, to focus adult support where needed.</p> <p>Additional adult support may be required for some activities (group and individual), and to implement support plan targets or EYFS targeted areas.</p> <p>Access to ICT and specialist equipment/materials.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Staff training needs are addressed including attachment and behaviour management.</p> <p>Environment provides 'space for one' for a child to withdraw.</p>

Threshold 3 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Presentation to be considered in line with child's age and appropriate developmental stage.</p> <p>MILD but persistent difficulties and is not making expected progress despite a level of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile may broadly show the following level of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 8-20 months • At 3 years functioning at or below developing 16-26 months • At 4 years functioning at or below developing 22-36 months • At 5 years functioning at or below developing 30-50 months <p>Displays some unusual behaviours or changes in behaviour requiring adult intervention.</p> <p>May display some difficulties in sharing, turn taking and social interaction.</p> <p>May display difficulties with attention and concentration.</p> <p>Displays some refusal to follow instructions, may run from adults.</p> <p>May display aggressive behaviour toward adults and peers when told no.</p> <p>Displays some tendencies to withdraw from activities and some unwillingness to engage with others.</p> <p>Displays some difficulties forming relationships which impact upon development despite targeted intervention.</p> <p>Concerns regarding social and emotional health that require outside agency input and has an impact on development.</p> <p>Displays increased levels of anxiety and may be overly dependent on 'comfort objects'.</p> <p>Frequently detaches from others.</p> <p>Is becoming increasingly isolated from peers.</p> <p>May display signs of hypervigilance.</p> <p>Only speaks or communicates a few words to a familiar adult in an altered voice such as a whisper or when withdrawn from the main group.</p> <p>Show signs of distress when faced with new people, places, events or when unsure what is going to happen.</p> <p>May find transitions difficult.</p> <p>Struggles to predict what will happen without adult prompts.</p> <p>Has difficulties understanding social and physical risks.</p>	<p>Observations and EYFS developmental assessment identifies on-going needs and delayed progress in relation to age related expectations. The profile may be spikey.</p> <p>SENDCo involved in ongoing observation. Profile shows child is not making expected progress despite significant levels of focused intervention and implementation of advice from external agencies.</p> <p>Referral to 0-4 Meeting for involvement of additional services as appropriate. (Portage/EY HINT/SALT/CDT/OT etc).</p> <p>Support plan with SMART targets takes account of any specialist advice and details additional adult input in relation to staffing ratios for specific time periods.</p> <p>Plan organises support in:</p> <ul style="list-style-type: none"> • Continuous provision • Enhanced • Targeted <p>Interventions/strategies are assessed for IMPACT on progress.</p> <p>Assess/Plan/Do/Review process implemented.</p> <p>Consultation with, and involvement of EP to be considered.</p>	<p>Emphasis on providing an enabling environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progression.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>Differentiation may include planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Interventions and staffing ratios evidenced within support plan.</p> <p>Increased focus on specific activities and/or use of resources, including ICT and specialist equipment, materials, and communication aids.</p> <p>Use of Makaton, intensive interaction and visual approaches to supporting the development of interaction skills.</p> <p>Staff may need access to specific specialist training, particularly in attachment behaviour.</p> <p>Consideration given to the 'sensory' environment and planned sensory breaks following a three-step approach: sensory activity, adult-directed activity, and child-led activity. Repetition of these steps to enable the child to engage effectively.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Specialist resources for sensory breaks – 'stretch', 'pull', 'twist' etc.</p> <p>Referral for parents/carers to support/training programmes, e.g., 'Incredible Years.'</p>

Threshold 4 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SIGNIFICANT persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay compared to chronologically aged peers:</p> <ul style="list-style-type: none"> • At 2 years functioning at or below developing 0-11 months • At 3 years functioning at or below developing 8-20 months • At 4 years functioning at or below developing 16-26 months • At 5 years functioning at or below developing 22-36 months <p>Unpredictable extremes of demanding behaviour which affects the safety of self and others.</p> <p>Severe and persistent difficulties in social interaction.</p> <p>Severe attachment difficulties affecting development.</p> <p>Struggles to sustain activities without significant, consistent adult attention and intervention.</p> <p>Displays considerable difficulties with attention and concentration.</p> <p>Regular refusal to follow instructions, may run from adults.</p>	<p>SENDCo involved in ongoing observation.</p> <p>Support in place from relevant external agencies in line with agency referral processes and strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, e.g. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and the breaking down of tasks into small steps following Portage principles within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan following Assess-Plan-Do-Review process and involving parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Next steps to be determined in consultation with relevant professionals and parents/carers.</p> <p>Mental health services involvement.</p>	<p>Emphasis on providing an enabling, accessible and adapted environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions, regular, targeted, focused adult attention and support for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Consider staff access to specialist training, particularly in attachment behaviour.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS.</p> <p>Sensory breaks/resources etc. as at Threshold 3.</p> <p>Participation in nurture group.</p> <p>Emotion coaching.</p>

Threshold 4 - Social, Emotional and Mental Health *continued*

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Displays aggressive behaviour toward adults and peers when told 'no'.</p> <p>Frequently displays high levels of anxiety.</p> <p>May display signs of hypervigilance.</p> <p>Finds transitions difficult.</p> <p>Displays some social withdrawal and reluctance to engage with social activities.</p> <p>May have suffered acute trauma or abuse, rendering them vulnerable, requiring a high level of multiagency involvement over a sustained period including CYPS referral.</p> <p>Has social and emotional needs that significantly impact on child's ability to build and maintain successful relationships with adults and peers.</p> <p>Displays difficulties managing emotions which may lead to challenging behaviours, increased anxiety, and episodes of heightened emotional state.</p> <p>Is known to be able to speak to familiar adults outside of the setting but only communicates through gestures and is unable to speak freely to adults and/or peers within the setting.</p> <p>Shows signs of distress over even small changes in the environment.</p> <p>Rigid, repetitive, or obsessional behaviours make it difficult to cope with unexpected changes and to engage in learning. These can lead to severe anxiety, aggression, or withdrawals.</p>		

Threshold 5 - Social, Emotional and Mental Health

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>SEVERE persistent difficulties and is not making expected progress despite significant levels of focused intervention and implementation of advice and recommendations from external agencies and the provision of Quality First Teaching, implemented over time and reviewed regularly.</p> <p>Using the EYFS as a guide and being mindful that every child is unique, the child's developmental profile shows at least the following broad levels of delay:</p> <ul style="list-style-type: none"> • At 2 years functioning at emerging 0-11 months • At 3 years functioning at or lower than emerging 8-20 months • At 4 years functioning at or lower than emerging 16-26 months • At 5 years functioning at or lower than emerging 22-36 months <p>Involved in incidents where intense emotional distress and or impulsive behaviour can put themselves or others at risk.</p> <p>Cannot independently access play experiences.</p> <p>Requires a high level of intervention from adults including specialist support to address the child's social and emotional needs.</p> <p>Frequent emotional meltdowns due to non-tolerance of demands.</p> <p>Regular (daily) intensive episodes of behaviour (biting, spitting, kicking etc.) which are deemed unpredictable, persistent, and extreme in relation to the child's age and stage of development.</p> <p>Needs a calm, safe, designated area within the context of the setting which allows the child to undertake individualised activities and make progress with their learning.</p> <p>Struggles to function, participate and engage without direct intensive adult support or specific support mechanisms as identified in child's behaviour support/risk management plan.</p> <p>Persistent and severe social isolation.</p> <p>Severe and persistent high anxiety levels requiring intensive support.</p> <p>Frequent, and unpredictable, behaviours that jeopardise the health and safety of self and others.</p>	<p>As Thresholds 1 - 4 plus:</p> <p>SENDCo involved in ongoing observation. Support in place from relevant external agencies in line with agency referral processes. Strategies and support implemented and evidenced within support plans and review documentation often supported by Portage, e.g. individual action plans, developmental journals, sensory programmes and learning profiles.</p> <p>High level modifications to learning environment and breaking down of tasks into small steps following Portage principles, if applicable, within an individualised curriculum.</p> <p>Progress is closely monitored by the school/ setting and recorded using setting tracking systems in line with EYFS, and Early Support Developmental Journals. Outside agency recommendations and careful monitoring of IMPACT of strategies and interventions.</p> <p>Support plan with SMART targets takes account of specialist advice.</p> <p>Portage, OT and SaLT implemented joint interventions/ assessments where appropriate.</p> <p>Termly/ half-termly review of child's progress towards targets on individualised learning/support plan involving parents/carers and key professionals.</p> <p>Consideration given to application for an Education Health and Care needs assessment on basis of levels of development and complexity of need. Multi agency SEND support planning meeting arranged in line with EHCP assessment processes.</p> <p>Continued with planned strategies and interventions in accordance with recommendations from relevant professionals as detailed within child's individualised support plan.</p>	<p>Emphasis on providing an enabling and accessible environment inside and outside with developmentally appropriate resources. Use of photographs and child's learning journal alongside adult observation and assessments to enable monitoring of progress. Individualised risk assessments completed as appropriate.</p> <p>Increased differentiation of activities and materials to reflect developmental and language levels, and a focus on key learning outcomes from support plan.</p> <p>SENDCo and key worker implement advice given by external support services. Extensive specialist input and advice followed.</p> <p>Planning of interventions involve all advising agencies and reflect very clear multi agency strategies and approaches.</p> <p>Planned adult deployment to target support within continuous provision and any other appropriate areas.</p> <p>Increased focus on individualised planned interventions with regular, targeted, focused adult attention and support for individual/ group activities following specialist advice.</p> <p>Grouping strategies used flexibly to enhance learning and access to the curriculum.</p> <p>Increased focus on specific activities and/ or use of resources, including ICT and specialist equipment/ materials/ communication aids.</p> <p>Implementation of reasonable adjustments to the EYFS environment and curriculum.</p> <p>Multi-sensory approaches used to support access to EYFS, as with previous Thresholds 3 & 4.</p> <p>Regular access to calm, safe break-out space.</p>

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child has the social and emotional skills and resilience required to be able to adapt to change and new environments.</p> <p>Child is able to regulate basic feelings; developing skills such as waiting to take a turn in an activity or when wanting to share news with an adult.</p>	<p>Child is developing a growing awareness of independent living skills through real-world play (kitchens, DIY, cleaning).</p> <p>Child is able to sit alongside peers to access mealtimes and snack times, developing the skills to pass out plates, cutlery and cups to their peers and to take a turn to serve themselves and others.</p>	<p>Child has social skills necessary to facilitate shared play and interaction with peers, developing a growing awareness of friendships to support emotional wellbeing and self-esteem.</p> <p>Child is able to recognise indicators of basic feelings in peers (happy and sad) and with support and modelling will respond accordingly at their developmental level (giving a hug to a peer who is crying for example).</p> <p>With prompting, child is beginning to develop an awareness of basic social conventions in interaction with other, for example, using please and thankyou when asking for or receiving things from others.</p>	<p>Child is able to attend necessary dental, medical and optical checks following parental direction and supervision.</p> <p>Child is able to cooperate with self-care and personal hygiene routines with prompting and adult support as required.</p> <p>Child shows awareness of basic feelings and will have the support and strategies required to promote resilience and emotional wellbeing.</p>

Child will have reached expected outcomes in relation to EYFS ELG (40-60 months) upon transition from Early Years to Reception, with reference to Personal, Social and Emotional Prime Areas of learning: Making Relationships, Self Confidence and Self Awareness and Managing Feelings and Behaviour
http://www.primaryresources.co.uk/foundation/docs/devmatters_tracking_2012.doc

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Early Years Thresholds Guidance: Social, Emotional and Mental Health.

Sensory and/or Physical and Medical Needs

For babies and children with sensory impairment or physical and/or medical needs, please liaise with a specialist teacher from the Low Incidence Needs Team to assist with Threshold identification for:

- Vision Impairment
- Hearing Impairment
- Multi-sensory Impairment
- Physical and Medical needs

For more information on sensory impairment or physical and/or medical needs, see the relevant sections in the Primary/Secondary sections of the Threshold document.

Vision Impairment Needs Guidance

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).

- The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child's LINT-VI Low Vision Aid Assessment has identified no requirement for **additional** equipment or technology and therefore the child does not require access to related CFVI Areas.
- The child either does not require or requires minimal LINT-VI liaison with multi-agencies.
- The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.
- The child has a knowledgeable and empowered family around them due to information shared by LINT-VI.
- The child has knowledgeable and empowered educators around them due to information shared by LINT-VI.
- All key person/s involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which has been cascaded to relevant staff after their initial or last LINT-VI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.

<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child’s LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related CFVI Areas. • The child requires minimal LINT-VI liaison with multi-agencies. The LINT-VI annual assessment is shared as appropriate. • The child’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. • The child’s social environment is accessible with appropriate Quality First Teaching VI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-VI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-VI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.
<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The Low Vision Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related CFVI Areas. • The child requires minimal or short-term LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • The child requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching VI Friendly strategies.

<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. • The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., CCTV, iPad, hand-held magnifiers. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide advice, guidance and direct support over the year as required in line with their specialist 	<p>intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> • The child requires LINT-VI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key person/s involved with the child require at least termly LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The child requires specialist teaching in at least 4 areas from the CFVI. • The child's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-VI liaison with multi-agencies. • The child requires LINT-VI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their 	<p>specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.</p> <ul style="list-style-type: none"> • The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them. • All key person/s involved with the child require at least half-termly LINT-VI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.

- The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.
- The child requires long-term intervention based on at least 6 Areas of the CFVI in addition to Facilitating an Inclusive World (Areas to be determined by QTVI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Habilitation Specialist.
- The child will need a high level of intervention to successfully transition between different settings.
- The child requires a high level of LINT-VI liaison with multi-agencies.
- The child requires LINT-VI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them.
- The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is E.</p> <p>Children within Threshold 1 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-VI. The child remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Low Vision Aids such as hand-held magnifiers if previously put into place are used. • The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. • Provision of LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class'. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role if appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed or visual functioning changes. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Staff verbalise all written information within the room as required. • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the child's listening and attention. • Implement visual fatigue rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Setting staff to ensure information on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. • Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTVI e.g., use of mirroring software. • Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine.

Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provide additional transition visits for the child between rooms. • Encouragement of social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting. • Some support provided by setting – especially during activities where health and safety require consideration. • Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 1 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk or board. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org) • Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications. Early_years_Vision_Friendly_Settings_Leaflet_.pdf (gateshead.gov.uk)

Threshold 2 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is D.</p> <p>Children within Threshold 2 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The child remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-VI provides an annual assessment including up to 3 visits as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits). • LINT-VI provides a Functional Vision Assessment Report or letter, Specialist Strategies a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. • Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. • The child understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. • The setting will facilitate monitoring and assessment visit from LINT-VI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for VI equivalent is C.</p> <p>Children within Threshold 3 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The child requires active intervention based on a short-term block from the CFVI provided by LINT-VI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires a short-term block of intervention from one Area of the CFVI (up to 6 visits) provided by LINT-VI. The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QTVI to support the child and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission). Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by cues, e.g., objects of reference, auditory timetables. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers. Opportunities are sought within the curriculum to discuss VI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of different types of vision impairment and strategies to reduce barriers to learning. Setting ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence. Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for VI equivalent is B.</p> <p>Children within Threshold 4 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active intervention based on a block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<p>As Thresholds 1-3 plus:</p> <p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. Low Vision Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with vision impairment are provided with access to learning) in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new setting or room. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used. Children working with tactile learning resources will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are needed to facilitate learning. Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach across a range of people/occasions). Share experiences and have discussions on how other people are feeling. Peer awareness training. LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the child to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-VI i.e., Royal Society for Blind Children (RSBC). Timetable adjustments to accommodate rest breaks. Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the vision impairment reinforce work and prepare the child for an activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials provide additional experiences of the environment to support gaps in learning including real-life experience

Threshold 4 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
	<ul style="list-style-type: none"> An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO. Communication between LINT-VI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child. Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access. Setting provides time within the week for direct specialist teaching from LINT-VI. Educators identify times within the day to deliver training programmes as appropriate. Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 	<ul style="list-style-type: none"> Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. Advice on sourcing large print or tactile materials and production of accessible materials (transcription). Settings support involvement of other agencies e.g., RSBC. QTVI works with setting to facilitate interaction and communication with other children with a VI within or external of setting. <p>Except:</p> <ul style="list-style-type: none"> CFVI is running alongside EYFS curriculum with at least 2 areas to be embedded within setting and home environment. Medium risk access arrangements are in place for statutory assessments i.e., the RBA. Bespoke training is offered around creating a Vision Friendly Environment with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for VI equivalent is A.</p> <p>Children within Threshold 5 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-terminally.</p> <p>Area 2-11: The child requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies,) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. • The child requires specialist teaching in at least 4 areas from the CFVI. • The child is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria. • A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. • A high level of intervention may be needed for the pupil to successfully transition into the setting and between rooms. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a pupil has transitioned into a new room or the setting. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. • Marking and recording of work reflects unique access needs of the child e.g., use of Penfriend stickers. • Communication between the child and others in a variety of forms which can be high tech is used e.g., on-body signing. • Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or sequencing. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Regular consultation with QTVI about delivery of curriculum to ensure the child can fully access all curriculum areas. • Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. <p>Except:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to the setting around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate. • The setting has regular liaison with QTVI to support the child and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training. • Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis.

Threshold 5 - Sensory Impairment: Vision *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-VI, family, the child and other agencies. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. • Settings take on CAF Lead Practitioner role where appropriate. • Communication between LINT-VI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-VI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-VI. • Setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QTVI to ensure access to learning in a way that does not disadvantage the child. • Educators work with LINT-VI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-VI to identify when the child accesses their specialist interventions with adaptations to the curriculum required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. 	<ul style="list-style-type: none"> • Settings work closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., RSBC. • IF VI is primary need, Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription). • SSTA/QTVI identified as key individual to support the child's emotional and mental wellbeing. • CFVI is merging within the child's curriculum offer within setting with at least 4 areas to be embedded within setting and home environment. • Close liaison with QTVI to receive advice and support on access arrangements for all statutory assessments. LINT-VI may help with the administration of these. • LINT –VI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 6 - Sensory Impairment: Vision

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning		Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within report to visual conditions. The child requires long-term intervention based on at least 6 Areas of CFVI in addition to Area 1 (Area/s to be determined by QTVI) which are expected to take at least a year to embed across setting and home. The direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the child to successfully transition into a setting and between rooms. Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. An environmental assessment is often necessary to assess accessibility of school environment. 	<p>Planning</p> <ul style="list-style-type: none"> Setting and QTVI work very closely to identify, assess and meet EHCP outcomes. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. The child can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child. All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the child to learn to access. Setting works closely with QTVI to create a bespoke education offer to meet unique needs based on setting curriculum and CFVI. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Assessment and monitoring will be bespoke between setting and LINT-VI across the curriculum. Educators and LINT-VI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the CFVI. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. Policies reflect reasonable adjustments and are written in collaboration with QTVI. Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/speech. Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. <p>Except:</p> <ul style="list-style-type: none"> The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). The curriculum offer for the child is seamless between the setting's curriculum and the CFVI. The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of teaching and support. Close liaison with QTVI to receive advice and support on access arrangements for statutory assessments. LINT-VI must administer the RBA. LINT-VI responsible for all specialist skills training, full levels of support to child, modelling and coaching. High risk access arrangements are in place for statutory assessments i.e., the RBA.

Vision Impairment: PFA Outcomes and Provision

Early Years (0-5 years)

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the whole EY learning environment with activities, materials, toys and equipment modified and adapted to meet their VI needs as appropriate.</p> <p>Child is able to access and explore real objects alongside images.</p> <p>Child is able to access the general EY environment with corridors and rooms clear of trip hazards as well as accessible signage and information.</p> <p>Child is able to begin to explore the environment around themselves.</p> <p>Child is able to begin to develop an awareness of objects and their function.</p> <p>Child is able to begin to develop their ability to maintain balance when active.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of tactile stimulus.</p> <p>Child is able to begin to identify common human, home, nursery and vehicle sounds.</p>	<p>Child is able to access the whole EY social environment with interactions with peers facilitated where appropriate by familiar adults.</p> <p>Child is able to access a variety of community-based activities/ clubs/groups with adult support to facilitate shared play and interaction and to support the development of balance, strength, body awareness and mobility.</p> <p>Child is able to explore different items in shops and venues and the sounds they make.</p> <p>Child is able to begin to understand that their needs cannot always be met immediately.</p> <p>Child is able to at least sometimes enjoy gathering with family and friends for various occasions.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is developing their assertion and negotiation skills during play.</p> <p>Child is able to begin to develop an understanding of cash/ currency and that it is used to pay for everyday items.</p> <p>Child is able to begin to understand that people are different and sometimes need help.</p>	<p>Child is able to attend regular Ophthalmology/Optomist appointments with an adult.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to begin to have an understanding of their own identity as visually impaired through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to talk about some of the effects that physical exercise has on their body.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Vision Impairment.

Hearing Impairment Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p>	<ul style="list-style-type: none"> • The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The child's LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child either does not require or requires minimal LINT-HI liaison with multi-agencies. • The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The child's social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which has been cascaded to relevant staff after their initial or last LINT-HI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child's LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • TThe child requires minimal LINT-HI liaison with multi-agencies. The LINT-HI annual assessment is shared as appropriate. • The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The child's social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The LINT-HI Auxiliary Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA etc. • The child requires minimal or short-term LINT-HI liaison with multi-agencies. • The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. • The child’s LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-terminly. • The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. • The child's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA via related specialist curriculum Areas. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (at least fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (at least twice a week) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least half-terminly LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly. • The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The child will need a high level of intervention to successfully transition between different settings. • The child requires a high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-HI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The child's family requires frequent communication (at least weekly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p> <p>Eligibility Criteria for HI equivalent is E.</p> <p>Children within Threshold 1 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-HI. The child remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment. • The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. • Provision of LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class'. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed if hearing functioning changes. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Procedures in place for audiological aids as well as implementing the wearing and cleaning of them. • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the child's listening and attention. • Implementing sensory rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Provide a consistent routine. • Speaker stays still when talking. • Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required. • Use facial expressions and/or body language to emphasise key language. • Provide opportunities to take responsibility for helpful tasks. • Provide of a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting.

Threshold 1 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Some support provided by setting – especially during activities where health and safety requires consideration. • Setting staff provide some individual pre and post teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e., the RBA. • Provision of auxiliary aids including technology by LINT-HI i.e., audiological equipment following HI Auxiliary Aid assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids. • Provision of consumables by setting, e.g., cleaning kits, whiteboards etc. • Provision of additional quiet workspace for 1:1, small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf(gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf • Early Years Deaf Friendly Settings: Adaptations and Strategies leaflet

Threshold 2 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p> <p>Eligibility Criteria for HI equivalent is D.</p> <p>Children within Threshold 2 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention LINT-HI following assessment and provision of strategies. The child remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-HI provides an Assessment Report or letter, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. • Auxiliary aids are suitably removing barriers to access. • The child understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids throughout the year. • Setting will facilitate monitoring and assessment visit from LINT-HI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p> <p>Eligibility Criteria for HI equivalent is C.</p> <p>Children within Threshold 3 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate.</p> <p>Specialist Teaching Areas: The child requires active intervention based on a short-term block from the specialist provided by LINT-HI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. The child requires a short-term block from one Area of the specialist curriculum (up to 6 visits) provided by LINT-HI. The HI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QToD to support the child and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids (i.e., radio aids) throughout the year. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by visual cues, e.g., pictures/symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the child's perspective. Use natural rhythm, intonation, stress and lip movements. Seating position of child will be considered to ensure access to teacher and peers. Apply LINT strategies to utilise a radio aid if one has been supplied to the setting. Opportunities are sought within the curriculum to discuss HI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QToD supports educators in developing the child's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI in practising and consolidating skills taught discreetly within the specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p> <p>Eligibility Criteria for HI equivalent is B.</p> <p>Children within Threshold 4 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p> <p>Specialist Teaching Areas: The child requires active intervention based on block/s of intervention following assessment from the specialist curriculum provided by LINT-HI.</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that: • LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. • The child requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. • LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on the use of aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. • Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible (i.e., that all children with hearing impairment are provided with access to learning) in addition to appropriate Quality First Teaching Deaf Friendly strategies. • Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Children relying on signing will need additional differentiation to take into account pace of learning. • Setting provides materials in advance of lesson so that materials can be supplemented. • Language needs to become clearer, concise and meaningful. • Auditory clutter and less busy learning environments are now key to facilitate learning. • Link learning opportunities to support the generalisation of concepts. • Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. • A suitable communication partner who creates opportunities for communication. • Match the pace of interaction to the child's needs. • Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. • Share experiences and have discussions on how other people are feeling. • Peer awareness training. • LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities. • CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-HI and settings can support the child to progress and develop efficient ways of working. • Charities work in collaboration with the family, LINT-HI and the setting i.e., NDCS. • Timetable adjustments to accommodate sensory breaks.

Threshold 4 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Communication between LINT-HI and settings is frequent (at least weekly) to ensure that there are knowledgeable and empowered educators around the child. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting provides time within the week for direct specialist teaching from LINT-HI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g. BSL, SSE, AAC. 	<ul style="list-style-type: none"> • Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the hearing impairment - reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials - provide additional experiences of the environment to support gaps in learning including real-life experience • Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. • Settings support involvement of other agencies e.g. NDCS. • QToD works with setting to facilitate interaction and communication with other children with HI within or external of setting. • Advice on sourcing accessible materials. <p>Except:</p> <ul style="list-style-type: none"> • Specialist curriculum is running alongside EYFS curriculum with up to at least 2 areas to be embedded within setting and home environment. • Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate. • Medium risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 5 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child requiring access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p> <p>Eligibility Criteria for HI equivalent is A.</p> <p>Children within Threshold 5 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termy.</p>	<p>Assessment</p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. The child requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. A LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of aids i.e., hearing aids, cochlear implant, BAHA, assistive listening device via related specialist curriculum Areas. Advice, guidance and direct support is required in line with the the child's specialist intervention to ensure that all learning, assessment and social activities are accessible (in addition to appropriate Quality First Teaching Deaf Friendly strategies). Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new room. An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and participation. Recording of work reflects unique access needs. Consistent, well-cued routines are in place. Materials are presented slowly and clearly to the child in familiar, quiet environments. Embrace communication between the child and others in a variety of forms e.g., BSL. Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., co-active exploration. The child may require a Total Communication Approach. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. QToD may liaise with and/or refer to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. <p>Except:</p> <ul style="list-style-type: none"> Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. The setting has regular liaison with QToD to support the child and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment and through training. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day on at least a weekly basis. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS.

Threshold 5 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>Specialist Teaching Areas: The child requires active and ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-HI, family, the child and other agencies. QToD ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-HI and settings is frequent to ensure that there are knowledgeable and empowered educators around the child. • Settings take on CAF Lead Practitioner role where appropriate. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-HI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-HI. • The setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the child. • Educators work with LINT-HI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-HI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	<ul style="list-style-type: none"> • If HI is primary need, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations. • SSTA/QToD identified as key individual to support the child's emotional and mental wellbeing. • Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 area to be embedded within setting and home environment. • Close liaison with QToD to receive advice and support on access arrangements. • LINT-HI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 6 - Sensory Impairment: Hearing

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p> <p>Eligibility Criteria for HI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</p> <p>Specialist Teaching Areas: The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-HI provides an Assessment Report, Specialist Strategies, a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to auditory conditions. • The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home. • Direct intervention and ongoing assessment based on Communication. • The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • Very high level of intervention may be needed for the child to successfully transition between different settings. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. • An environmental assessment is often necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> • Access to learning is only possible with the use of sign e.g., BSL/SSE. • A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. <p>Except:</p> <ul style="list-style-type: none"> • The child has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). • SSTA provides critical role in embedding the specialist curriculum within the day and enabling access to learning via effective communication whilst facilitating independence. • LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching. • The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum. • The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. LINT-HI must support the administration of the RBA. • High risk access arrangements are in place for statutory assessments i.e., the RBA.

Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting and QToD work very closely to identify, assess and meet EHCP outcomes. QToD ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-HI and settings is frequent (daily when child in attendance) to ensure that there are knowledgeable and empowered educators around the child. • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators and LINT-HI precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	

Threshold 6 - Sensory Impairment: Hearing *continued*

Child's Presentation	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and HI specialist curriculum. • Assessment and monitoring will be bespoke between setting and the HI Team across the curriculum. • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators and the HI Team precisely plan to provide seamless activities offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • Educators facilitate working between themselves, the family, the HI Team and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 	<ul style="list-style-type: none"> • QToD has liaised with and/or referred to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. • Close liaison with QToD to receive advice and support on access arrangements for statutory assessments. The HI Team must support the administration of the RBA. • The HI Team is responsible for all specialist skills training, full levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA. • QToD works with setting to facilitate interaction and communication with other children with a HI within or external of setting. • Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their hearing needs, to support them to make progress towards early learning goals. N.B, for some children with a profound/severe hearing loss they will require signed support from LINT-HI.</p> <p>Child is able to access the EY curriculum and follow conversations.</p>	<p>Child is able to remove hearing devices independently to give to a familiar adult to do troubleshooting, change batteries, change tubing and complete a listening check.</p> <p>Child is able to insert own hearing devices with support/guidance from a familiar adult.</p>	<p>Child is able to access community-based activities/clubs/groups to facilitate shared play and interaction and to support the development of friendships with peers. Where required signed support may be needed for children with a severe/profound hearing loss and this will be provided by LINT-HI.</p> <p>Child is able to access visits/day trips as appropriate.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to attend regular audiology/ENT to support good access to sound (equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child).</p> <p>Child is able to attend SALT sessions if appropriate.</p> <p>Child is able to begin to have an understand of own deaf identity through their own equipment.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Hearing Impairment.

Multi-Sensory Impairment Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The child's LINT-MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child either does not require or requires minimal LINT-MSI liaison with multi-agencies. • The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The child's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff after their initial or last LINT-MSI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e. print or symbols).</p>	<ul style="list-style-type: none"> • The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The child's LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the child does not require access to related specialist curriculum Areas. • The child requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies. • The child's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The child's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The child has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The child has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides a short-term block of intervention from one Area of the MSI specialist curriculum (up to 6 visits). • The child may need a low level of intervention to successfully transition between different settings. • The child’s LINT MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e. hearing aids, mini mic, CCTV, iPad, hand-held magnifier etc. • The child requires minimal or short-term LINT-MSI liaison with multi-agencies. • The child requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 	<ul style="list-style-type: none"> • The child’s family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g., print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The child requires block/s of intervention based on at least 2 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home. • The child’s LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers etc. • The child may need a medium level of intervention to successfully transition between different settings. • The child requires a low/medium level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-MSI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • The child’s family requires frequent communication (minimal of half-termly) to ensure that the child has a knowledgeable and empowered family around them. • The child’s educators require frequent communication (minimal of half-termly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least termly LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g. print and tactile).</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The child requires specialist teaching in at least 4 areas from the MSI specialist curriculum. • The child's LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers. • The child may need a high level of intervention to successfully transition between different settings. • The child requires a medium/high level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The child requires LINT-MSI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The child's family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (minimal of bi-weekly) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require at least half-termly LINT-MSI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The child meets criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile/signing approaches as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly. • The child requires long-term intervention based on at least 6 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QTMSI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The child receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist. • The child has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The child will need a high level of intervention to successfully transition between different settings. 	<ul style="list-style-type: none"> • The child requires a high level of LINT-MSI liaison with multi-agencies. • The child requires LINT-MSI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The child's family requires frequent communication (minimal of weekly) to ensure that the child has a knowledgeable and empowered family around them. • The child's educators require frequent communication (daily as applicable) to ensure that the child has knowledgeable and empowered educators around them. • All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.

Threshold 1 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is E.</p> <p>Children within Threshold 1 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active involvement or further assessments from LINT-MSI. The child remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment. • The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCo (with parent/carer permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Educators, parent/carer and/or other key professionals can request updated advice if needed or visual/hearing functioning changes. 	<ul style="list-style-type: none"> • Staff verbalise all written information within the room as required (ensuring they are facing the child). • Consideration of seating position – child positioned in optimal location in relation to interactive white board/learning facilitator/point of learning and not facing a window to facilitate attention and access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce children's listening and attention. • Implementation of sensory rest breaks within the setting day. • Attention to speed of adult-directed activity delivery and speed of working. • Differentiated questioning and explicit language used to explain whole group responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Setting staff to ensure information delivered on interactive white boards has a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. • Setting staff to ensure children can access information displayed on interactive white boards in the method identified by the QTMSI e.g., use of mirroring software. • Setting staff to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Provide additional transition visits for the child between rooms. • Speaker stays still when talking. • Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the child in the wider setting life including in the playground and at busier times of the day. • Say the child's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the child can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the child and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. • Appropriate resources made available from within setting. • Some support provided by setting – especially during activities where health and safety require consideration. • Setting staff provide some individual pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the child and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Low risk access arrangements are in place for statutory assessments i.e., the RBA. • Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/dark leaded pencils, use of a sloping desk, cleaning kits etc. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips. • Setting will ensure the child has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the child to support emotional and mental wellbeing.

Threshold 2 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is D.</p> <p>Children within Threshold 2 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report or letter, Specialist Strategies and links shared within Report to cause of MSI. • Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. • The child understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids throughout the year. • Setting will facilitate monitoring and assessment visit from LINT-MSI. • The setting must ensure that all staff are aware that the child will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of child to be disseminated to all staff by the SENDCO (with parent/carer permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is C.</p> <p>Children within Threshold 3 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The child requires active intervention based on a short-term block from the MSI specialist curriculum provided by LINT-MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. The child requires a short-term block of intervention from one Area of the specialist curriculum (up to 6 visits) provided by LINT-MSI. The MSI Auxiliary Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QTMSI to support the child and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. Risk assessments supplemented by LINT. The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO (with parent/carer permission). Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the child's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the child can still sit next to/near their peers. Opportunities are sought within the curriculum to discuss MSI and role models within society. Behaviour management systems motivate the child and set clear expectations. Training offered re the needs of the child to raise awareness of multi-sensory impairment and strategies to reduce barriers to learning and ensures all relevant staff attend. Timetable adjustments to accommodate specialist interventions. <p>Except:</p> <ul style="list-style-type: none"> QTMSI supports educators in developing the child's personal understanding of their multi-sensory impairment and developing their confidence and independence. Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day.

Threshold 4 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is B.</p> <p>Children within Threshold 4 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g. ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The child requires active intervention with block/s of intervention from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LNT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. • The child requires block/s of intervention based on at least 2 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home. • LINT-MSI Auxiliary Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. • Advice, guidance and direct support over the year is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring is required to ensure that all key persons can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g., during the autumn term when a child has transitioned into a new setting or room. • An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used. • Children working with tactile learning resources will need additional differentiation to take into account pace of learning. • Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. • Language needs to become clearer, concise and meaningful. • Auditory clutter and less busy learning environments are now key to facilitate learning. • Provide repeated learning opportunities based on outcomes. • Bring learning opportunities to the child. • Link learning opportunities to support the generalisation of concepts. • Suitable peers and adults scaffolding the child's environment e.g., facilitate interaction with others. • A suitable communication partner who creates opportunities for communication. • Match the pace of interaction to the child's sensory needs. • Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. • Share experiences and have discussions on how other people are feeling. • Peer awareness training. • LINT-MSI signpost and/or facilitate educators and parents/carers to external training opportunities.

Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. Common targets are distributed to all educators and reviewed regularly. • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDCO. • Communication between LINT-MSI and settings is frequent (at least half-termly) to ensure that there are knowledgeable and empowered educators around the child. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-MSI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report. 	<ul style="list-style-type: none"> • CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-MSI and settings can support the child to progress and develop efficient ways of working. • Charities working in collaboration with the family and LINT-MSI i.e., SENSE. • Timetable adjustments to accommodate specialist interventions and rest breaks. • Time away from main cohort of children for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the child for an activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials - provide additional experiences of the environment to support gaps in learning including real-life experience • Setting supports the provision of access arrangements and allows children time to develop the discreet skills associated with their use. • Advice on sourcing accessible materials. • Settings support involvement of other agencies e.g., SENSE. • QTMSI works with setting to facilitate interaction and communication with other children with MSI within or external of setting. <p>Except:</p> <ul style="list-style-type: none"> • Specialist curriculum is running alongside setting curriculum with up to at least 2 areas to be embedded within setting and home environment. • Medium risk access arrangements are in place for statutory assessments i.e., the RBA. • Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is A.</p> <p>Children within Threshold 5 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Area 2-11: The child requires active and ongoing intervention based on the specialist curriculum from LINT-MSI following assessment</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. • The child requires specialist in teaching at least 4 areas from the specialist curriculum. • The child is known to LINT's Habilitation Specialist and Specialist SaLT and has been assessed using their criteria. • A LINT-MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. • High level of intervention may be needed for the child to successfully transition into the setting and between rooms. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports the provision of different types of learning experience i.e. individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. • Marking and recording of work reflects unique access needs. • Utilise textures to support recognition. • Consistent, well-cued routines. • People and items are presented slowly and clearly to the child in familiar, quiet environments. • Communication between the child and others in a variety of forms is used which can be high tech e.g., on-body signing. • Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction. • The child may require an intensive interaction approach. • The child may require a Total Communication Approach. • Use of personal identifiers. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Regular consultation with QTMSI about delivery of curriculum to ensure the child can fully access all curriculum areas. • Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies e.g. during the autumn term when a child has transitioned into a new room or setting. • An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-MSI, family, the child and other agencies. QTMSI ensures that specialist planning based on specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-MSI and settings is very frequent to ensure that there are knowledgeable and empowered educators around the child. • Settings take on CAF Lead Practitioner role. • Relevant information and strategies relating to learning and access needs of the child to be disseminated to all staff by the SENDO. 	<p>Except:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to setting around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate. • The setting has regular liaison with QTMSI to support the child and themselves in understanding the impact of hearing and vision loss, promote independent use of specialist equipment and through training. • Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. • Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g. SENSE. • IF MSI is primary need, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities. • Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials. • Intervenor/QTMSI identified as key individual to support the child's emotional and mental wellbeing. • Specialist curriculum is merging within the child's curriculum offer within setting with up to at least 4 areas to be embedded within setting and home environment. • Close liaison with QTMSI to receive advice and support on access arrangements. LINT-MSI may help with the administration of these. • LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e. the RBA.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • The setting provides time within the week for direct specialist teaching from LINT-MSI. • Opportunities are in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-MSI. • Setting engages in joint planning/target setting. • Good communication needed on provision planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the child. • Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-MSI to identify when the child accesses their specialist interventions with adaptations to the setting's curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • A PEEP (Personal Emergency Evacuation Plan) to ensure the child is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. 	

Threshold 6 - Sensory Impairment: Multi-Sensory

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child meets the criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>Children within Threshold 6 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The child remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</p> <p>Area 2-11: The child requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the child's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an Assessment Report, Specialist Strategies and links shared within Report to cause of MSI. The child requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Area 1 (Area/s to be determined by QTMSI) which are expected to take at least a year to embed across setting and home. The direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the child to successfully transition between different settings and rooms. Advice, guidance and direct support is required in line with the child's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when a child has transitioned to another room. An environmental assessment is often necessary to assess the accessibility of the setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting and QTMSI work very closely to identify, assess and meet EHCP outcomes. QTMSI ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. Communication between LINT-MSI and settings is frequent (daily when child is in attendance) to ensure that there are knowledgeable and empowered educators around the child. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams and/or the use of sign e.g., BSL. Tactile methods of communication relevant for the child is presented within and beyond the child's room e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the child to engage and socialise with their peers and adults. Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication. <p>Except:</p> <ul style="list-style-type: none"> The child has full-time support provided by a LINT Intervenor. Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching.

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the child to learn to access. • Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Assessment and monitoring will be bespoke between setting and LINT-MSI across the curriculum. • Educators and LINT-MSI preciously plan to provide seamless lessons offering access to an appropriate EYFS curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC. 	<ul style="list-style-type: none"> • The child receives bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • The curriculum offer for the child is seamless between the setting's curriculum and the specialist curriculum. • Close liaison with QTMSI to receive advice and support on access arrangements for statutory assessments i.e., LINT-MSI must administer the RBA. • LINT –MSI responsible for all specialist skills training, full levels of support, modelling and coaching. • High risk access arrangements are in place for statutory assessments i.e., the RBA.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to demonstrate curiosity in their learning environment with activities, materials, toys and equipment modified and adapted to meet their MSI needs as appropriate.</p> <p>Child is able to demonstrate curiosity in their learning environment when they are well-supported and feel secure.</p> <p>Child is able use different body parts (e.g., hands/ feet/face/ tongue) to explore objects and their environment.</p> <p>Child is able to begin to develop basic concepts when tied to familiar, practical activities.</p> <p>Child is able to intentionally interact with their familiar learning environment.</p>	<p>Child is able to begin to develop an awareness of their own body parts and how to move them.</p> <p>Child is able to begin to explore mobility aids (belt canes, walkers etc.) and/or pre-cane toys as needed.</p> <p>Child is able to show an awareness of stimulus.</p> <p>Child is able to locate toys and learning materials themselves when the physical environment is arranged in a way which supports them.</p> <p>Child is able to increasingly feel confident in moving through space and interacting with the physical world.</p>	<p>Child is able to interact with familiar adults, are aware of their peers and interact with them in structured situations.</p> <p>Child is able to respond in small group situations if they are individually supported by a suitable adult.</p> <p>Child is able to access a variety of community-based activities/clubs/groups with adults when their preferred forms of sensory input are incorporated into these.</p> <p>Child is able to explore different items in shops and venues.</p> <p>Child is able to use simple verbal and/or nonverbal cues to communicate including the use of greetings and polite language i.e. saying thank you.</p> <p>Child is able to respond consistently to range of environmental features (e.g. entry to building, grass underfoot, sound of windchimes).</p>	<p>Child is able to attend regular audiology/ ENT/ophthalmology/optometrist appointments with an adult.</p> <p>Equipment will be kept in good condition, with regular updates shared with LINT to ensure assistive listening devices will be applicable to the equipment given to the child.</p> <p>Child is able to attend SaLT sessions if appropriate.</p> <p>Child is able to safely access outdoor equipment.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to become increasingly conscious of their feelings and desires, increasingly being able to moderate their emotional responses.</p> <p>Child is able to make simple choices.</p> <p>Child is able to begin expanding their ability to explore and eat new tastes and textures.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Multi-Sensory Impairment.

Physical and/or Medical Needs Guidance (PMN)

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.

- The child does not require any active involvement or further assessments from LINT-PMN if involved. The child remains on caseload and LINT-PMN can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The child either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child with PMN.
- The child requires no or minimal treatment/medication.
- The child requires no or minimal therapy intervention.
- The child can move around their environment without adult support.
- The child can manage their physical and personal care needs i.e., dressing, personal hygiene.
- The child is meeting age-related expectations and does not need additional input.
- The child does not need specialist equipment/aids to produce written work.
- The child have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).

Threshold 2

(Eligibility Criteria D)

The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.

- The child does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The child remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The child requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate.
- The child's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The child has a knowledgeable and empowered family around them in relation to PMN.
- The child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child can identify, recognise, and understand the specific and holistic needs and rights of the child.
- The child may have infrequent or historical involvement from health.
- The child has prescribed medication which requires management by adults/staff.
- The child requires little or no assistance to access the curriculum.
- The child needs little or no supervision/monitoring during physical activities such as P.E.
- The child has limited involvement with therapists.
- The child has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the child's safety, and/or a programme put into the school/setting for staff to use.
- The child wears orthotics such as PEDRO boots, shoe inserts and/or splints.
- The child has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist.
- The child requires minimal support with their communication i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.
- The child needs specialist equipment/aids that do not require operational assistance/preparation.

Threshold 3

(Eligibility Criteria C)

The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate

- The child remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as active intervention based on a short-term block (up to 4 visits) based on the child needs.
- All key persons involved with the child require timely LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies i.e., during the autumn term when the child has transitioned.
- The child may need a low level of intervention to successfully transition between different settings.
- The child requires minimal or short-term LINT-PMN liaison with multi-agencies if involved.
- The child's family require additional time-limited advice and guidance to ensure that the child has a knowledgeable and empowered family around them in relation to their PMN.
- The child's educators require additional time-limited advice and guidance to ensure that the child has knowledgeable and empowered educators around them in relation to their PMN.
- The child has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which impacts on access to the curriculum.
- The child has ongoing difficulties with continence/toileting and other aspects of self-help and independence.
- The child requires assessment for equipment and resources.
- The child may need specialist input to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs, at break and lunch times etc.
- The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.
- The child has increased dependence on mobility aids i.e., wheelchair or walking aid.
- The child has increased use of alternative methods for extended recording e.g., scribe, ICT etc.
- The child may have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT.
- The child may require their school/setting to have moving and handling training.

Threshold 4

(Eligibility Criteria B)

The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active intervention from LINT-PMN receiving a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across setting and home provided by LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN to provide advice, guidance and direct support over the year as required (if involved) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least half-termly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require at least termly LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a medium level of intervention to successfully transition between different settings.
- The child requires specialist equipment (medical/educational) that requires operational assistance.
- The child is not reaching age related expectations in all areas of the curriculum.
- The child requires assistance during lunchtimes i.e., help to move tray/feeding etc.
- The child requires aids such as rotator, sticks, to move around their environment. Minor adaptations are required to ensure full access to all areas of the setting i.e., handrails, ramps etc.
- The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
- The child needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
- The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.
- The child's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
- The child is unable to or has difficulty in using verbal and/or signing to communicate and may use specialist communication/aids/ICT that require training and/or operational assistance/preparation.
- The child requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
- The child requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
- The child experiences unstable health which impacts on their everyday life/ability to access curriculum.

Threshold 5

(Eligibility Criteria A)

The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires active and ongoing intervention throughout the year based on the specialist LINT-PMN curriculum from LINT-PMN following assessment and provision of strategies (if involved).
- The child requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (at least half-termly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (at least fortnightly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the child require at least half-termly LINT-PMN monitoring (if involved) with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child may need a high level of intervention to successfully transition between different settings.
- Requires intervention from specialist nursing teams, health professionals and/or Therapy services.
- The child may need a planned programme of therapy/intervention.
- The child uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
- The child's physical and/or medical needs means that they require the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.
- The child has limited access to the appropriate posture/seating/physical aids and may need an urgent assessment of need to be carried out by the appropriate therapist.
- The child requires support at lunchtime.
- The child's setting needs significant adaptations to ensure that the child has full access to their learning environment.
- The child has regular/weekly/daily involvement with a therapist/health professional.
- The child may be an Augmentative Alternative Communication (AAC) user.
- The child may have a degenerative condition which impacts on independence.

Threshold 6

(Eligibility Criteria A*)

The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.

- The child remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The child requires long-term intervention based on the LINT-PMN specialist curriculum (if involved) which is expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The child requires a high level of LINT-PMN liaison with multi-agencies (if involved).
- The child requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The child's family requires frequent communication (minimal of fortnightly) to ensure that the child has a knowledgeable and empowered family around them in relation to PMN.
- The child's educators require frequent communication (weekly) to ensure that the child has knowledgeable and empowered educators around them in relation to PMN.
- All key persons involved with the child require tailored training packages (offered across Health, Education and Social Care by LINT-PMN if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the child in addition to LINT reports and strategies.
- The child will need a high level of intervention to successfully transition between different settings.
- The child's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.
- The child's behaviour demonstrates serious risk of harm to self/others i.e., tonic clonic seizures, choking, self-harming etc. (Consider onward referral to behaviour/health services).
- The child may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).
- The child requires regular/daily intervention from specialist nursing teams or health professionals.
- The child needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
- The child's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
- The child uses specialist equipment/aids that require daily operational assistance or preparation.
- The child requires regular or daily intervention from therapists/health professionals.
- The child spends a significant part, or all of their day using a specialist aid such as a wheelchair, standing frame, walking sticks and/or rolator to move around their environment.
- The child is dependent on an adult to manage their everyday needs i.e., ensuring any aids provided are applied correctly and with personal care needs.
- The child needs a specialist/differentiated physical curriculum.
- The child requires a daily or intensive therapy programme.
- The child has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.
- The child has a life threatening/limiting or degenerative condition.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.</p> <p>Eligibility Criteria for PMN is E (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment with no additional aids and adaptations.</p> <p>The child requires no/minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child does not need equipment which requires operational assistance.</p> <p>The child can manage their physical and personal care needs i.e., dressing, personal hygiene.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is accessible and inclusive for a child with PMN including the use of any aids or adaptations. The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The child does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> The setting must ensure that all staff are aware that the child is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. Universal provision can meet need. Usual curriculum planning including group or individual targets is required. Trips out of the setting to be planned in advance. Educators, parent/carer and/or other key professionals can request updated advice if needed or if physical/medical needs change. Risk assessments carried out by setting if necessary with referral to Health & Safety if required A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the child is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. 	<ul style="list-style-type: none"> Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities. Consider seating position – child positioned in optimal position to make entry and exit from the classroom as clear as possible. Consider accessibility to the smartboard/whiteboard i.e., that the child can physically interact with the board. Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the child's style of learning and support alternative ways of accessing and recording work. Cue and reinforce the child's listening and attention. Implement fatigue rest breaks within the setting day if appropriate. Implement sensory breaks within the setting day if appropriate. Consider timetabling arrangements i.e., consider the child accessing physical activities earlier in the day. Consider accessibility to learning materials in terms of height of resources, at eye level with child, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc. Ensure that the different areas of learning offered are accessible for the child i.e., tuff trays and sensory play. Consider accessibility of AAC i.e., that the child can easily access their switches. Ensure all pathways are clear. All resources needed for activities are within reach. All medical information is recorded and emergency procedures are known to all staff. Provide additional transition visits for the child between rooms. Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully include the child in the wider setting life including in the playground and at busier times of the day. Provide opportunities to take responsibility for helpful tasks.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
		<ul style="list-style-type: none"> • Provide of a 'can do' environment where the child can succeed and achieve. • Provide opportunities to take controlled risks in a safe environment. • Ensure a balance between intervention and independence that is understood by all professionals. • Quality First Teaching. • Some support provided by the setting i.e. with physical activities. • Setting considers timetabling and location of rooms for the child for ease of access. • An educational occupational therapist may see the child which may include assessment for equipment/adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. • Supportive/ correctly sized standard setting chair and table i.e., a chair and table surface that fit the child with feet supported and table at the correct height etc. • Children may require specialist equipment via physio/OT services. • Access to appropriate ICT provision i.e., accessibility options on Windows • An area for rest periods where the child can spend time out of their wheelchairs if appropriate, for example, away from other activities whilst having regard for their dignity. • Where appropriate 2:1 staffing ratio required for positional changes for the child and/or transitioning between areas. • Appropriate support and transport for trips. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org) . • Access to Early Years Advice and Guidance – Vision Friendly Settings: Adaptations and Modifications. • EY leaflet for PMN 3771e-JH-EYRS-PMN-leaflet-.pdf (educationgateshead.org)

Threshold 2 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.</p> <p>Eligibility Criteria for PMN is D (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child can move around the environment independently with or without specialist equipment.</p> <p>The child requires no or minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The child may need specialist positional equipment, equipment for which the child requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.</p> <p>The child can manage their physical and personal care needs i.e. dressing, personal hygiene.</p> <p>The child needs little or no supervision/monitoring during physical activities.</p> <p>The child requires minimal support i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.</p> <p>The child needs specialist equipment/aids that do not require operational assistance/preparation.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is partially accessible and inclusive for a child with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment. The child understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. A referral may be required to school nurse to check hearing, sight or for possible medical condition. The child may require referral by the setting to OT for advice re fine/gross motor assessment. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The child does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> Usual curriculum planning including group or individual targets. Care plan in place, if appropriate, written with specialist nurse/school nurse. Children involved in monitoring and setting targets. Part of continual school and class assessment Monitoring of developmental goals in line with EYFS guidance. SENDCO awareness if no progress apparent after targeted interventions. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention. The setting may require moving and handling training. First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals. Some differentiation to physical activities if appropriate. Differentiated mark-making materials and equipment. Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, cutlery via educational OT assessment. Staff awareness training of relevant medical conditions on a 'need to know' basis. Refer to LINT-PMN information on the website on adapted equipment/aids if necessary. Main provision by staff with some age-appropriate programmes delivered one-to-one or in small groups. Physiotherapists may intervene with children who have mild physical issues to prevent further deterioration/ reduce impact of condition/early intervention to achieve more successful outcomes.

Threshold 3 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate.</p> <p>Eligibility Criteria for PMN is C (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which is impacting on access to curriculum.</p> <p>The child is making slow or little progress despite provision of targeted teaching approaches.</p> <p>The child is continuing difficulties with self-help and independence i.e. with continence/ toileting.</p> <p>The child is having ongoing difficulties with gross motor skills and coordination often seen in physical activities.</p> <p>The child may have medical condition that impacts on time in school and requires a medical care plan.</p> <p>The child has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.</p> <p>The child has increased dependence on mobility aids i.e., wheelchair or walking aid.</p> <p>The child has increased use of alternative methods for extended recording e.g., scribe, ICT.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The child may require a short block of intervention/termly visit in order to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs. The child remains on caseload and the LINT PMN QT provides an annual assessment with updated strategies and monitoring as appropriate. The child may have a condition that requires assessment for equipment and resources. <p>Planning</p> <ul style="list-style-type: none"> Educators identify times within the day to deliver training programmes as appropriate. Involve parents regularly to support targets at home. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Small group or one-to-one adult input to practice skills. Clear classroom routines. Alternative ways of recording to minimise handwriting. Groups and layouts of tables will need to be adjusted to ensure access for the child and any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level and sit next to their peers. Opportunities are sought within the curriculum discuss PMN and role models within society. Behaviour management systems motivate the child and set clear expectations. Opportunities to practice dressing and undressing skills. Access to appropriate ICT provision. Main provision from setting staff with support from SENDCO. Occasional input from additional adult to provide targeted support under the direction of key worker. Minimal support/supervision may be needed to meet hygiene needs and/or to support outside play. Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc. <p>IF Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> Training offered re: the needs of the child to raise awareness of types of PMN and to reduce any further barriers to learning. Manual handling training may be offered bespoke to the needs of the child. <p>Except:</p> <ul style="list-style-type: none"> Physio may intervene with children who have mild - moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes.

Threshold 4 - Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.</p> <p>Eligibility Criteria for PMN is B (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child requires specialist equipment (medical/educational) that requires operational assistance.</p> <p>The child is not reaching age related expectations in all areas of the curriculum.</p> <p>The child requires assistance during mealtimes i.e., to help to move tray/feeding etc.).</p> <p>The child requires aid/s such as rolator, sticks, to move around their environment.</p> <p>The child is more dependent on appropriate ICT for recording.</p> <p>The child needs some assistance with their personal care needs i.e., dressing/undressing, toileting and hygiene.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The pupil remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring as appropriate. • The child requires a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across school and home and may include: <ul style="list-style-type: none"> - Minor adaptations to ensure full access to all areas of the school (handrails, ramps etc.). - An assessment of assistive technology - Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/medical professional to enable school to support and identify general/specific PMN needs in their school. - An environmental assessment - A personal care and manual handling assessment in conjunction with the LINT PMN, Occupational Therapy, Physiotherapy and Health Professionals - An environmental assessment re accessibility. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Individual skills-based work may need to take place. • Nurture group input may be necessary to help with low self-esteem. • A buddy system would benefit the child. • Attention to position in classroom. • ICT equipment to aid recording. • Suitable peers and adults scaffolding the child's environment e.g., facilitating interaction with others. • Suitable peers and adults facilitating interaction in less structured environments e.g., playground. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. • Sharing experiences and having discussions on how other people are feeling. • Assistive technology may be in use to aid recording work i.e., laptop, iPad etc. • Further differentiation to physical activities in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by-case basis). • Referral to OT by setting if first line strategies/advice and programmes have been trialled and evidenced but achievement is limited. • Main provision from setting staff with support from SENDCO and/or the LINT PMN QT (if involved). • Flexible use of staff support to access curriculum and develop skills in recording. • Furniture and equipment assessed jointly by the LINT PMN QT (if involved) and Occupational Therapy. • Need handwriting/fine motor advice from OT. • Disability/condition requires the intervention of an appropriately trained adult to support within the setting during specific times/tasks.

Threshold 4 - Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>A therapist/therapy assistant attends the setting to carry out an appropriate programme.</p> <p>The child has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.</p> <p>The child requires some monitoring/supervision by staff/adults.</p> <p>The disability/condition affects speech and has an impact on verbal communication and ability to express views.</p> <p>The child is unable to or has difficulty in using verbal and/or signing to communicate.</p> <p>The child requires assessment and/or provision of programme from Therapists (OT/Physio).</p> <p>The child needs assistance to participate in physical activities and requires a modified access to these.</p> <p>The child's health is unstable which impacts on everyday life/ability to access curriculum.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Curriculum planning including group or individual targets differentiated as appropriate to the NC level. • SENDCO seeks advice from LINT PMN QT and health care professionals in order to discuss next steps. • Setting manages SEND support and engages in joint planning with the LINT PMN QT, family, the child and other agencies. • Common targets are distributed to all educators and reviewed regularly. • Children can contribute to their EHC Plan and/setting targets. • Communication between the LINT-PMN QT and settings is regular (at least half termly). • Setting policies reflect reasonable adjustments made to ensure inclusion. • Timetabling of specialist equipment use to have the least impact on classroom time. • Individual targets on support plan following advice from the LINT PMN QT, and health professionals/therapists. • Modified planning for outdoor play curriculum is likely to be needed. 	<ul style="list-style-type: none"> • Hygiene/medical room may be necessary. • Adapted site may be necessary to physically access the building (assessment by OT will be required). <p>IF Involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.</p> <p>Eligibility Criteria for PMN is A (if the child has been assessed by LINT PMN specialist teacher).</p> <p>Health care inputs and therapies are intensive and on a regular basis i.e., weekly/daily.</p> <p>The child requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum.</p> <p>The child requires support during mealtimes.</p> <p>The child may be an Augmentative Alternative Communication (AAC) user.</p> <p>The child may have a degenerative condition which impacts on independence.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The child remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring which is provided on at least a half-termly basis. • The child requires a minimum of monthly visits with specialist intervention throughout the year to embed programmes across school and home and may include: <ul style="list-style-type: none"> - Ongoing formal instruction in the use of specialist equipment and devices. - The development of mobility and independent living skills. - A Personal Care Assessment. - A Manual Handling Assessment. - The child may require an environmental assessment re accessibility. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports differed types of learning experience i.e., individual, small group, pre and post lesson tutoring etc. to ensure curriculum access and discreet skills and teaching can take place. • Adult input to practice skills as advised by LINT/OT. • Physiotherapy/ Occupational Therapy programme to be completed in setting. • Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills. • Attention is given to persistent difficulties in mobility around the building. • Accessibility of the whole site, with facilities and practices that maintain the dignity of each child. • Some children are likely to require specialist support in communication with peers with an emphasis on developing the child's independent use of ICT, recording skills and communication through AAC as appropriate. • Communication is embraced between the child and others. • Use support techniques to experiment with autonomy and curiosity. • Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills. • ICT utilised most of the time for recording purposes. • Differentiated writing materials and equipment. • Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks. • Differentiation to physical activities. • Delivery of physio programme/postural management by trained staff. • The curriculum is modified in some or all areas. • Settings have regular liaison with the LINT-PMN QT (if involved) to support child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. • Interventions should be incorporated across all activities throughout the day. • Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks. • EY setting needs significant adaptations to ensure that full access to the curriculum is achieved.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>NC Level Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate. Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>	<p>Planning</p> <ul style="list-style-type: none"> • SENDCO and LINT-PMN (if involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate. • Children can contribute to their EHC Plan and/setting targets. • Communication between the setting and the LINT-PMN (if involved) is frequent to ensure there are knowledgeable and empowered educators around the child. • Opportunities are in place for regular reviews of planning in line with LA. • Individual targets on support plan following advice from OT and health professionals. 	<ul style="list-style-type: none"> • Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. • Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. • May need a suitable space in which therapies can be carried out with appropriate hoisting facilities if appropriate and therapy bench. • A space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored. • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary. • A time out area for rest periods where children can spend time out of their wheelchairs, for example, away from other activities whilst having regard for their dignity. • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, mark-making skills etc. • Setting meets the need for high level support for all personal care, mobility, daily routines and learning needs. • May need individual adult support for mobility and personal care needs as advised by LINT-PMN (if involved) / OT and Healthcare Professionals. • Access to specialist resources to meet the personal care and mobility needs of each child. • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. <p>IF involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around Manual Handling in liaison with physiotherapist. • Peer Awareness Training.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN)

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.</p> <p>Eligibility Criteria for PMN is A* (if the child has been assessed by LINT PMN specialist teacher).</p> <p>The child needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning.</p> <p>The disability/condition demonstrates moderate risk to self or others i.e. petit-mal seizures/spasms</p> <p>The child's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services).</p> <p>The child may require regular/daily/24-hour supervision/monitoring (. continuing care due to intrusive procedures).</p> <p>The child requires regular/daily intervention from specialist nursing teams or health professionals.</p> <p>The child's disability/condition directly affects the ability to communicate verbally and/or record work/ideas.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The pupil requires long-term, significant and intensive intervention from the LINT-PMN QT which is expected to take at least a year to embed across setting and home with at least fortnightly visits and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. Ongoing development of mobility and independent living skills. An Environmental Assessment carried out by the LINT-PMN QT alongside OT An environmental assessment re accessibility. <p>Planning</p> <ul style="list-style-type: none"> Risk assessments for: moving and handling, movement around the setting and outside to be in place. An Emergency Health Care Plan is in place as appropriate. A PEEP (Pupil Emergency Evacuation Process) is in place in collaboration with the LINT-PMN QT (if involved). OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved). Setting and LINT PMN QT (if involved) work very closely to identify, assess and meet EHCP outcomes. LINT-PMN QT ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. The child can contribute to their EHC Plan with additional adaptations and modifications recommended by LINT-PMN QT (if involved) prior to meetings in line with LA SEND timescales. Communication between LINT-PMN (if involved) and settings is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the child. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Support may be needed with difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment. Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. Constant reinforcement and generalisation of skills is an essential priority. Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs. A specialist learning environment that supports the child's need to accept and develop pre-requisite skills required to access communication and learning. There is a highly individualised multi-agency working approach. Individual specialist support for mobility and personal care needs. High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the child's access to the curriculum. Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate. OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A skilled or familiar person to assist the child in communicating their expressive and receptive needs. A specialist/differentiated physical curriculum to ensure that they can access this aspect of learning.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Child's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies/ Curriculum and Interventions
<p>The child uses specialist equipment/aids that require daily operational assistance or preparation.</p> <p>The child requires a high level of support from specialist health professionals.</p> <p>The child spends a significant part, or all of the day using a specialist aid such as a wheelchair, standing frame, walking sticks, rolator to move around their environment.</p> <p>The child is dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly and also help with personal care needs.</p> <p>The child has a medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc.</p> <p>The child has a life threatening/limiting or degenerative condition.</p> <p>NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> • All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the child to learn to access (if LINT-PMN is involved). • Setting works closely with LINT PMN QT (if involved) to create a bespoke education offer to meet unique needs based on setting curriculum and specialist curriculum. • Assessment and monitoring will be bespoke. • Policies reflect reasonable adjustments and are written in collaboration with LINT PMN QT (if involved). • Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g., AAC. • Individual care plan/ protocol to be in place. • Behaviour care plans in place if appropriate • Plans in place for Egress, moving and handling. • The child requires a high level of support from a multi-disciplinary team to make successful transitions between rooms and into setting. 	<ul style="list-style-type: none"> • A daily or intensive therapy programme integrated within the day. • Postural management to be regularly reviewed. • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self-help and therapy programmes. • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). • Settings have regular liaison with the LINT-PMN QT (if involved) to support the child and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. • A suitably equipped space in which therapies can be carried out including a height adjustable therapy bench, where necessary, and hoist and slings. • An equipment space where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored. • May have access to specialist hydrotherapy/water-based activities with advice and guidance from the physiotherapist. • May have access to sensory room. • A suitable space may be needed for children with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend the setting. • Access to regular nursing support and advice.

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Child is able to access the EY environment and activities in accordance with their physical capabilities, to support them to make progress towards early learning goals. N.B, for some children with complex medical/physical needs, alternative feeding plans will need to be considered following guidance from relevant professionals.</p> <p>Child is able to reach and engage with resources in all areas of learning with opportunities at their level, either in specialist seating/ wheelchair or on the floor.</p> <p>Child is able to dress and undress with increasing independence in accordance with their physical/ medical needs.</p> <p>Child is confident to ask for help when there are barriers to accessing educational resources.</p> <p>Child is supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>	<p>Child is able to navigate the environment independently with minimum adult support via physical means or specialist equipment i.e. using a self-propelled wheelchair, self-propelled scoot, a powered chair, a walking frame or walking sticks.</p> <p>Child is able to use the toilet independently in accordance with their physical/medical needs/diagnoses.</p> <p>Child is able to participate in mealtime routines using cutlery with increasing dexterity and independence to feed themselves appropriately. N.B for some children.</p> <p>Child is able to confidently negotiate the environment independently, understanding their own limitations physically.</p> <p>Child is able to identify simple feelings and share them with a familiar adult.</p> <p>Child is able to make a simple decision.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults.</p>	<p>Child is able to access community-based activities/ clubs/groups in accordance with their physical/medical capabilities, to facilitate shared play and interaction and to support the development of friendships with peers.</p> <p>Child is able to access visits/ day trips as appropriate. These should be planned in advance, to consider the accessibility and transport needs.</p> <p>Child is able to develop appropriate early attachments to carer givers.</p> <p>Child is able to be supported to re-establish friendships after a term of absence.</p> <p>Child is able to wait their turn and feel confident that their needs will be met.</p>	<p>Child is able to attend regular medical, optical and visual checks to support good health.</p> <p>Child is able to comply with self-care routines and medical routines to support good physical health.</p> <p>Child is able to engage in regular physical exercise to maintain good physical health and support the development of gross motor skills.</p> <p>Child is able to try a range of new foods offered to support the development of a balanced and healthy diet.</p> <p>Child is able to begin to have an understand of own physical and/or medical need and identity with their own equipment.</p> <p>Child is able to be supported emotionally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies/Curriculum and Interventions sections of the Early Years Ranges Guidance: Physical, Medical and Sensory Needs.

Guidance for School Aged Pupils with SEND:

Implementation of the Thresholds in Primary and Secondary settings

The Thresholds are a very useful guide for SENDCOs and schools/services to assess and identify the needs of pupils and to put into place the appropriate support. The Thresholds are from Threshold 1 through to at least Thresholds 5 and 6, whilst some go beyond to 7. This is to reflect the broad range of needs in each of the areas of the SEND Code of Practice. They describe the pupil's needs and provide suggestions for the types of interventions that will be required. Schools/settings will need to evidence all their interventions and the impact of these through a provision map and other evidence. This is best practice nationally and Ofsted may require this level of evidence of input and impact.

Provision maps will be used alongside support plans and one page profiles to provide a full picture of the individual needs and support.

Any additional support over and above the notional SEND budget from the LA will be based on the needs as identified through the Thresholds and on how the school/setting has implemented their resources to meet pupils' needs in thresholds 1-4. It is expected that the SENDCO will have access to the school's SEND budget as well as be familiar with other spending, including the Pupil Premium and other similar funds, as some pupils will fall into several funding areas. It is important that the right funds are spent for the right pupils and that there is evidence to show input, impact and outcome.

The provision map should show not only school/setting-based interventions, but also those of specialists and outside agencies if they are involved. This will give an informed overview of the interventions, as well as their impact and the progress that the pupil has made as a result. The provision map should be part of a progress check every half term and a data run at the end of every term, in line with the assessment framework and process in each school/setting. Undertaking provision maps in this way will also correlate the attainment/achievements alongside other indicators such as attendance, behaviour etc.

In some cases, pupils will fall into more than one threshold, or will have needs in more than one area. The school/setting will need to study the Thresholds

and to highlight where the greatest need is. This may change in time and as the pupil matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The Thresholds are a guide and provide a framework for the evidence that will be required.

Identifying the Threshold

1. Read the descriptors in each document and identify those that best describe your pupil. You may find it useful to print off a copy of these and highlight ones that apply.
2. Use the SEND guidance descriptor information (CYP Presentation) in the first column of each threshold to think about how the pupil's individual profile affects their access to the curriculum and school/setting life. These statements support a decision about whether the pupil is mildly, moderately, severely, or profoundly affected and give guidance about how contexts and support needed affect placement at a threshold.
3. Steps 1 and 2 above should enable professionals to make a judgement about which threshold the pupil is at currently. It is important to recognise that these thresholds can alter either because the pupil's profile changes or because of context changes such as times of transition/ school/setting placement.

Using the Guidance to Support Learning

Once the threshold has been established, professionals will find advice about how to support the learning of pupils at each threshold. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies identified at each threshold. Strategies and advice from earlier thresholds need to be utilised alongside more specialised information as the thresholds increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

Communication and Interaction - Cognition and Learning

Cognition refers to the thinking skills and thought processes that children and young people have acquired through their prior experience. Learning needs are on a continuum and can vary across subjects and situations.

Section 6.30 of the SEND Code of Practice states, 'Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation.'

Before considering the Cognition and Learning threshold descriptors, consideration must be given to the child or young person's education journey, including attendance and any potential gaps that may be impacting on progress, their access to a broad and balanced curriculum and Quality First Teaching experiences.

Cognition and Learning needs may be general and encompass most of the curriculum, or specific and related to one or more areas of the curriculum.

Difficulties may be short-term in one or more areas or severe and long term. Achievement over a range of activities will need to be considered before deciding on the level that best fits an individual at any point in time and in all cases the learning of new concepts must be consolidated before moving on.



Cognition and learning needs generally account for difficulties in curriculum-related areas such as:

- reading, writing and spelling
- numerosity
- comprehension
- processing difficulties such as inference, coherence and elaboration
- sequencing and organising the steps needed to complete tasks
- problem-solving skills
- working memory
- short term verbal memory
- memory of visual sequences e.g. pattern and written alphabet
- other types of executive function difficulties
- place-keeping difficulties – this may include difficulty copying from the board, reading/working from a textbook
- task completion
- recognising the shape and orientation of letters and numbers
- recognising the sounds related to letters
- recall of recent events and teaching



Cognition and Learning Needs Guidance

Threshold Descriptors Overview

Threshold 1	<ul style="list-style-type: none"> • May be below age-related expectations. • Difficulty with the acquisition/use of language, literacy, and numeracy skills. • Difficulty with the pace of curriculum delivery. • Some problems with concept development. • Evidence of some difficulties in aspects of literacy, numeracy, or motor coordination. • Attainment levels are likely to be a year or more delayed.
Mild	
Threshold 2	<ul style="list-style-type: none"> • Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • The CYP is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan. • Evidence of difficulties with aspects of cognition i.e., memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum. • Progress is at a slow rate but with evidence of response to intervention. • Support is required to maintain progress and to access the curriculum. • Attainment is well below expectations despite targeted differentiation. • Processing difficulties limit independence and CYP may need adult support in some areas. • Mild but persistent difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention, and quality first teaching, implemented over time and reviewed regularly. • May have difficulties with organisation and independence in comparison to peers. • Difficulties impact on access to the curriculum. • Requires reasonable adjustments to support them in the classroom. • Self-esteem and motivation may be an issue. • Possibly other needs or circumstances that impact on learning.
Mild - Moderate	

Threshold 3

Moderate

As above plus:

- Persistent difficulties in the acquisition/use of language/literacy/numeracy skills.
- May appear resistant to previous interventions.
- Operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification.
- Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments.
- Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g., memory, concept development, information processing, understanding, sequencing and reasoning.
- Difficulties impact on learning and/or limit access to the curriculum.
- Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties.
- Personalised learning plan.
- Access to advice from a specialist.
- Support for reading/recording to access the curriculum at the appropriate level of understanding.
- **Moderate** and **persistent** difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching, implemented over time and reviewed regularly.
- Difficulties in some aspects of cognitive processing will be present, i.e., slow phonological processing, poor working memory, and difficulties with auditory and visual processing.
- Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required.
- May require assistive technology and/or augmented or alternative communication supports.
- Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support.
- Involvement of CYP in target setting and personalised learning.

Threshold 4a	<ul style="list-style-type: none"> • Significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching, implemented over time and reviewed regularly. • Key language, literacy and/or numeracy skills are well below functional levels for their year group – the CYP cannot access text or record independently. • Significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum. • Difficulties likely to be long term/lifelong. • Condition is pervasive and debilitating. • Significantly affects access to curriculum and academic progress. • High levels of support required which include assistive technology. • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present. • May appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding or expressing thoughts.
Threshold 4b	<p>As Threshold 4a plus:</p> <ul style="list-style-type: none"> • Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required. • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting.
Threshold 5a	<ul style="list-style-type: none"> • Severe learning difficulties or a learning disability has been identified. • Profound and multiple learning difficulties identified. • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities. • Complex and severe language and communication difficulties. • Access to specialist support for personal needs. • Complex needs identified.

Threshold 1 - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Mild difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention, and quality teaching, implemented over time and reviewed regularly.</p> <p>May have difficulties with some or all the following:</p> <ul style="list-style-type: none"> • Below expected rate of attainment. • Below age-related and national expectations. • Difficulty with the acquisition/ use of language, literacy, numeracy skill. • Difficulty with the usual pace of curriculum delivery. • Some problems with concept development. • Evidence of some difficulties in aspects of literacy, numeracy and/or motor co-ordination. • Attainment levels are likely to be a year or more delayed. 	<p>School</p> <ul style="list-style-type: none"> • Part of typical school and class assessments. • Typical curriculum plans include Quality First Teaching (QFT) strategies. • Parents and children involved in monitoring and supporting their targets. <p>Assessment</p> <ul style="list-style-type: none"> • In addition to typical classroom assessments, the teacher will also discuss next steps with the SENDCO. As appropriate, schools may choose to use screening tools, such as GL Assessment online screeners, Lucid, etc. • For concerns regarding motor skills use a motor skill check list and/or speak to the school nursing team/OT. <p>Planning</p> <ul style="list-style-type: none"> • Typical curriculum plans to include QFT strategies and adjustments to activities to remove any barriers which difficulties may present. • Timetable any one-to-one /small group intervention into weekly routine as appropriate (the number of sessions would be dependent on the intervention). • Monitor effectiveness of interventions ensuring clear entry and exit points and detailed provision map. • Parents/carers and CYP involved in monitoring and supporting their targets. 	<ul style="list-style-type: none"> • Mainstream class with flexible grouping arrangements. • Consider Kagan structures. • Opportunities for small group work based on identified need e.g., listening/ thinking. • Mainstream class with flexible grouping arrangements • Opportunities for small group work based on identified need e.g., reading, maths, motor skills. • Opportunities for generic type one-to-one programmes aimed at addressing gaps – any intervention should have clear entry and exit criteria. 	<ul style="list-style-type: none"> • Quality First Teaching. • Simplify level/ pace/amount of teacher talk. • Emphasis on identifying and teaching gaps assessment. • Opportunities for skill reinforcement/ revision/ transfer and generalisation. • Formal teaching of vocabulary and concepts. 	<ul style="list-style-type: none"> • Main provision by class/subject teacher. • Mainstream class with enhanced differentiation. • Regular targeted small group support, where staffing allows. • Time limited programmes of small group work based on identified need. • Opportunities for 1:1 /small group support focused on specific targets, with outcomes closely monitored. • CYP should be in mainstream classes and should not routinely be withdrawn and taught by a TA. • All school staff should have access to regular, targeted Continuing Professional Development. • The child is likely to be part of unnamed consultations or consultations about groups of children with their link EP. • Full inclusion within the curriculum through use of differentiation and group support. • Activities planned through QFT with emphasis on concrete, experiential and visual supports. • Multi-sensory learning opportunities. • Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g., Thinking Skills and problem solving. • Links established between new and prior learning with support from review and overlearning techniques.

Threshold 2 - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Mild but persistent difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention, and quality teaching, implemented over time and reviewed regularly.</p> <p>Take note of descriptors for other SEND needs, which may not be primary need.</p> <ul style="list-style-type: none"> Continuing and persistent difficulties in the acquisition/ use of language/literacy/ numeracy skills Operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through support plan. Evidence of difficulties with aspects of cognition i.e. memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum Progress is at a slow rate but with evidence of response to intervention. 	<p>As Threshold 1 plus:</p> <p>Assessment</p> <ul style="list-style-type: none"> SENDCO will use screening tools available for use in schools to establish a profile of the CYP's strengths and weaknesses. This will inform areas for intervention and adjustments/arrangements required for access to the curriculum and exams. SENDCo or specialist teacher to explore SpLD factors. School may request a HINT surgery at this point. <p>Planning</p> <ul style="list-style-type: none"> Teaching plans clearly show adjustments made for individual CYP to access the curriculum. This should include planning for additional adults supporting the CYP within the classroom. SENDCO to oversee planning of a personalised multi-sensory intervention. This should be time-tabled, and a private area made available. Regular monitoring and reviewing of interventions so they can be adapted accordingly – this should take place termly. Staff trained regularly on whole class differentiation/scaffolding with opportunities for peer support. Seek advice and information from Dyslexia Guidance and Dyscalculia Guidance. Specific Learning Difficulties Education Gateshead 	<ul style="list-style-type: none"> Mainstream class with enhanced differentiation, regular targeted small group support. Time limited programmes of small group work based on identified need. Opportunities for 1:1 support focused on specific targets, with outcomes closely monitored. <p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> 1:1 specific multisensory, cumulative, structured programmes to support the acquisition of literacy, cursive handwriting, numeracy and motor skills. Opportunities for mixed groupings as CYP's cognitive ability is likely to be higher than their literacy skills might indicate. 	<ul style="list-style-type: none"> Quality First Teaching Programme includes differentiated and modified tasks within an inclusive curriculum. Modify level/ pace/amount of teacher talk to CYP's identified need. Programmes to consist of small achievable steps. Pre-teach concepts and vocabulary. Multi-sensory learning opportunities. Emphasis on using and applying and generalisation of skills. Individual targets within group programmes and/ or 1:1 carefully monitored and reviewed. 	<ul style="list-style-type: none"> Parents/carers are fully informed of school provision for CYP and involved in decisions about interventions to meet the CYP's needs. Main provision by class/subject teacher with support from SENDCO and advice from specialist teachers as appropriate. Additional adult, under the direction of teacher, provides sustained and targeted support on an individual/ group basis. Include withdrawal on a time limited basis, entry and exit criteria clearly stated. It is likely that the school will consult with an EP at this stage. <p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> staff to deliver 1:1 programme for at least 30 minutes, 3 times weekly. Adults use the developmental level of language appropriate to the child in questioning and explanation. Simple Thinking Skills Activities/ Intensive use of 'Thinking Skills' approach, sorting/ matching/ visual sequencing/ classifying and categorising Use real objects wherever possible. Individual reading. Individual maths.

Threshold 2 - Cognition and Learning *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Support is required to maintain gains and to access the curriculum. • Attainment is well below expectations despite targeted differentiation. • Processing difficulties limit independence and may need adult support in some areas. • May have difficulties with organisation and independence in comparison to peers. • Difficulties impact on access to the curriculum and the CYP will require special arrangements and additional support in the classroom. • Self-esteem and motivation may be an issue. • Possibly other needs or circumstances that impact on learning. 		<ul style="list-style-type: none"> • The child experiences success through carefully planned interventions and expectations. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • Differentiated curriculum with modifications that include alternative methods to record and access text. This will include ICT as appropriate e.g., word prediction, text-to-speech. 	<ul style="list-style-type: none"> • Alphabet arc activities • Precision teaching • Motor co-ordination programme • Busy box • 5-minute box • Visual timetables, timeline • QFT is supplemented by appropriate small group work with close monitoring in place. • Individualised programmes are incorporated into provision. • Clear entry and exit criteria.

Threshold 3 - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Moderate and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality teaching, implemented over time and reviewed regularly.</p> <ul style="list-style-type: none"> • Persistent difficulties in the acquisition/use of language/ literacy/numeracy skills and appear resistant to previous interventions. • Operating at a level significantly below expected outcomes. • Evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification. • Moderate difficulties with independent working. • Needs the support of an adult and a modified curriculum. • Cognitive and school assessment indicates significant and enduring difficulties with several aspects of cognition e.g., memory, concept development, information processing, understanding, sequencing and reasoning. • Difficulties impact on learning and/or limit access to the curriculum. • Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties which require a personalised support plan. • Difficulties in some aspects of cognitive processing will be present, i.e., slow phonological processing, poor working memory, difficulties with auditory and visual processing. • Difficulties will affect access to curriculum. • Specialist support/advice and arrangements required. • Likely to need assistive technology. • Difficulties with learning may impact on self-esteem, motivation, and emotional wellbeing despite positive support. 	<ul style="list-style-type: none"> • SENDCO should take advice from assessment by EP. • Referral to HINT for consultation. • Involvement of education and non-education professionals as appropriate. • Reviews should take note of evidence-based needs. • Curriculum plans, and progress are closely monitored by school tracker. • Targets are individualised, short term and specific. • Continued regular engagement of parents/ carer. • Involvement of CYP in target setting and personalised learning. • Consideration of specific literacy/ learning difficulties evidence. 	<ul style="list-style-type: none"> • Mainstream class, predominantly working on modified curriculum tasks. • Frequent opportunities for small group work based on identified need. • Daily opportunities for 1:1 support focused on specific support plan targets. • Grouping needs to be flexible and include positive peer models with input from class teacher as well as additional adults. • Adults use the developmental level of language appropriate to the child in questioning and explanation. 	<ul style="list-style-type: none"> • Quality First Teaching. • Tasks and presentation increasingly individualised and modified in an inclusive curriculum. • Visual cues to support auditory information at all stages of delivery. • Individualised level/ pace/amount of teacher talk. • Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps targets within group programmes and/or 1:1. • Alternative ways of recording as appropriate. • Individualised programmes are incorporated into provision. 	<ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate. • Involvement of an EP in consultation/ assessment/planning and review. • A consistent structured environment which may include withdrawal, carefully monitored and planned by class teacher for a specific target. • Additional adult, under the direction of the teacher, provides sustained targeted support on an individual/ group basis. • Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. • Use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/ classifying and categorising. • CYP experiences success through carefully planned interventions and expectations. • SLCN activities. • Motor co-ordination programme. • QFT is supplemented by appropriate small group work (this can be in class with the teacher directing) with close monitoring in place.

Threshold 4a - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Significant and persistent difficulties with literacy, numeracy and/or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching, implemented over time and reviewed regularly.</p> <ul style="list-style-type: none"> • Key language, literacy and/or numeracy skills are well below functional levels for their year group. • Cannot access text or record independently. • Significant levels of difficulty in cognitive processing requiring significant alteration to the pace and delivery of the curriculum. • Difficulties likely to be long term/lifelong. • The condition is pervasive and debilitating and significantly affects access to curriculum and academic progress. • High levels of support are required which include assistive technology. • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present. • May appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding, or expressing thoughts. 	<p>School</p> <ul style="list-style-type: none"> • SENDCO takes advice from assessment by EP/specialist teacher and the involvement of education and non-education professionals, such as Health professionals as appropriate. • Curriculum plans, and progress are closely monitored. • Targets are highly individualised. • Continued regular engagement of parents. • Curriculum plans, classroom support and interventions and graduated approaches to achieve outcome. 	<ul style="list-style-type: none"> • Mainstream class, predominantly working on modified curriculum tasks. • Frequent opportunities for small group work based on identified need. • Daily opportunities for support focused on specific support plan targets. • Opportunities for multi-sensory interventions to address core difficulties will be in place. • Schools may refer to Occupational therapy or other commissioned services. 	<ul style="list-style-type: none"> • Quality First Teaching • Tasks and presentation increasingly individualised and modified in an inclusive curriculum. • Visual cues to support auditory information at all stages of delivery. • Teaching and activities are adapted to reduce the impact of processing difficulties e.g., working memory, processing speed. • Individualised level/pace/amount of teacher talk. • Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps targets within group programmes and/or 1:1. • Tasks and presentation are personalised to the CYP's needs and monitored regularly to ensure they remain appropriate. • Emphasis on literacy, numeracy, PSHEE and ICT. • Access arrangements and adjustments are part of everyday learning and practice (typical way of working). 	<ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate. • A consistent structured environment may include withdrawal, carefully monitored, and planned by class teacher for a specific target. • Additional adult, under the direction of the teacher, provides sustained targeted support on an individual/group basis. • Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. • Modified class curriculum. • CYP still included in activities wherever appropriate. • Use real objects for thinking skill activities (explore the context for the objects). • Appropriate thinking skills strategies. • Access to assistive technology must be made for those CYP with SPLD – e.g., Clicker 7 Text Help Read/Write, Penfriend and audio recording devices.

Threshold 4b - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Significant and persistent difficulties with literacy, numeracy and/in the acquisition/use of language /literacy/numeracy skills, within the curriculum and in out of school activities</p> <ul style="list-style-type: none"> • Severe cognitive impairment severely restricts access to the curriculum. • Severe level of cognitive impairment that is a lifelong disability and significantly impacts on social development and independence and requires specialist teaching. • Moderate to severe Learning Difficulties. • Complex needs identified. • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in mainstream setting. 	<p>School</p> <ul style="list-style-type: none"> • SENDCO takes advice from assessment by EP and the involvement of education and non-education professionals as appropriate. • Targets are individualised, short term and specific e.g., using B squared/ PIVATS to set targets. • Continued regular engagement of parents/carer. • Progress is closely monitored and tracked. • Utilise education and outside professionals for assessment and advice. • Curriculum plans, classroom support and interventions are planned and evaluated. 	<ul style="list-style-type: none"> • Mainstream class, predominantly working on modified curriculum tasks. • Frequent opportunities for small group work based on identified need by specialist teacher and specialist support staff. • Daily opportunities for support focused on specific provision targets. • The CYP experiences success through carefully planned interventions and expectations. • Adults use the developmental level of language appropriate to the child in questioning and explanation. • Simple language level with instructions chunked. 	<ul style="list-style-type: none"> • Modified class curriculum. • Quality First Teaching. • Tasks and presentation increasingly individualised and modified in an inclusive curriculum. • Visual cues to support auditory information at all stages of delivery. • Individualised level/pace/ amount of teacher talk. • Ensure transfer and generalisation of skills has occurred before teaching anything new. • Small steps targets within group programmes and/or 1:1. • Emphasis on literacy, numeracy PSHEE and ICT. • Tasks and presentation are personalised to the CYP's needs and as 4a monitored regularly to ensure they remain appropriate. • Highly adapted teaching methods which incorporate the use of learning aids and multi-sensory teaching as standard. 	<ul style="list-style-type: none"> • Main provision by class/subject teacher with support from SENDCO and advice from specialist teacher and non-education professionals as appropriate. • A consistent structured environment may include withdrawal, which is carefully monitored, and planned by the class teacher for a specific target. • Additional adult, under the direction of the teacher provides sustained targeted support on an individual/ group basis. • Clear monitoring of effectiveness of interventions. • Additional adult to be trained to deliver interventions and support. • Intensive use of 'Thinking Skills' approach, sorting/ matching/visual sequencing/classifying and categorising • Use real objects wherever possible. • CYP still included in group activities wherever appropriate. • Mastery learning – use of the Education Endowment Fund Toolkit to locate appropriate interventions. • Precision teaching. • Motor co-ordination programme. • Visual timetables, timeline, cues, task plans. • Access to assistive technology available for CYP with SpLD. • QFT is supplemented by small group work with close monitoring in place. • Individualised literacy/numeracy incorporated into provision. • Clear entry and exit criteria. • 1:1 Speech and Language Therapy if appropriate.

Threshold 5 - Cognition and Learning

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Severe and persistent difficulties in the acquisition/use of language/literacy/ numeracy skills, within the curriculum and in out of school activities.</p> <ul style="list-style-type: none"> • Severe learning difficulties or learning disabilities have been identified. • Complex and severe language and communication difficulties. • Profound and Multiple Learning Difficulties, which are lifelong. • Complex Needs identified. 	<p>School</p> <ul style="list-style-type: none"> • As 4b with long term involvement of specialist provision and appropriate non-educational professionals in accordance with the outcomes identified within the Education, Health and Care Plan, if applicable. • Previous assessment informs the planning process for appropriate programmes. • Targets are short-term and specific, monitored and reviewed on a short-term basis. • Parents/carers are naturally involved. 	<ul style="list-style-type: none"> • Extremely modified and individualised work. • Small group and 1:1 daily developing basic skills. • Need for specialist intervention from time to time to model interventions for schools to follow. 	<ul style="list-style-type: none"> • As 4b plus access to aids personalised to the CYP's needs e.g., communication needs. • Ensure that appropriate advice and materials are always available such as PECS, Makaton, ICT. • Functional curriculum offer. • Sensory curriculum offer. 	<ul style="list-style-type: none"> • Higher than average pupil:teacher ratio. • Staff need to be trained and have experience working with CYP with high cognition and learning needs. • Access to extra staffing to support CYP in times of crisis and stress and to escort CYP on outings and trips. • Appropriately trained staff to deal with medical and physical issues as appropriate. • Extreme modification of curriculum. • Group activities carefully monitored to ensure the CYP is not isolated or excluded. • CYP still included in activities wherever appropriate. • Emphasis on using real objects and experiences for all activities. • Visual support throughout. • Specialist ICT hard and software. • Total Communication Approach. • AAC systems to support communication environment. • Specialist equipment to promote self-help, physical access, and mobility. • Appropriate indoor and outdoor provision in a safe and secure setting. • Specialist hygiene facilities if necessary. • Access to specialist educational and non-educational services in accordance with the EHC Plan, if applicable. • Therapeutic offer to support sensory needs. • Information regarding Services and training will be on the Local Offer.

Cognition and Learning: PfA Outcomes and Provision

Primary and Secondary

PfA Outcomes and Provision				
Year Group	Employability/Education	Independence	Community Participation	Health
<p>Reception to Y2 (5-7 years)</p>	<p>Child has the listening skills and concentration to increase the amount of time they are able to maintain focus upon learning tasks.</p> <p>Child is able to develop early concepts of literacy and numeracy skills to enable them to lay the foundations of later learning.</p> <p>Child has an awareness of 'growing up' and beginning to have some ideas of what they would 'like to be', when they are older.</p>	<p>Child is able to understand the concept of time and will develop the skills necessary to access digital and analogue clocks.</p> <p>Child is able to understand the concept of cooking and the contribution of ingredients to produce different foods.</p>	<p>Child has an understanding of the concept of friendships and will be applying this in their approach to shared play with peers.</p>	<p>Child is able to understand the concept of being healthy, including the benefits of exercise and making healthy food choices and will begin to apply this in the context of mealtimes and attendance at clubs and sports activities.</p> <p>Child is able to understand the need for regular dental, vision, and hearing checks to maintain good health.</p>
<p>Y3 to Y6 (8-11 years)</p>	<p>Child is able to understand and be able to talk about different careers and education options so that they are able to make choices about what they will do next.</p> <p>Child is beginning to develop a profile of interests and aspirations in order to demonstrate individual strengths and skills.</p>	<p>Child is able to understand the concept of money, demonstrating awareness that different objects are of different monetary values and beginning to use money to pay for items such as snacks in school.</p> <p>Child is beginning to understand concepts relation to travel and transport including paying for a ticket/pass, timetables, and road signs and will be aware of the role of these in facilitating independent travel.</p> <p>Child is able to understand the concept of recipes relating to preparation of food and will be able to follow these with adult support to make simple foods (cupcakes, sandwiches etc.)</p>	<p>Child is able to understand the importance of being safe within the local community, including online, and will begin to understand potential areas of risk, e.g., strangers, online hazards, bullying and ways to take steps to avoid these.</p> <p>Child is familiar with the local area, including particular places, routes of travel to enable them to begin to understand where they are going and methods to get there.</p>	<p>Child is able to understand the purpose of vaccinations and will cooperate with these to ensure good medical health.</p> <p>Child is able to understand changes to their body associated with puberty and will be aware of self-care routines required to maintain good physical health.</p> <p>Child is able to understand minor health needs that they may have, asthma, eczema, difficulties with vision and/or hearing; they will understand the strategies and resources to manage these.</p>

PfA Outcomes and Provision

Year Group	Employability/Education	Independence	Community Participation	Health
<p>Y7 to Y11 (11-16 years)</p>	<p>CYP is able to understand information relating to course options (GCSE, NVQ, Entry level qualifications, vocational options etc.) including the requirements for access to a range of HE options to enable realistic and informed choices.</p> <p>CYP is able to think about subject option choices alongside longer-term career goals and will be able to choose subjects and course options to enable next steps in their chosen direction.</p> <p>CYP is beginning to think about and plan work experience/part-time opportunities to enable them to understand workplace demands and requirements and to gain early experience in areas of interest for future employment.</p> <p>CYP continues to develop a profile of interests and achievements in order to demonstrate individual strengths and skills. This will be used in accordance with careers sessions and guidance.</p> <p>CYP is able to understand supported employment options e.g., Access to Work.</p>	<p>CYP is able to understand monetary value, how much money they have and how much money items cost and will be able to make decisions in relation to what they spend their money on as a first step towards financial budgeting.</p> <p>CYP is able to demonstrate skills in accessing local transport services, buying a ticket/pass, understanding bus times, using these systems of travel to access school, for example.</p> <p>CYP is able to understand information relating to different food groups and meal planning and will be able to understand instructions within a recipe card/book to enable them to cook simple meals with support.</p>	<p>CYP is able to understand risks associated with social media, online gaming and online communities and will be increasingly competent in understanding how to keep themselves safe.</p> <p>CYP is able to understand social norms and conventions in relation to a variety of friendships and relationships and will be able to use this knowledge to enable them to engage appropriately within a range of social context.</p> <p>CYP is able to understand options in relation to a range of leisure and social activities available and will be able to use this to make informed and positive choices about how they want to spend their free time.</p> <p>CYP shows increased understanding of the wider picture and will build resistance to support emotional wellbeing.</p>	<p>CYP is able to understand information relating to sex education and sexual health in preparation for adulthood.</p> <p>CYP is able to understand the role of the GP and the support available to them.</p> <p>CYP is able to understand the risks associated with drugs and alcohol and will apply information learned to keep themselves safe.</p> <p>CYP has a more active role in understanding and managing more complex health needs to facilitate greater independence.</p>
<p>Provision</p>	<p>Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Cognition and Learning.</p>			

Communication and Interaction - Complex Social Communication (CSC)

Developing inclusive environments that celebrate neurodivergence and individuality is at the heart of educational practice in Gateshead. Our understanding and knowledge of complex social communication (CSC) has developed over time and will continue to evolve. Where once we may have compiled a list of things a child or young person could not do, we now understand that some: develop, experience, communicate, interact and think about their world in their own unique, equally valid, way. It is our role to make reasonable adjustments, provide supports, develop our understanding of neurodivergence and accept that our goal is not to make children or young people all the same. We must be mindful that our role should be to support our them to be the best versions of themselves.

Our job is, as for any other child or young person, to build on their interests, skills and knowledge, help them to make meaningful connections with others, meet their learning potential and be the happiest versions of themselves as they move on to their next stage of education. CSC needs can be both internal and external. These needs may also cut across other areas such as 'cognition and learning', 'social, emotional and mental health' and 'speech, language and communication.' It is therefore important to consider the four broad areas of need when using the thresholds. The most important point to remember when assessing, planning or reviewing supports for CSC learners is that they are meaningful to the child or young person and that they are promoting self-empowerment and independence.

Descriptors Social understanding and communication

- Experience of belonging and feeling included within a class, group or wider social situation may be different
- Internalised or externalised emotions intensities, isolation and social vulnerability may result from experiencing social situations differently
- Differences in experiencing empathy (presenting as lacking empathy or being hyperempathetic). Differences in imagination and play may impact on social experiences and learning.
- Eye gaze or eye contact may sometimes differ.
- Difference in facial expressions which may appear overtly expressive, limited or reduced in range.
- Differences in recognising and understanding non-verbal communication (facial expressions, body language and so on) may cause confusion, misunderstanding and anxiety.
- Differences understanding spoken language and expressing their wants, needs and feelings.
- Literal interpretations may result in different perceptions of language and learning such as sarcasm, inference and context.
- Development of speech may be delayed.

- May present with immediate or delayed repetition (echolalia), different intonation or differences in tone, rate or volume of speech.
- May focus on intense interests in conversation.
- Attention focused on a specific interest may impact on how class instructions and general information is interpreted and understood.
- Differences in understanding concept of time and sequencing of events may impact on an individual's ability to cope with change. This can be anxiety-provoking and impact everyday activities.
- Personal space may be perceived differently, leading to group work being difficult to navigate or getting too close to others.
- Awareness of danger may be limited, for example, no awareness of hazards when running or jumping and may be unaware of hurting others.
- Successful strategies to enable social interaction with peers may have been developed, however, at times of stress or anxiety their ability to communicate with others may be significantly reduced.

Flexibility, information processing, and understanding

- Unplanned or small changes in learning tasks or environments may result in increased anxiety. This could lead to shut down, withdrawal or distressed behaviour.
- Intense interest in a topic may be displayed. Channelled attention or interest in everyday objects, toys or people could lead to expertise in a specific area. It may also impact an individual's ability to focus on and finish activities.
- Managing transitions between tasks or environments could lead to increased anxiety.

- Level of interest in a topic, could impact attention and focus.
- May find it difficult to switch focus of attention or could be easily distracted.

Sensory processing and integration

- Individuals may present with over-sensitivity or under-sensitivity to sensory inputs. This can be a positive experience but can also cause distress or discomfort during some everyday activities.
- May find busy, noisy environments overwhelming.
- Signs of delayed hand/eye coordination and/or fine/gross motor skills may be displayed.
- May display body movements such as toe walking, unusual posturing or flapping.
- Particular sensory responses may be displayed to the environment at times of heightened stress or anxiety.
- Physical milestones such as eating development and toileting may be affected by sensory differences. These can cause high anxiety in the child/young person and those who care for them.

The table overleaf should be read alongside the lists above of:

- **Social understanding and communication**
- **Flexibility, information processing, and understanding**
- **Sensory processing and integration**

Children and young people may display different combinations of the outline behaviours, even at the lower thresholds.

Communication and Interaction - Complex Social Communication (CSC)

Threshold Descriptors Overview	
<p>Threshold 1</p> <p>Mild</p>	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) may affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life. • May have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team. • May or may not have low level sensory needs. • May have mild needs if the environment is supportive regardless of diagnosis. • Copes because staff recognise the neuro-diverse presentation.
<p>Threshold 2</p> <p>Mild - Moderate</p>	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life. • Despite a structured and supported environment and positive relationships with staff, CYP will have communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life. • May have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team. • May or may not have low to moderate sensory needs.
<p>Threshold 3</p> <p>Moderate</p>	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. • May or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team • May or may not have moderate sensory needs.

<p>Threshold 4a</p>	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. • Presents with an uneven learning profile, but with appropriate and personalised differentiation in areas they are able to access the mainstream curriculum. • May or may not have a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency diagnostic team. • May or may not have sensory significant sensory needs. • May be supported by strategies recommended by High Incidence Needs Team (HINT) for use in schools. • Communication and interaction needs (identified by the Threshold descriptors) severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.
<p>Threshold 4b</p> <p>Significant</p>	<p>CYP at Threshold 4(b) will be in a mainstream setting:</p> <ul style="list-style-type: none"> • Presents with an uneven learning profile, but with appropriate and high levels of personalised differentiation they are able to access the mainstream curriculum. • Requires significantly more support than is normally provided in a mainstream setting. • May or may not have sensory significant sensory needs. • May be supported by strategies recommended by HINT for use in school.

Threshold 5	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. <p>CYP at Threshold 5 may be in the following settings:</p> <p>Mainstream</p> <ul style="list-style-type: none"> • Presents with an uneven learning profile, but with a bespoke approach and curriculum they are able to access the mainstream curriculum at their stage of learning. • Requires significantly more support than is normally provided at a universal level in a mainstream setting. • May be supported by strategies recommended by HINT for use in school. <p>Special</p> <ul style="list-style-type: none"> • Attainment profile is below expected NC performance indicators. • May or may not have a diagnosis of an Autism Spectrum Disorder/ and or EHCP. • May or may not have severe sensory needs.
Threshold 6	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. • Needs an environment where interpersonal challenges are minimised by the adult managed setting. • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. • May or may not have profound sensory needs. • Within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed setting.
Profound	

Threshold 1 - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes how the CYP is affected within school:</p> <p>Communication and interaction needs (identified by the Threshold descriptors) affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life.</p> <p>3. If this statement accurately describes your child use the advice given in Threshold 1. If not, you will need to consider descriptors for other levels.</p> <p>The CYP may have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team.</p> <p>NC Level Across the expected range with an unusual learning profile showing relative weaknesses in some areas and strengths in others.</p>	<p>Assessment:</p> <ul style="list-style-type: none"> • Will be part of school/ setting and class teaching and assessments. <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plans should include individual/group targets. • Family to be involved regularly and support targets at home. • CYP will be involved in setting and monitoring targets, where appropriate. • Information around specific CYP will be shared with staff in setting at CYP progress meetings. 	<ul style="list-style-type: none"> • Must be included in mainstream class with specific support for targets which involve communication and interaction. • Should be offered opportunities for small group work within the usual classroom planning and management. 	<p>Resources/Provision:</p> <ul style="list-style-type: none"> • The use of Quality First teaching approaches to support the development of social communication and interaction skills. • Must have full inclusion to the National Curriculum • Flexibility may be required to enable the CYP to follow instructions and/or record work. • Instructions may need to be supported by use of visual and written cues. • Preparation for change and the need for clear routines will be required. • Reduction of complex language, especially when giving instructions and asking questions, will be required. 	<p>Setting:</p> <ul style="list-style-type: none"> • Flexible use of resources and staffing available in the classroom. • Staff trained in de-escalation strategies. • Staff are accessing Autism/C&I training materials and this is evidenced within their working practice. • Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding. • The child may be discussed as part of an unnamed consultation with an EP.

Threshold 2 - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>MILD NEEDS</p> <p>1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.</p> <p>2. Consider whether the following statement describes this need:</p> <p>Communication and interaction needs (identified by the Threshold descriptors) affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life.</p> <p>3. If this statement accurately describes your child or young person use the advice given in Threshold 2. If not, you will need to consider descriptors for other levels.</p> <p>There may not be a diagnosis of an Autism Spectrum Disorder by an appropriate multi-agency team.</p> <p>NC Level Across the expected range but with an unusual profile showing relative weaknesses in certain areas and strengths in others.</p>	<p>Assessment:</p> <p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • Could also include other assessments relating to need, advice from SLT or OT advice (where applicable) • School may request a HINT surgery at this point. <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plans will reflect levels of achievement and include individually focused targets, especially in Speech, Language and communication. 	<ul style="list-style-type: none"> • Will be mainstream class-based and will have opportunity for small group and individual work to target specific needs relating to communication and interaction needs. • May need adaptations to the working environment such as a quiet area within the classroom for individual work. <p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • The use of Quality First teaching approaches to support the development of social communication and interaction skills. • Flexibility will be required to enable the CYP to follow instructions and/ or record work. • Clear use of visual and written cues will be useful to support instructions. • Preparation for change and the need for clear routines will be required. • Reduction of complex language, especially when giving instructions and asking questions, will be required 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • Curriculum access will be facilitated by using a structured approach to provision which should involve using visual systems or timetables, reducing language for instructions/ information giving. • Teaching approaches should take account of difficulties identified within the Threshold descriptors. 	<p>As Threshold 1 plus:</p> <p>Setting:</p> <ul style="list-style-type: none"> • Will need additional professional support from skilled colleagues, e.g., SENDCO, to aid curriculum modifications. • Should consider staff training to ensure that they are trained to meet the needs of the students in their class. • It is likely that the school will consult with an EP at this stage. • Will need additional professional support from skilled colleagues to develop strategies to address social interaction, social communication, and social understanding. • Will need use of additional school support to implement specific materials, approaches, and resources as appropriate. • Staff trained in de-escalation strategies. • Staff recognise and make minor adaptations to facilitate the learning style of neuro-diverse CYP. • Schools are encouraged to have an Autism Champion in their setting- training and advice is provided by HINT. • Staff are accessing Autism/C&I training materials and this is evidenced within their working practice.

Threshold 3 - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>MODERATE NEEDS</p> <ol style="list-style-type: none"> 1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. 2. Consider whether the following statement describes how the CYP is affected within school: Communication and interaction needs (identified by the Threshold descriptors) will moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. 3. If this statement accurately describes your child use the advice given in Threshold 3. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. The CYP may or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate clinical team. <p>NC Levels Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.</p>	<p>Assessment:</p> <p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • More specialised assessment tools in relation to specific descriptors such as: PSE p-level assessments; TALC; Motivational Assessment; STAR behavioural analysis. • Accurate and up to date assessment of independent levels (NC/P-Levels) must be kept as a working document to aid planning and to share with family. • Assessment includes a profile of sensory needs. • Following HINT surgery a named referral may be appropriate and a consultation will be offered in the first instance. <p>Planning:</p> <ul style="list-style-type: none"> • Curriculum plans will reflect levels of achievement and must include individually focused targets. • Planning may need to incorporate adaptations such as rest breaks, time allocated to sensory difficulties and processing needs. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • Inclusion within the mainstream classroom. However, there will be a need for an enhanced level of individual support. • Targeted support will be needed which may include unstructured parts of the day, e.g., start and end of school day, breaks, lunchtimes and trips out of school. • Support for areas of sensory needs which may include 'time out' space and other environmental adaptations to reduce stress and anxiety. <p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • The use of Quality First Teaching approaches to support the development of social communication and interaction skills. • Flexibility will be required to enable the CYP to follow instructions and/or record work. • Clear use of visual and written cues will be useful to support instruction. • Preparation for change and the need for clear routines will be required. • Reduction of complex language, especially when giving instructions and asking questions, will be required. • Staff will need to implement recommendations made by the Autism lead. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • Will need to make noticeable adaptations to the curriculum to aid access and reduce anxiety. • Will need differentiation by presentation and/ or outcome. • Will need enhanced PSHCE teaching to ensure skills embedded. 	<p>As Threshold 1 and 2 plus:</p> <p>Setting:</p> <ul style="list-style-type: none"> • Advice/ training information from other agencies including Autism Hub. • Teaching approaches must take account of difficulties identified within the Threshold descriptors. • Staff working directly with CYP must have knowledge and training in good practice when working with CYP with communication and interaction needs/Autism. • Schools should consider using the Autism Education Trust staff competencies to support development of specialist skills. • Involvement of an EP in consultation/ assessment/ planning and review. • Schools should consider ELKLAN Communication Friendly Schools training to enhance skill levels in working with CYP with these needs. • Staff trained in the use of de-escalation strategies. • Staff are accessing HINT surgery and implementing suggested strategies • Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding.

Threshold 4a - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>SIGNIFICANT NEEDS</p> <ol style="list-style-type: none"> Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. Consider whether the following statement describes how the CYP is affected within school Communication and interaction needs (identified by the threshold descriptors) significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. If this statement accurately describes your child or young person use the advice given in Threshold 4a. If not, you will need to consider descriptors for other levels. <p>The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p>Presents with an uneven learning profile but, with appropriate and personalised differentiation, they are able to access the mainstream curriculum.</p> <p>NC Level Across the expected threshold but with an unusual profile showing weaknesses in some areas and strengths in others.</p>	<p>As Threshold 1 – 3 plus:</p> <p>Assessment:</p> <ul style="list-style-type: none"> Should include assessment advice from other agencies, e.g., SLT/OT. Assessment should include details about sensory needs. <p>Planning:</p> <ul style="list-style-type: none"> Increased level of understanding by teaching and support staff will require plans for developing whole school understanding of CYP needs. To include all setting staff that come into contact with CYP on a daily basis. Shadowing staff in specialist settings. Planning must include adaptations to curriculum to ensure the development of independent learning and life skills. 	<p>As Threshold 1-3 plus:</p> <ul style="list-style-type: none"> Robust planning to meet objectives defined in support plans. 	<p>As Threshold 1- 3 plus:</p> <p>Must implement recommendations of AS / AOT Support</p> <p>As Threshold 1-3 plus</p> <ul style="list-style-type: none"> Significant adaptations to curriculum, teaching methods and environment needed to access the curriculum. These will include conceptual understanding of everyday language and subject specific vocabulary; pace of delivery; significant pre-learning and over learning of concepts and functions and use of alternative recording methods. Where appropriate an alternative curriculum must be offered to develop independence and life skills. Will need enhanced PSHCE and SRE programmes to ensure skills embedded; these are likely to need some element of individual work. 	<p>As Threshold 1 – 3 plus:</p> <p>Setting:</p> <ul style="list-style-type: none"> All staff aware of de-escalation strategies. Key staff trained in Team Teach approaches. Additional training of mainstream staff to support curriculum modifications and social interaction, social communication and social understanding.

Threshold 4b - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>SIGNIFICANT NEEDS</p> <ol style="list-style-type: none"> Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working. Consider whether the following statement describes how the CYP is affected within school: Communication and interaction needs (identified by the Thresholds descriptors) severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. If this statement accurately describes your child or young person use the advice given in Threshold 4b. If not, you will need to consider descriptors for other levels. The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. CYP at Threshold 4b may be in a mainstream setting/ Resource Base. Presents with an uneven learning profile but, with appropriate and personalised differentiation, they are able to access the mainstream curriculum. They will require significantly more support than is normally provided in a mainstream setting. <p>NC Level Across the expected range but with an unusual profile showing weaknesses in some areas and strengths in others.</p>	<p>Assessment:</p> <p>As Thresholds 1 – 4a plus:</p> <ul style="list-style-type: none"> Must include detailed assessment for PSHCE, life skills and sensory needs. Risk assessments must be carried out and shared with all staff and family. <p>Planning:</p> <ul style="list-style-type: none"> Where needed, positive behaviour plans must be completed and shared with family. Must include planning for whole day, including unstructured times. Planning must consider learning styles, identified strengths and learning needs. 	<p>As Thresholds 1 – 4a plus:</p> <ul style="list-style-type: none"> Robust planning to meet objectives defined in Support Plan/EHCP. Access to a quiet area within the classroom must be available when needed to offer opportunities for distraction free learning. A variety of groupings must be used to ensure learning, including time in a quiet, distraction free environment. 	<p>As Thresholds 1 – 4a plus:</p> <ul style="list-style-type: none"> Curriculum modifications must be selected to engage with C&I needs/Autism in relation to curriculum content and peer group. Therapeutic approaches will be integral to curriculum delivery and used to support the emotional wellbeing of CYP. Planning for unstructured times must be provided. 	<p>As Thresholds 1 – 4a plus:</p> <p>Setting:</p> <ul style="list-style-type: none"> Flexibility of staffing available to accommodate need, especially during unstructured times such as start and end of day, breaks and lunch and trips out of setting. Key staff must have accredited training in Autism/C&I needs such as ELKLAN, or through the Autism Education Trust. Additional training of mainstream staff to support specific curriculum modifications in relation to needs identified in the Threshold descriptors. <p>As Threshold 1-4a plus:</p> <ul style="list-style-type: none"> Specialist staff to devise strategies which will be shared with mainstream staff and implemented into planning.

Threshold 5 - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>SEVERE NEEDS</p> <p>1. Use the first section of this document to identify the relevant descriptors for the CYP with whom you are working.</p> <p>2. Consider whether the following statement describes how the CYP is affected within school:</p> <p>Communication and interaction needs (identified by the Threshold descriptors) severely affect their access to the National Curriculum, including the, social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/ people available.</p> <p>3. If this statement accurately describes your CYP use the advice given in Threshold 5. If not, you will need to consider descriptors for other levels.</p> <p>The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.</p> <p>CYP at Threshold 5 may be in the following settings:</p> <p>Mainstream Presents with an uneven learning profile but, with appropriate and personalised differentiation, they are able to access the mainstream curriculum. They will require significantly more support than is normally provided in a mainstream setting.</p> <p>Special Attainment profile is below expected NC key performance indicators. Complex Needs Identified.</p> <p>NC Level</p> <ul style="list-style-type: none"> • Across the expected threshold with an unusual learning profile showing relative weaknesses in some areas and strengths in others • For CYP in special school settings, attainment profile is below expected NC levels. 	<p>As Threshold 1 – 4 plus</p> <ul style="list-style-type: none"> • Must include detailed assessment for PSHCE, life skills and sensory needs. • Assessment of behaviour and medical needs to inform the planning process where required. • Where needed, risk assessments, behaviour support plans and positive handling plans must be carried out and shared with all staff and family. • Must include planning for whole day, including unstructured times. • Accurate and up to date assessment of independent levels must be kept as a working document to aid planning and to share with family. • Long term involvement of education and non-education professionals is likely to be needed. 	<p>As Threshold 1– 4 plus</p> <ul style="list-style-type: none"> • Robust planning to meet objectives in the support plan/ EHCP if applicable. • A variety of groupings must be used to ensure learning, including time in a quiet, distraction free environment. • Daily opportunities to manage their own anxieties by graded access to a range of environments. 	<p>As Threshold 1– 4b plus:</p> <ul style="list-style-type: none"> • Curriculum modifications must be selected to engage with C&I needs/Autism in relation to curriculum content, peer group etc. • Therapeutic approaches must be part of the curriculum and used to support the emotional wellbeing of the CYP • Access to specialist approaches and equipment as part of a holistic package to meet the individual’s sensory, social communication and understanding needs. • Use a range of alternative augmentative communication to support social and functional communication skills to enhance interaction and understanding (e.g., PECS, Makaton, electronic voice output communication aids (VOCA)) 	<p>As Threshold 1– 4b plus:</p> <p>Setting:</p> <ul style="list-style-type: none"> • Flexibility of staffing available to accommodate need, especially during unstructured times. • Key staff must have enhanced training in C&I needs/Autism. • Additional training of mainstream staff to support CYP specific curriculum modifications in relation to needs identified in the Threshold descriptors.

Threshold 6 - Communication and Interaction (CSC)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>PROFOUND NEEDS</p> <ol style="list-style-type: none"> Use the first section of this document to identify the relevant descriptors for the CYP with whom you are working. Consider whether the following statement describes how the CYP is affected within school: Communication and interaction needs (identified by the Threshold descriptors) profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/ people available. If this statement accurately describes your child, use the advice given in Threshold 6. If not, you will need to consider descriptors for other levels. <p>The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment.</p> <p>CYP within the Communication and Interaction specialist setting, or enhanced DSP setting need an environment where interpersonal challenges are minimised by the adult managed setting.</p> <p>Complex Needs Identified.</p>	<p>Assessment</p> <ul style="list-style-type: none"> Targets must be individualised, short term, specific & reviewed Detailed pre-NC assessments to inform planning/target setting. Ongoing teaching assessments including social communication skills, emotional wellbeing and life skills, including preparation for adulthood. Long-term involvement of educational and non-educational professionals as appropriate in assessment and planning Assessment of emotional regulation, sensory needs, individual behaviour needs, and medical needs must be used to inform the planning process. Curriculum planning closely tracks levels of attainment and incorporates individual targets and therapy programmes. Individual care plan/protocol to be in place. Positive handling plan Behaviour Support Plan and risk assessment 	<ul style="list-style-type: none"> Robust planning to meet the objectives in the EHCP. Small groups within a specialist provision for communication and interaction needs. Specialist educational setting Daily opportunities for small group and 1:1 teaching and learning. Where possible, graded access to mainstream learning activities and leisure opportunities. 	<ul style="list-style-type: none"> Curriculum access will be facilitated by using a predictable approach which may involve using visual systems or timetables and reducing language for instruction/information giving. Teaching strategies should consider difficulties with transfer of skills; teaching approach should take account of difficulties in understanding the social rules and expectations of the classroom. Use a range of alternative augmentative communication to support social and functional communication skills to enhance interaction and understanding (e.g., PECS, Makaton, electronic voice output communication aids (VOCA)) Use of adapted teaching materials and resources to support teaching and learning for those with sensory and/or physical impairment. Enhanced PSHCE/life skills and SRE programmes to ensure skills embedded. 	<ul style="list-style-type: none"> High staffing ratio to support teaching and learning with sustained opportunities for 1:1 support. All staff trained and experienced in working with CYP with Autism. Additional staffing to escort CYP and support at times of crisis and stress. All staff trained and experienced in Team Teach approaches. Consistent staff team experienced in working with students who present with a range of needs because of their Autism diagnosis. Access to specialist approaches, equipment and therapeutic services as part of the curriculum.

Speech, Language & Communication Needs

Introduction

The term SLCN is used in this guidance to refer to CYP with speech, language and communication needs as described below.

There are four distinct and overlapping reasons for pupils to have SLCN¹:

- 1. Primary need:** a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.
- 2. Secondary need: primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.**
- 3.** Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.
- 4.** Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause initial short-term difficulties. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

Identification:

- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth.
- The nature of SLCN can change over time.
- A range of interventions, screening, observation, and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty.

- Depending on the nature of the difficulty, CYPs' performance levels range between 'well above average' to 'well below average'.

This document provides guidance regarding provision, staffing and identification for pupils at Thresholds 1-4. However, for all the reasons above, when planning provision and personalised learning, it is essential that the strengths and needs of individual CYPs are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a CYP at Threshold 1 may require aspects of provision at Thresholds 2/3 for a measured period of time.

All pupils need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:

- An understanding of the importance of language skills on social development and attainment
- Structured opportunities to support CYP's speech and language development
- Effective and positive adult-CYP interaction
- High quality verbal input by adults

CYP may have a specific speech and language difficulty classed as a primary need if they are attending a speech and language Additional Resourced Provision. Where applicable, guidance for pupils with autism, physical, cognition and learning, hearing and behavioural and emotional difficulties should also be consulted.

¹ Effective and Efficient use of resources in services for C&YP with SLCN (Lindsay, Desforges, Dockrell, Law, Peacey ad Beecham) DCSF 2008 ISBN 978 84775 218 5

Threshold Descriptors Overview

<p>Threshold 1</p> <p>Mild</p>	<p>Communication and interaction needs may affect access to some aspects of the National Curriculum, including the social emotional curriculum and school life:</p> <ul style="list-style-type: none"> • May or may not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team. • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. CYP may not be developing sound awareness. CYP is unable to follow longer, or more complex instructions. • Difficulties with listening and attention that affect task engagement and independent learning. • Reduced vocabulary range, both expressive and receptive. 	<ul style="list-style-type: none"> • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations, and the CYP needs some support with listening and responding. • May rely on simple phrases with everyday vocabulary. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement • May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words, or phrases, if this is consistent, higher levels of need may be present
<p>Threshold 2</p> <p>Mild - Moderate</p>	<p>Communication and interaction needs moderately affect access to some aspects of the National Curriculum, including the social emotional curriculum and school life:</p> <ul style="list-style-type: none"> • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the CYP is saying if out of context. • Speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy. • Phonological awareness difficulties impact on literacy difficulties. • Difficulties with listening and attention that affect task engagement and independent learning. • Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations. • Some support needed with listening and responding. 	<ul style="list-style-type: none"> • Difficulties in the understanding of language for learning, abstract language (conceptual language: size, time, shape, position). • Reduced vocabulary range, both expressive and receptive. • May rely on simple phrases with everyday vocabulary. • May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. • Likely to present with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases more consistently.

Threshold 3

Moderate

Communication and interaction needs will affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts.

- The pervasive nature of the Autism/Communication and Interaction (C&I) needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment.
- May or may not have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency team.
- May have a diagnosis of Developmental Language Disorder made by a Speech and Language Therapist.
- Persistent delay against age related speech, language, and communication.
- Persistent difficulties that do not follow typical developmental patterns (disordered).

Speech

- Speech may not be understood by others i.e., parents/family/carers where context is unknown.
- Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility.
- Speech sound difficulty may lead to limited opportunities to interact with peers.
- May be socially vulnerable.
- May become isolated or frustrated.
- Phonological awareness difficulties impact on literacy development.

Expressive

- May have difficulty speaking in age-appropriate sentences and the vocabulary range is reduced. This will also be evident in written work.
- Talking may not be fluent.
- May have difficulties in recounting events in a written or spoken narrative.

Continued on next page

Threshold 3

Moderate *continued*

Receptive

- Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations.
- Needs regular and planned additional support and resources.
- Difficulties with listening and attention that affect task engagement and independent learning.
- May not be able to focus attention for sustained periods.
- May appear passive or distracted.
- Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g., not understanding the consequences of an action.

Social Communication

- Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability.
- Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.
- Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.
- Anxiety related to lack of understanding of time and inference.
- Needs reassurance and forewarning of changes to routine or when encountering new situations/experiences.

Identification

- Diagnosed by a Speech and Language Therapist.
- Identified by a HINT SLCN Teacher or Educational Psychologist.
- CYP with Developmental Language Disorder (DLD) may have associated social communication difficulties.
- CYP with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling.
- CYP with DLD may have behavioural, emotional, and social difficulties which impact on everyday interactions and learning.

Threshold 4a

Significant

Communication and interaction needs **significantly affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life. **This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.**

- The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment.
- Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum.
- May have a diagnosis of an Autism Spectrum Disorder made by an appropriate multi-agency diagnostic team.
- May have a diagnosis of Developmental Language Disorder made by a Speech and Language therapist.
- Could communicate or benefit from communicating using Augmented and Alternative Communication (AAC).
- Some or all aspects of language acquisition are significantly below age expected levels.
- Significant speech sound difficulties, where speech sound difficulties exist, making speech difficult for all listeners to understand when out of context (and sometimes where it is known).

Must have an identified Speech, Language and /or Communication Delay/Disorder

This could be difficulties in:

- Understanding and/or using language
- Speech Sound development
- Social Interaction

Identification

- Diagnosed by a Speech and Language Therapist.
- Identified by a HINT SLCN Teacher or Educational Psychologist.
- CYP with Developmental Language Disorder (DLD) may have associated social communication difficulties.
- CYP with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling.
- CYP with DLD may have behavioural, emotional, and social difficulties which impact on everyday interactions and learning.

Threshold 4b

Significant

Communication and interaction needs **severely affect their access** to the National Curriculum, including the social emotional curriculum and all aspects of school life, **even in known and familiar contexts and with familiar support/people available**.

- The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment.
- Could communicate or benefit from communicating using AAC.
- Some or all aspects of language acquisition are significantly below age expected levels.
- Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known).

Has significant speech and language difficulties and may have a diagnosis of Developmental Language Disorder (DLD)

The main categories are:

- Mixed receptive/expressive language difficulty
- Expressive only language difficulty
- Higher order processing difficulty
- Specific Speech Impairment

Identification

- Diagnosed by a Speech and Language Therapist.
- Identified by a HINT SLCN Teacher or Educational Psychologist.
- CYP with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours.
- CYP with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling.
- CYP with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory. They may experience difficulties with problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum.

Threshold 1 - Communication and Interaction (SLCN)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>SLCN may be an emerging but not yet clearly identified primary area of need; the CYP has some difficulty with speaking or communication.</p> <p>Presentation of some/all of the difficulties below and these will mildly affect curriculum access and social development:</p> <ul style="list-style-type: none"> • CYP does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team. • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Speech sound difficulties may impact on literacy difficulties. • Difficulties with listening and attention that affect task engagement and independent learning. • Poor speech sound awareness and retention. • CYP struggle to follow longer or more complex instructions. • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the CYP needs some support with listening and responding. 	<p>School must:</p> <ul style="list-style-type: none"> • Identify evidence that the CYP’s language is delayed. • Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring. • Ensure the CYP is part of typical school and class assessments. • SENDCO and class teacher could be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty. • Other assessment tools schools use: Gateshead SLCN checklist, Welcome, Speech/Language Link, Communication Trust Progression Tools, One Step at a Time. • Schools could use www.talkingpoint.org.uk to help define if the issues are mild or moderate. 	<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings; positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Opportunity for planned small group activity focusing on language and communication. 	<p>School:</p> <ul style="list-style-type: none"> • All tasks may require some modification. • Instructions supported by visual and written cues. • To support CYP in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition. • Flexibility in expectations to follow instructions /record work. • Opportunities for developing the understanding and use of language across the curriculum. • Opportunities for time limited small group work based on identified need. • Planning shows opportunities for language-based activities. • Family supports targets at home. • CYP involved in setting and monitoring their own targets. 	<p>School:</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SENDCO. • Additional adults routinely used to support flexible groupings, small group activities and differentiation under the guidance of the teacher. • Adults actively support CYP by modifying teacher talk and scaffolding/modelling responses. • Adults provide support to enable CYP to listen and respond to longer sequences of information in whole class situation. • Adults provide encouragement and support to collaborate with peers in curriculum activities. • Adults provide pre and post tuition to secure key and specific vocabulary at the start of a topic. • The child is likely to be part of unnamed consultations or consultations about groups of children with their link EP. • School may consider an unnamed surgery with HINT.

Threshold 1 - Communication and Interaction (SLCN) *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<ul style="list-style-type: none"> Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position). Reduced vocabulary range, both expressive and receptive. May rely on simple phrases with everyday vocabulary. Social interaction could be limited and there may be some difficulty in making and maintaining friendships. Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words, or phrases, if this is consistent, higher levels of need may be present. <p>NC Level Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and/or literacy and social skills.</p>				<p>Resources:</p> <ul style="list-style-type: none"> Refer to The Communication Trust What Works for Pupils with SLCN database Quality First Teaching strategies SLCN Toolkit SLCN Top Ten Tips <p>Interventions such as:</p> <ul style="list-style-type: none"> Talk across the Curriculum Talking Partners@primary Talking Partners@secondary Nurturing Talk TalkBoost (Communication Trust) Talking Maths Colourful Stories Chatterbox Neli

Threshold 2 - Communication and Interaction (SLCN)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>SLCN is identified as the primary area of need; CYP has some difficulty with speaking or communication.</p> <p>Presentation of some/all of the difficulties below and these will mildly/moderately affect curriculum access and social development.</p> <ul style="list-style-type: none"> • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • The child’s speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction. Speech sound difficulties may impact on the acquisition of literacy. • Difficulties with listening and attention that affect task engagement and independent learning. • Phonological awareness difficulties impact on literacy difficulties. • Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations. • Needs some support with listening and responding. • Difficulties in the understanding of language for learning, abstract language, (conceptual language: size, time, shape, position.) 	<p>School must:</p> <ul style="list-style-type: none"> • Identify evidence that the CYP’s language is delayed. • Use EYFS profile, cognition and learning baseline assessment and checklists as a system of identification and monitoring. • Ensure the CYP is part of typical school and class assessments. • Actively monitor behaviour as an indicator of SLCN. • SENDCO and class teacher should be involved in more specific assessments and observations to clarify SLCN as the primary area of need, and the nature of the difficulty. • Other assessment tools schools use: Gateshead SLCN Checklist, Welcome, Speech/Language Link (Primary), Communication Trust Progression Tools, One Step at a Time. 	<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings; positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Small group/individual work to target specific needs. 	<p>School:</p> <ul style="list-style-type: none"> • Instructions supported by visual and written cues. • To support CYP in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition. • Flexibility in expectations to follow instructions /record work. • Opportunities for developing the understanding and use of language across the curriculum. • Opportunities for time limited small group/individual work based on identified need. • Planning shows opportunities for language-based activities. • Family supports targets at home. • CYP involved in setting and monitoring their own targets. • All tasks require regular modification. • Support and intervention can be offered from the language and learning team. 	<p>School:</p> <ul style="list-style-type: none"> • Main provision by class/ subject teacher with advice from SENDCO. • Adults routinely used to support flexible groupings and differentiation under the guidance of the teacher. • Adults actively support pupils by modifying teacher talk and scaffolding/ modelling responses. • Regular, planned support to listen and respond to longer sequences of information in whole class situation. • Regular, planned encouragement and support to collaborate with peers in curriculum activities. • Staff working directly with the CYP should have knowledge and training in good practice for teaching and planning provision for children with SLCN. • It is likely that the school will consult with an EP at this stage.

Threshold 2 - Communication and Interaction (SLCN) *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Reduced vocabulary range, both expressive and receptive. • May rely on simple phrases with everyday vocabulary. • May rely heavily on non-verbal communication to complete tasks (adult's gestures, copying peers) and this may mask comprehension weaknesses. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. • Likely to present with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases more consistently. <p>NC Level Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and /or literacy and social skills.</p>		<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings; positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Small group/individual work to target specific needs. 	<p>School:</p> <ul style="list-style-type: none"> • Instructions supported by visual and written cues. • To support CYP in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition. • Flexibility in expectations to follow instructions /record work. • Opportunities for developing the understanding and use of language across the curriculum. • Opportunities for time limited small group/individual work based on identified need. • Planning shows opportunities for language-based activities. • Family supports targets at home. • CYP involved in setting and monitoring their own targets. • All tasks require regular modification. • Support and intervention can be offered from the language and learning team. 	<p>Resources:</p> <ul style="list-style-type: none"> • Refer to The Communication Trust What Works for Pupils with SLCN database • QFT strategies • SLCN Toolkit <p>Interventions such as:</p> <ul style="list-style-type: none"> • Talk across the Curriculum • Talking Partners@primary • Talking Partners@secondary • TalkBoost (I CAN)) • Early TalkBoost (I CAN)) • Talking Maths • Nurturing Talk • Colourful Stories • Chatterbox • ICT support: Clicker 7 voice recorder, talk to text, communication apps • Spingo • Neli • School should consider unnamed surgery with HINT. • School to consider referral to Speech and Language Therapy.

Threshold 3 - Communication and Interaction (SLCN)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>Presentation of some/all of the difficulties below and these will moderately affect curriculum access and social development:</p> <ul style="list-style-type: none"> • Persistent delay against age related speech, language, and communication. • Persistent difficulties that do not follow typical developmental patterns (disordered). <p>Speech</p> <ul style="list-style-type: none"> • Speech may not be understood by others where context is unknown. • Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. • Speech sound difficulties impact on literacy development. • Speech sound difficulty may lead to limited opportunities to interact with peers. • May be socially vulnerable. • May become isolated or frustrated. • Phonological awareness (speech sound awareness) difficulties may impact on literacy development. 	<p>As for Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> • Provide evidence of monitoring and identification of CYP needs before making a referral for assessment and advice from a specialist teacher. • Reviews should consider the evidence base if there is a need to consider specialist resources and provision. 	<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings; positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Regular, focused, time limited small group or individual interventions. 	<p>As for Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> • Planning identifies inclusion of and provision for individual targets. • Additional steps are taken to engage families and the CYP in achieving their targets. • Mainstream class predominantly working on modified curriculum tasks. • Frequent opportunities for time limited small group and individual work based on identified need. • Attention to position in the classroom and acoustics. • Tasks and presentation personalised to CYP needs. • Curriculum access facilitated by a structured approach using visual systems, modification or reduction of language for instructions and information. • Consideration to the transference and generalisation of skills. 	<p>School:</p> <p>As for Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> • Main provision by class/subject teacher with advice from SENDCO. • Additional adult support informed by differentiated provision planned by the teacher. • Could include advice from Speech and Language Therapist and HINT to implement specific classroom-based strategies and to inform planning. • Additional adult support focused on specific individual targets and any SLT advice as appropriate. • Staff working directly with the CYP must have knowledge and training in good practice for teaching and planning provision for children with SLCN-sometimes the Therapist leaves programmes for staff to follow. • Involvement of an EP in consultation/ assessment/planning and review. <p>Other resources:</p> <ul style="list-style-type: none"> • Refer to The Communication Trust 'What Works for pupils with SLCN' database • Advice sheets • SLCN Toolkit <p>Interventions:</p> <p>As Threshold 1&2</p> <ul style="list-style-type: none"> • Referral to HINT for consultation.

Threshold 3 - Communication and Interaction (SLCN) *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Expressive</p> <ul style="list-style-type: none"> • May have difficulty speaking in age-appropriate sentences and the vocabulary range is reduced. This will also be evident in written work – sometimes children can write well but not speak well. • Talking may not be fluent. • May have difficulties in recounting events in a written or spoken narrative. <p>Receptive</p> <ul style="list-style-type: none"> • Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations. • Needs regular and planned additional support and resources. • Difficulties with listening and attention that affect task engagement and independent learning. • May not be able to focus attention for sustained periods. • May appear passive or distracted. • Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g., not understanding the consequences of an action. 				

Threshold 4a - Communication and Interaction (SLCN)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>SLCN will be identified as the primary area of need with the nature of the difficulty clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>Presentation of some/all the difficulties as described at Threshold 3 and these will significantly affect curriculum access and social development.</p> <ul style="list-style-type: none"> • Could communicate or benefit from communicating using Augmented and Alternative Communication. • Some or all aspects of language acquisition are significantly below age expected levels. • Significant speech sound difficulties, making speech difficult to understand for all listeners when out of context and sometimes where it is known. <p>Must have an identified Speech, Language and / or Communication Delay/Disorder. This could be difficulties in:</p> <ul style="list-style-type: none"> • Understanding and/or using language • Speech Sound development • Social Interaction <p>Identification</p> <ul style="list-style-type: none"> • Diagnosed by a Speech and Language Therapist • Identified by HINT SLCN Teacher or Educational Psychologist. • Pupils with DLD may have associated social communication difficulties. 	<p>As for Thresholds 1 - 3 plus:</p> <ul style="list-style-type: none"> • Provide an appropriately trained teacher or teaching assistant to implement the advice of the SLT and/or HINT specialist teacher. • Where there is a diagnosis of Language Impairment or Speech Impairment the CYP's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access. • Planning, targets, and assessments must address pastoral considerations relevant to the individual CYP's emotional well-being as well as social and functional use of language. 	<ul style="list-style-type: none"> • Mainstream classroom with attention paid to position in the classroom and acoustics. • Flexible pupil groupings. • Positive peer speech and language models. • Groupings reflect ability with modifications made to ensure curriculum access. • Regular, focused, time limited small group/individual interventions. 	<p>As for Thresholds 1 - 3 plus:</p> <ul style="list-style-type: none"> • Mainstream class predominantly working on modified curriculum tasks. • Individual targets following advice from SaLT/specialist teacher must be incorporated in all activities throughout the school day. • Whole school understanding of the CYP's individual needs through training such as ICAN Communication Friendly Schools and/or training from SaLT service or HINT. • Additional training of mainstream staff to support curriculum modifications. • Daily opportunities for individual/small group work based on identified need. • Provide 1:1 support focused on specific individual targets and any SaLT/HINT Specialist Teacher advice as appropriate. 	<ul style="list-style-type: none"> • Main provision by class/ subject teacher with advice from SENDCO which must include advice from specialist teacher and/or Speech and Language Therapist • Additional adult 1:1 support focused on specific individual targets and any SaLT/HINT Specialist teacher advice as appropriate. • Staff working directly with the CYP must have knowledge and training in good practice for teaching and planning provision for CYP with SLCN. • Additional training of mainstream staff to support curriculum modifications. • Additional adult support informed by differentiated provision planned by the teacher.

Threshold 4a - Communication and Interaction (SLCN) *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Pupils with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling. • Pupils with DLD may have behavioural, emotional, and social difficulties which impact on everyday interactions and learning. <p>NC Level Across expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and literacy, social skills.</p>			<ul style="list-style-type: none"> • Pay attention to position in the classroom and acoustics. • Provide systematic and intensive mediation to facilitate curriculum access. • Ensure specific structured teaching of vocabulary and concepts, in context. • Provide support for social communication and functional language use. • Provide specialist support with recording and communication. • Provide specific programmes to develop independent use of ICT, recording skills and communication through AAC as appropriate. 	

Threshold 4b - Communication and Interaction (SLCN)

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>SLCN is identified as the primary area of need with the nature of the difficulty established and clarified from observations and assessments by school, specialist education professionals and health professionals.</p> <p>Presentation of some/all of the difficulties as described at Threshold 3 and these will severely affect curriculum access and social development to the extent that needs cannot usually be met in a mainstream setting, and an Additionally Resourced Mainstream Provision.</p> <ul style="list-style-type: none"> • Could communicate or benefit from communicating using AAC. • Some or all aspects of language acquisition are significantly below age expected levels. • Significant speech sound difficulties making speech difficult to understand out of context. <p>Has significant speech and language difficulties and may have a diagnosis of Developmental Language Disorder (DLD)</p> <p>The main categories are:</p> <ul style="list-style-type: none"> • Mixed receptive/expressive language impairment/difficulty • Expressive only language impairment/difficulty • Higher order processing impairment/difficulty • Severe Speech Impairment 	<p>As Threshold 4a plus:</p> <ul style="list-style-type: none"> • Planning must adhere to the targets and include reasonable adjustments to support the mainstream classroom where possible. • Where there is a diagnosis of Developmental Language Disorder (with or without associated speech impairment) or where there is a severe speech impairment, the CYP's individual academic potential should not be underestimated. However, planning must include a significant level of additional adult support and significant personalised differentiation to ensure curriculum access. • It must be recognised that language impairment is a persistent, severe and lifelong disability. • Planning, targets, and assessments must address pastoral considerations relevant to the individual CYP (emotional well-being) as well as social and functional use of language. 	<ul style="list-style-type: none"> • Flexible pupil groupings • Positive peer speech and language models • Groupings reflect ability with modifications made to ensure curriculum access. 	<p>As Threshold 4a plus:</p> <ul style="list-style-type: none"> • Small class sizes. • Daily targeted speech intervention. • Access to regular speech and language therapy • Possible Outreach support. • Interventions need to be embedded not used in isolation. 	<p>School</p> <ul style="list-style-type: none"> • Should have a placement with access to specialist teaching and non-teaching support within the classroom and wider setting to facilitate access to the curriculum and social communication. • These staff will support mainstream staff in planning and delivering appropriate, inclusive, and structured interventions and a differentiated curriculum. • Ensure additional training is available for mainstream staff to support curriculum modifications. • ELKLAN Materials can be used.

Threshold 4b - Communication and Interaction (SLCN) *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Identification</p> <ul style="list-style-type: none"> • Diagnosed by a Speech and Language Therapist. • CYP with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours. • CYP with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling, problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum. • CYP with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory. • CYP with DLD often have behavioural, emotional, and social difficulties due to impoverished peer interactions, poor listening, attention and understanding. <p>NC Level Across or below expected NC level range with an unusual profile showing strengths and weaknesses primarily in speaking and listening and literacy skills.</p>				

Communication and interaction: PfA Outcomes and Provision

Primary and Secondary

PfA Outcomes and Provision				
Year Group	Employability/Education	Independence	Community Participation	Health
Reception to Y2 (5-7 years)	<p>Child has the communication and interaction skills required to meet with adults from a range of careers and obtain information, appropriate to the child's age and developmental level, in relation to different jobs to enable them to begin to think about what they may like to do in the future.</p> <p>Child is able to engage with real world visits (fire stations, farms, etc.) and be able to communicate with adults present to obtain information relating to any questions they may have.</p>	<p>Child has the communication and interaction skills required to enable them, with adult supervision support and modelling, to ask for things that they would like (ordering juice in a coffee shop, asking for a toy or food item at a shop counter etc.)</p>	<p>Child is able to interact and communicate appropriately with peers to enable participation in teams and games, after school clubs and weekend activities.</p> <p>Child has the communication and interaction skills required to begin to develop friendships with peers.</p>	<p>Child has the language, communication skills required to gain the attention of an adult at times when they feel unwell in order to access appropriate medical care as required.</p> <p>Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.</p>
Y3 to Y6 (8-11 years)	<p>Child is able to articulate their ideas in relation to different career and education options and will have the communication skills required to ask questions to support them in moving towards making choices.</p> <p>Child is able to engage with career related role models/sessions on different career paths from visitors in school to further increase their understanding of potential options/areas of interest.</p>	<p>Child has the communication and interaction skills required to enable them to ask for things that they would like, to pay for things in a shop or school lunch hall, as step toward independent living.</p> <p>Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required.</p>	<p>Child has the communication and interaction skills required to develop and maintain friendships with peers.</p> <p>Child is able to interact and communicate appropriately with peers to enable participation in team games, youth and after-school clubs.</p> <p>Child has the language and communication skills required to outline any issues relating to bullying or safety online to an adult.</p>	<p>Child has the language and communication skills required to explain the issue to an adult at times when they are hurt or feel unwell in order to access appropriate medical care as required.</p> <p>Child has the language and communication skills required to enable them to articulate choices relating to diet and physical exercise.</p>

PfA Outcomes and Provision

Year Group	Employability/Education	Independence	Community Participation	Health
<p>Y7 to Y11 (11-16 years)</p>	<p>Child is able to engage with structured careers advisory sessions, communicating their thoughts and ideas relating to potential career choices and having the interaction skills to talk with adults to obtain additional information/guidance as required to enable them to make informed choices.</p> <p>Child has the communication and interaction skills (written or verbal) required to facilitate the building of a personal/vocational profile within careers sessions, moving towards building a CV for application for further education/training or employment.</p> <p>Child has the communication and interaction skills required to function within a workplace environment, either with respect to work experience/voluntary work or part time employment to enable them to gain work related experience.</p>	<p>Child has the communication skills required to facilitate the development of age-related independent living skills to include cookery, travel time, money, being able to ask questions and seek support/guidance where required.</p> <p>Child has the communication and interaction skills required to enable them to socialise with peers (unsupervised) within the community and to access activities within the local community in accordance with their preferences.</p>	<p>Child has the language, communication and interaction skills to develop and maintain friendships with peers and to integrate successfully into a range of social groupings and situations.</p> <p>Child is able to interact appropriately via social media, online games and within the online community to maintain personal safety and lessen potential vulnerability.</p>	<p>Child has the language and communication skills required to ask questions in order to obtain additional information relating to sex education managing more complex health needs, risks related to drugs and alcohol and support for mental health and wellbeing as required.</p> <p>Child is able to communicate, with adult support/prompting, any health needs, or concerns to a GP to obtain appropriate medical care or support as required.</p>
<p>Provision</p>	<p>Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Communication and Interaction, SLCN and Autism.</p>			

Social, Emotional, Mental Health Descriptors (SEMH)

The children and young people to whom this guidance relates will present with a range of features of social, emotional, and mental health difficulties which impact on their learning and social inclusion. Individual pupils may display a range of these features which will vary in severity and intensity and which change over time. It is not expected that any pupils will match all the descriptors listed below. The descriptors may be used to support the identification and assessment of the needs of an individual pupil. It is imperative that the school has an inclusive environment and culture and demonstrates that each pupil's needs are of paramount importance. The voice of the pupil and family must be identified at an early stage and support given by the school and other agencies to the family to enable them to support outcomes and their child at home.

From September 2019 OFSTED will introduce a 'behaviour and attitudes' judgement which will assess whether leaders are creating a calm and orderly environment, where bullying is tackled effectively by leaders when it occurs.

As the severity of mental health difficulties increases, the impact on the child's functioning and ability to access educational environment and activities increases as they move through the thresholds'.

Social

CYP may:

- Be socially vulnerable, withdrawn, or isolated within their peer group.
- Have delayed social skills or may not have had the opportunity to develop resilience and positive social and emotional skills needed within a whole school environment.
- Follow some but not all school rules/routines in the school environment.
- Have difficulties in social interactions/relationships with both adults and peers.

- Have difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance.
- Struggle to maintain positive relationships with peers and adults.
- Be slow to develop age-appropriate self-care skills due to levels of maturity or degree of learning difficulties.
- Struggle to engage, be abusive towards staff and peers, may present as disengaged with the curriculum and routines of the school.
- Damage property.

Emotional

Pupil may:

- Show signs of stress and anxiety and/or difficulties managing their emotions
- Have difficulty identifying their emotions or triggers and may need support to self-regulate or self-regulate through self-harm or anti-social ways.
- Have fluctuating moods which might indicate depression or boredom, or heightened states such as excitement or hyperactivity, and be unable to prevent these from affecting their ability to positively socially interact with their peers.
- Exhibit crises which may be one off, prolonged, or regular responses to anxiety, or they may be learned responses to undesired or stressful situations.
- Be at risk of leaving the school premises or absconding during the school day.
- Show patterns of stress or anxiety related to a specific context or a specific time of the day, week or time of year.
- Have difficulties expressing empathy or be emotionally detached.
- Engage in high risk-taking activities both at school and within the community.

- Seek to be in control in situations.
- Be over-friendly or withdrawn with strangers which may elevate risk of exploitation.
- May use sexualised language or behaviours inappropriate to age and/or context.

Mental Health

Pupil may:

- Be unpredictable and may exhibit patterns of behaviour that impact on learning and inclusion.
- Be disruptive or overactive and lack concentration in the classroom setting.
- Be under assessment for mental health difficulties; acute anxiety or attachment needs may have been identified.
- Have a tendency to hurt others, self or animals.
- Have issues around identity and belonging.
- Experience acute anxiety, fear, isolation, bullying or harassment.
- Present with self-harming behaviour.
- Have attempted suicide or present with suicidal ideation.
- Engage in persistent substance abuse.

Presenting behaviour may also include:

- A preference for own agenda and reluctance to follow instruction.
- Presenting with different behaviour with different members of staff.
- Patterns of regular school absence.
- Disengaged from learning and significantly under-performing.
- Verbally and physically aggressive.
- May be preoccupied with hunger, illness, lack of sleep which may indicate neglect.
- May be identified as at risk of Child Sexual Exploitation via a CSE matrix.

The school will need to demonstrate that the provision, systems, and training that are in place are effective in meeting the needs of pupils with SEMH. Consistency of approach in supporting positive behaviour is essential. Communication between staff and joint strategies in a behaviour/personalised plan must be in evidence. The school must have a graduated response to working with pupils with SEMH so that needs are met preventing escalation.

Threshold Descriptors Overview

Threshold 1	<p>MILD</p> <ul style="list-style-type: none"> • Identified as presenting with some low-level features of social, emotional and mental health needs. • May sometimes appear isolated, have delayed social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration. • May follow some but not all school rules/routines around behaviour in the school environment. • May experience some difficulties with social /interaction skills. • May show signs of stress and anxiety and/or difficulties managing emotions on occasions.
Mild	
Threshold 2	<p>MILD – MODERATE</p> <p>Difficulties identified at Threshold 1 continue/worsen and there has been no significant measured progress despite quality first teaching and Threshold 1 interventions being in place, implemented over time and reviewed regularly.</p> <ul style="list-style-type: none"> • SEMH difficulties continue to interfere with CYP social/learning development across a range of settings and CYP does not follow routines in school consistently. • May have continued difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. • May have become socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. • May show patterns of stress/anxiety related to specific times of the day, week, time of year. • May have a preference for own agenda and be reluctant to follow instructions. • May have begun to experience short term behavioural crises.
Mild - Moderate	

Threshold 3	<p>MODERATE</p> <p>Difficulties identified at Threshold 2 continue/worsen and there has been no significant measured progress despite quality first teaching and Threshold 1 and 2 interventions being in place, implemented over time and reviewed regularly.</p> <ul style="list-style-type: none"> • SEMH difficulties interfere more frequently with CYP’s social/learning development across a range of settings and CYP has increasing difficulty in following adult direction without prompting. • May have more sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. • Remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. • Patterns of stress/anxiety related to specific times of the day have become more common. • May have a preference for own agenda and may be reluctant to follow instructions. • Short-term behavioural crises have become more frequent and are more intense.
Moderate	
Threshold 4a	<p>SIGNIFICANT</p> <p>Continues to present with significant and persistent levels of social, emotional and mental health difficulties which are now more complex, and which necessitate a multi-agency response.</p> <ul style="list-style-type: none"> • Does not have the social and emotional skills needed to cope without frequent adult support. • Increasing difficulties with social interaction, social communication and social understanding which often impact on classroom performance. • Is increasingly isolated and struggles to maintain positive relationships with adults or peers.
Significant	
Threshold 4b	<p>SIGNIFICANT</p> <p>Continues to present with significant and persistent levels of social, emotional and mental health difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response.</p> <ul style="list-style-type: none"> • Does not have the social and emotional skills needed to cope without adult support for a significant proportion of the school day. • Significant and increasing difficulties with social interaction, social communication and social understanding which consistently impact on classroom performance. • Is isolated and struggles to maintain positive relationships with adults or peers. • Careful social and emotional differentiation of the curriculum essential to ensure progress with learning. • Complex Needs identified.
Significant	

Threshold 5

Severe

SEVERE

Severe and increasing social, emotional and mental health difficulties, often compounded by additional needs, and requiring provision outside the mainstream environment, which may include:

- Moderate/severe learning difficulties
- Mental health difficulties
- Acute anxiety
- Attachment issues
- Patterns of regular school absence
- Incidents of absconding behaviour
- Disengaged from learning, significant under-performance
- Verbally and physically aggressive
- Reliant on adult support to remain on task
- Struggles with change – both to routines and relationships
- Regular use of abusive language
- Engaging in high-risk activities both at school and within the community
- Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals
- Issues around identity and belonging
- Needing to be in control, may display bullying behaviours (victim & perpetrator)
- Difficulties sustaining relationships
- Over-friendly or withdrawn with strangers, at risk of exploitation
- Evidence of sexualised language or behaviours which are not age appropriate
- Slow to develop age-appropriate self-care skills due to levels of maturity or degree of Learning Difficulties
- Physical, sensory, and medical needs that require medication and regular review
- Complex needs identified

<p>Threshold 6</p>	<p>PROFOUND</p> <p>Continuing profound and increasing social, emotional and mental health difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> • Significant challenging behaviour . • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS). • Unable to manage self in group without dedicated support. • Preoccupied with hunger, illness, lack of sleep which may indicate neglect. • Presents as anxious, controlling or with bullying behaviours which may indicate a need to be in control in order to feel safe. • Consistent use of abusive language. • Involved in substance misuse either as a user or exploited into distribution/selling. 	<ul style="list-style-type: none"> • Poor attendance, requires high level of adult intervention to bring into school, even with transport provided. • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive. • Regular absconding behaviour. • Significant damage to property. • Requiring targeted teaching in order to access learning in dedicated space away from others. • Health and safety risk to self and others due to increased levels of agitation and presenting risks. • Sexualised language and behaviour which is not age-appropriate. • Identified at risk of Child Sexual Exploitation (CSE.) • Complex needs identified.
<p>Threshold 6</p> <p>Profound</p>	<p>Continued long term and complex social, emotional and mental health difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include:</p> <ul style="list-style-type: none"> • Self-harming behaviour. • Attempted suicide. • Persistent substance abuse. • Extreme sexualised language and behaviour sexually exploited. 	<ul style="list-style-type: none"> • Extreme violent/aggressive behaviour • Significant mental health issues. • Long term non-attendance and disaffection. • Regular appearance in court for anti-social behaviour/ criminal activity. • Puts self and others in danger. • Frequently missing for long periods. • Complex needs identified.

Threshold 1 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Low level social, emotional and mental health difficulties which mildly affect curriculum access.</p> <p>May have difficulties with some or all of the following:</p> <ul style="list-style-type: none"> • Complying with adult direction. • Following classroom routines. • Responding appropriately to social situations. • Forming and sustaining relationships with peers. • Delayed social/emotional skills e.g., difficulties with turn-taking, reciprocal attention, sharing resources etc. • Some social isolation e.g., tends to play alone. • Low-level anxiety in social situations. • Feeling sad or down. 	<p>Assessment will continue as part of typical school and class assessments.</p> <ul style="list-style-type: none"> • Monitoring of the CYP's response to feedback, change in routine or environment. • Assessment for learning opportunities can be used to record observations and assessment of behaviour/anxiety levels. • Consideration of the CYP's learning style, including active engagement activities. • Information from the CYP regarding their views using person-centred approaches. • Observations by Teacher/ Teaching Assistant /Key Stage Coordinator. • School is proactive in identifying individual needs and monitors that action is taken. • SENDCO may initiate more specific assessments and observations if required. • SEMH training for all staff. 	<p>The teacher is held to account for the learning and progress of the CYP in the mainstream class.</p> <ul style="list-style-type: none"> • Quality First Teaching meets the needs of all CYP including those with SEMH needs. • Flexible teaching groups. • Some differentiation of activities and materials. • Differentiated questioning. • Use of visual, auditory and kinaesthetic approaches. • Awareness that a CYP may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking). • Resources and displays that support independence. • Routine feedback to CYP. • Environmental consideration to classroom organisation, seating and group dynamics. • Clear reward and consequence systems that are referred to and used consistently. • Rules and expectations consistent across all staff. 	<p>The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children and young people.</p> <ul style="list-style-type: none"> • Positive whole school attendance ethos. • The wider curriculum promotes positive examples of diversity. • Well-planned and stimulating PSHE/ Citizenship curriculum, differentiated to needs of cohort/class. • Anti-bullying is routinely addressed, and CYP are confident in reporting incidents. • Emotional literacy materials and interventions available for staff use in the classroom. • Provision of planned opportunities to learn and practice social and emotional skills during structured activities. • Restorative Practice approaches. • Educational visits are planned well in advance and take into account the needs of all CYP. • Close links with Parents/ Carers. 	<p>The CYP's SEMH needs can be managed in a mainstream class within an inclusive setting, with differentiation of task and teaching style:</p> <ul style="list-style-type: none"> • Regularly updated policies for SEND, Behaviour and Anti-bullying. • Regularly monitored inclusion policies are implemented consistently and underpin practice. • Stimulating classroom and playground environments. • Access to 'quiet areas' in school. • The school employs additional adults to support the needs of all CYP e.g., Midday Supervisory Assistants (MSAs), Family Support Worker. • All staff have received training in managing SEMH needs and understanding how to support CYP effectively. • Staff are familiar with current DfE guidance. • The child is likely to be part of unnamed consultations or consultations about groups of children with their link EP. • Staff access LA training to keep informed of meeting CYP needs. • Designated time allocated to TAs for planning and liaison with teachers.

Threshold 1 - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
		<ul style="list-style-type: none"> • Use of different teaching styles. • Clear routines that are followed consistently e.g., when lining up, moving to and from the carpet, tidy up time, transitions, etc. • Nurturing classroom approaches offering CYP opportunities to take on responsibilities e.g., class monitors, prefects, school council reps. 		<ul style="list-style-type: none"> • Use of playground buddies, peer mediators, peer mentors. • Lunchtime clubs. • ‘Social and Emotional Learning through Circle Time’ curriculum (Primary). • Staff access support e.g., via solution-focused conversations/supervision. • Time to establish liaison with parents/ carers in line with school procedures e.g., parent consultation evenings. • Staff ‘meet and greet’ their CYP daily. • Structured system in place to support internal transitions. • Early years learning journals at foundation stage.

Threshold 2 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Low / medium level ongoing social, emotional and mental health difficulties which are mild and moderate.</p> <p>These may affect curriculum access.</p> <ul style="list-style-type: none"> • May have a preference to follow own agenda. • Difficulties following adult direction e.g., regular incidences of non-compliance/ uncooperative behaviour. • Difficulties with self-regulating e.g. emotional outbursts, hyperactive, impulsivity, mood swings, feeling anxious/worried. • Difficulties with appropriate learning behaviour e.g., sustaining attention and concentration, motivation to engage with work-related tasks. • Low self-esteem and low general resilience. • May experience difficulties responding to social situations, leading to social isolation from peers e.g., may be fearful or anxious in new situations. • Hiding under furniture. • Delayed social skills affecting ability to establish and maintain friendships. • Reliance on adults for reassurance. • Difficulties forming relationships with adults. May crave adult support at times or may avoid and reject. • Problems sleeping. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> • More detailed and targeted observation and assessment relating to Support Plan formulation and intervention choice. • Observations by SENDCO/ Pastoral Lead. • CYP involved in setting and monitoring their own SMART targets for individual provision map and review. • Parents/carers involved regularly to support targets at home. • Behaviour records analysed to consider triggers and patterns. • Close monitoring to identify 'hot spots'. • School may consider an unnamed surgery with HINT. • School may consider a referral to the EBSA Team. 	<ul style="list-style-type: none"> • Information about CYP needs/difficulties is shared with relevant staff (support plan and meetings). • Sharing of advice on successful strategies and targets e.g., use of visual supports, developing organisational skills. • Classroom teaching assistance is targeted towards support for specific tasks/settings, based on agreed SMART targets. • Personalised reward systems covering targeted lessons/ activities. • Careful consideration of group dynamics within class. • Careful consideration of preferred learning style and motivational levers for the CYP when differentiating. 	<ul style="list-style-type: none"> • Access to small group support e.g. nurture group, Lego Therapy, Circle of Friends, self-esteem group. • Group work to be planned and tailored to meet identified need and to include good role models. • Teaching effective problem-solving skills. • Individual or small group support for emotional literacy e.g., recognising emotions. • Learning tasks differentiated by task and outcome to meet individual needs. • Preparation for changes to activities/routines/ staffing. • Supervision when moving between locations/classrooms. • CYP encouraged to participate in extracurricular activities. • Educational visits planned well in advance and contingency plans in place to meet the needs of the CYP, should they be needed. • Opportunities for small group work based on identified need. • Time-limited intervention groups. • Opportunities for creative play activities, drama etc. • A dedicated safe space for the CYP to use when dysregulated. • Key adult to be allocated to the CYP to provide a safe base in school. 	<p>The child or young person's SEMH needs require flexible use of additional support from within school resources:</p> <ul style="list-style-type: none"> • Support/advice from SENDCO/ Pastoral Lead. • Personalised programme with SMART targets reviewed and updated regularly. • Additional adults routinely used to support flexible groupings. • Access to targeted small group work with class Teaching Assistant. • Access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this. • Additional adults (Teaching Assistant) for focused support during unstructured times e.g., lunchtime supervision/ targeted extra-curricular activities. • Access to a quiet area for 'chill-out' time. • Access to visual cues/ timetable if needed. • Access to in-school support base (e.g., Nurture Group) if available. • Staff access targeted LA training. • Consultation with support services. • Home-school communication book. • Time for scheduled meetings with parents / carers on a regular basis. • Self-regulation strategies such as wobble cushion, stress balls and tangles.

Threshold 3 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Frequent and persistent difficulties with social, emotional and mental health difficulties which will moderately affect curriculum access.</p> <ul style="list-style-type: none"> • Incidences of non-compliant and uncooperative behaviour e.g. refusal to work, disrupting the learning of others. • Difficulties self-regulating e.g. frequent emotional or aggressive outbursts, sexualised language, excessive periods of anxiety, mood swings, unpredictable behaviour, which affect relationships. • Challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Mental Health Services, Youth Offending Service). • Inappropriate responses to fears and worries. • Significant self-esteem issues affecting relationships and behaviour patterns. • Low levels of resilience when faced with adversity. • Learning is affected CYP unmet SEMH needs, e.g. CYP disengaging, may destroy own / others' work, use work avoidance strategies, concentration very limited. 	<p>Support plan with assess-plan-do-review cycles implemented. Outcomes agreed and monitored with CYP and parents/carers.</p> <ul style="list-style-type: none"> • Consideration of Family Early Help Assessment. • Consider further specialist assessment • 'Round Robins' to relevant staff to gain overview of behaviour to inform planning. • Pastoral/Teaching Assistants/SENDCO are routinely included in planning to ensure their input is effective. • Behaviour records updated daily and analysed to consider frequency, duration, triggers/patterns etc. in order to plan appropriate strategies. • Consultation and assessment with HINT and Educational Psychologist. • Proactive assessments of potentially tricky situations to inform adaptations to learning environment. 	<ul style="list-style-type: none"> • Specific intervention (1:1 or small group) to support SEMH areas of need. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • Regular/daily small group teaching of social skills. • Individualised support to implement recommendations from support services. • Visual systems in place: prompt cards, behaviour plans, risk assessment, diaries. 	<ul style="list-style-type: none"> • Teaching style adapted to suit CYP's learning style e.g. level/pace/ amount of teacher talk reduced, access to practical activities. • Personalised timetable introduced in negotiation with the CYP, parents/ carers and staff. This may include temporary withdrawal from some activities e.g. assemblies, specific non-core lessons. • Alternative curriculum opportunities at KS4 e.g., vocational/ college/work placement. • Time-limited intervention programmes with staff who have knowledge and skills to address specific needs, may include withdrawal for individual programmes (e.g., understanding anger, therapeutic stories) or targeted group work (e.g. FRIENDS). 	<p>The CYP is struggling to cope with aspects of his/her local mainstream school, requiring increasing levels of individual additional support from within school resources and a multi-agency approach:</p> <ul style="list-style-type: none"> • School is offering provision that is additional to and different from that of peers. • School feel direct involvement of support services would be beneficial. • Access to 1:1 support for re-tracking, mentoring, motivational approaches etc. • Additional individual support for tricky situations and 'hotspots', in line with risk assessments. • Access to small group support outside mainstream classes. • Involvement of an EP in consultation/ assessment/planning and review. • Sustained access to intervention group work with Teaching Assistant, Learning Mentor, ELSA (Emotional Literacy Support Assistant) or NPSLBA trained staff where appropriate – not all schools have this. • Personalised timetable providing access to a Teaching Assistant / mentor staff for up to 12.5 hours per week. • Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies.

Threshold 3 - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<ul style="list-style-type: none"> • At risk of low-level offending or anti-social behaviour. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Presents with low mood or refuses to communicate for periods of time. • Difficulties forming and sustaining quality relationships with adults. • Risk of isolation or becoming socially vulnerable. • Struggling with bereavement issues, feelings of guilt. <p>The CYP's SEMH needs may co-exist with other needs.</p>	<ul style="list-style-type: none"> • Use of formalised assessments such as Boxall, PASS and Thrive. • Careful planning and review of needs at transition, including effective liaison e.g., starting school, transfer to secondary or Post-16/19 provision. 		<ul style="list-style-type: none"> • More formal meetings/ conferences using Restorative Practices, to include parents/carers. • Educational visits planned well in advance and risk assessments in place as appropriate and shared with key staff. 	<ul style="list-style-type: none"> • Internal exclusion/'time-out' facilities • Specialist Staff Training (e.g., Positive Handling programmes /Team Teach). • Advice from support services e.g., Mental Health Services, Social Care, Educational Psychologist, School Wellbeing Worker, Behaviour Support Worker, Youth Services. • Allocation of appropriate space for professionals to work with the CYP, taking into account safeguarding issues. • Multi-agency support to plan and review interventions. • Access to time-limited short- term interventions in Alternative Hubs (not PRU). • Signposting parents/carers to parenting courses or offering access to drop-ins. • Home-school communication book. • Time for formal meetings with parents on a regular basis. • Weekly mindfulness/individual wellbeing sessions. • Sensory processing approaches.

Threshold 4a - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Frequent and persistent difficulties with social, emotional, and mental health difficulties which will significantly affect curriculum access.</p> <ul style="list-style-type: none"> Challenging behaviour requiring a continuous range of therapeutic interventions or referral to specialist support services (Mental Health Services, Youth Offending Service). Incidences of non-compliant and uncooperative behaviour e.g., refusal to work, disrupting the learning of others. Difficulties self-regulating e.g., frequent emotional or aggressive outbursts, sexualised language, anxiety, mood swings, unpredictable behaviour, which affect relationships. Significant self-esteem issues affecting relationships and behaviour patterns. Emerging concerns around mental health e.g., self-harm, irrational fears, risk-taking, and substance misuse. Low levels of resilience when faced with adversity. 	<ul style="list-style-type: none"> Specialist assessments e.g., HINT, Educational Psychologist, Primary Mental Health Worker, Youth Offending Team. Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle. Risk assessment to identify dangers and need for additional support. Use of formalised assessments, e.g. Boxall, PASS and Thrive. Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis. 	<ul style="list-style-type: none"> The class/subject teacher remains accountable for the progress of the CYP. Identified individual support across the curriculum. Specific interventions (1:1 or small group) to support SEMH areas of need. Use of key-working approaches to ensure the CYP has a trusted adult to offer support/ withdrawal during vulnerable times. A designated safe space that the CYP can use with support when dysregulated. Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. 	<ul style="list-style-type: none"> Teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day. Targets informed by specialist assessment. Regular/daily small group teaching of social emotional and behaviour skills. Teaching style and tasks are adapted to suit the CYP's learning style e.g., level/ pace/amount of teacher talk reduced, access to practical activities. Personalised timetable introduced in negotiation with CYP, parents and staff. This may include temporary withdrawal from some activities. Alternative curriculum opportunities at KS4 e.g., ALPs/vocational/college/ work placements. Formal meetings/ conferences using Restorative Practices, to include parents/ carers. 	<p>The CYP is struggling to cope in a local mainstream setting, requiring considerable individualised support / resources above the delegated SEN budget. A multi-agency approach is needed.</p> <ul style="list-style-type: none"> Pastoral Leader and/or SENDCO provides support to Teacher and Teaching Assistants and takes responsibility for arranging appropriate CPD and quality assuring the learning experience. Access to 1:1 support within school for re-tracking, mentoring/ coaching, motivational approaches, understanding anger etc. Additional individual support in line with risk assessments, incl. unstructured times. Access to small group support outside mainstream classes. Personalised timetable providing access to a suitably trained Teaching Assistant / mentor . Formal behaviour monitoring systems to log and analyse incidents daily in order to review and modify strategies. Time to discuss, develop and review individual reward systems and report cards. Internal exclusion/'time-out' facilities. Specialist Staff Training (e.g., Positive Handling programmes/ Team Teach).

Threshold 4a - Social, Emotional and Mental Health Needs *continued*

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<ul style="list-style-type: none"> • Learning is affected by unmet SEMH needs, e.g. CYP disengaging, may destroy own/others' work, may use work avoidance strategies, concentration very limited . • Change in attendance patterns that requires in school interventions. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Presents with low mood or refuses to communicate for periods of time. • Risk of isolation, exploitation or becoming socially vulnerable. • Inability to cope with day-to-day problems or stress. • Significant tiredness. <p>The CYP's SEMH needs may co-exist with other needs.</p>	<ul style="list-style-type: none"> • Specialist assessments e.g., HINT, Educational Psychologist, Primary Mental Health Worker, Youth Offending Team. • Involvement of educational and non-educational professionals as part of assess, plan, do, review cycle. • Risk assessment to identify dangers and need for additional support. • Use of formalised assessments, e.g. Boxall, PASS and Thrive. • Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis. 	<ul style="list-style-type: none"> • Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address CYP's specific needs; may include withdrawal. • Individualised support to implement recommendations from relevant professionals. 	<ul style="list-style-type: none"> • Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios. • Support through solution-focused approaches, for staff working with the CYP. • Where the CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning. • Consideration to access arrangements for internal and external examinations. 	<ul style="list-style-type: none"> • Direct involvement from support services e.g., Educational Psychologist in reviewing progress. • Therapeutic intervention e.g., family therapy/ counselling/ play therapy/ art therapy if appropriate. • Non-educational input e.g., YOT, and Keyworkers from the Local Area Teams to re-engage in education/training • Multi-agency support to plan and review interventions. • Time and appropriate space for joint planning with CYP, parents carers, staff and other agencies to facilitate 'Team Around the Family' (TAF) approach. • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g., vocational/practical or college/work placements within timetable. • Support for parents/carers through access to targeted evidence.

Threshold 4b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Significant frequent and persistent behavioural and emotional difficulties which will severely affect curriculum access. These difficulties require multi-agency support.</p> <ul style="list-style-type: none"> • Daily incidences of non-compliant and uncooperative behaviour which are long-lasting and frequent e.g., refusals to work, defiance, leaving classroom/school site on a regular basis. • Learning is affected by unmet SEMH needs, e.g. CYP disengaging, destroying own or others' work, work avoidance strategies, unable to show level of concentration. • Difficulties socialising with peers and adults e.g., lack of empathy, victim or perpetrator of bullying. • Increased risk of exclusion, exploitation, radicalisation, isolation or becoming socially vulnerable. • Increasing concerns around mental health e.g., self-harm, irrational fears, risk-taking, substance misuse. • Changes in eating habits. • Poor personal hygiene. • Experiences phobias. • Difficulties with self-regulating e.g., intense emotional or aggressive outbursts/uninhibited/unpredictable outbursts. • Increasing concern around mental health e.g., self-harm, irrational fears, risk-taking, substance misuse. • The CYP does not have the social or emotional skills needed to cope without adult support for a significant proportion of the school day. 	<ul style="list-style-type: none"> • Use of resources for measuring impact of interventions. • Use of formalised assessments, e.g. Boxall, PASS and Thrive. • May consider referral for an Education, Health and Care Needs assessment if appropriate. • Personalised transition planning is prioritised (e.g., Rec/Y1, Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis. 	<ul style="list-style-type: none"> • Time-limited targeted intervention programmes with familiar staff who have knowledge, skills and experience to address CYP specific needs, which may include withdrawal. • Individualised support to implement recommendations from relevant professional. • Specialist provision in mainstream may be appropriate for part of the week. 	<ul style="list-style-type: none"> • Formal meetings/ conferences using Restorative Practices, to include Parents/ Carers. • Personalised curriculum - CYP may be disapplied from some aspects of the curriculum. • Daily access to staff with experience and training in meeting needs of SEMH CYP. • Educational visits planned well in advance and risk assessments in place, key staff have rehearsed possible scenarios. • Support through solution-focused approaches, for staff working with the CYP . • Where the CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Consideration of access arrangements for internal and external examinations. 	<ul style="list-style-type: none"> • Time to discuss, develop and review individual reward systems and report cards. • Internal exclusion/'time-out' facilities. • Specialist Staff Training (e.g., Positive Handling programmes/Team Teach). • Direct involvement from support services e.g., Educational Psychologist in reviewing progress. • Therapeutic intervention e.g., family therapy/ counselling/play therapy/ art therapy if appropriate. • Non-educational input e.g., Youth Offending Service, and Keyworkers from the Local Area Teams to re-engage in education/training. • Multi-agency support to plan and review interventions. • Time and appropriate space for joint planning with the CYP , parents/ carers, staff and other agencies to facilitate 'Team Around the Family' approach. • Additional 'off-site' provision may be required to supplement and enrich school-based learning e.g.,5 vocational/practical or college/work placements within timetable. • Access to time-limited Alternative Provision facilities. • Consideration to a 'managed move'. • Support for parents/carers through access to targeted evidence-based parenting programmes.

Threshold 5 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Significant complex, frequent and persistent SEMH needs with an accumulation of layered needs, which could include mental health, relationships, learning, communication and sensory. This includes:</p> <ul style="list-style-type: none"> • Lack of resilience when faced with challenge or criticism. • Can be verbally or physically aggressive. • Levels of aggression pose serious risk to self and others. • High levels of anxiety affecting daily functioning, thoughts of self-harm. • Constant hyper-vigilance, severe mood swings and panic attacks. • Learning is affected by unmet SEMH needs, e.g. destroying own or others' work, deteriorating relationships with peers and adults, lack of empathy, remorse, use of violence. • Poor attendance, requiring some level of additional external intervention to in school. • May hurt others, self or animals. • Is reliant on adult to remain on task. 	<ul style="list-style-type: none"> • Specialist assessments ongoing e.g., Educational Psychologist, CAMHS etc. • Long-term involvement of educational and non-educational professionals as part of EHCP Needs assessment and review process. • Multi-agency assessments indicate that needs are highly complex and require a very high level of support – formal diagnosis pathway to be considered/ identified. • Risk assessment to consider risks to self and others. • Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/ Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis. 	<ul style="list-style-type: none"> • Identified highly skilled individual support across the curriculum. • Specific interventions (1:1 or small group) to support SEMH areas of need and address targets and outcomes within support plans or EHCP if applicable. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • A dedicated safe space that the CYP can use with support when dysregulated. • Individualised support to implement recommendations from relevant professionals. • Time-limited intervention programmes with familiar staff who have knowledge, skills and experience to address the CYP's specific needs, to include withdrawal for personalised support. 	<ul style="list-style-type: none"> • Multi-Agency Interventions. • Daily small group teaching of social skills and personalised PHSE programme e.g., risky behaviour, Sex and Relationships Education, life skills. • Teaching style/tasks are highly differentiated to suit the CYP's learning style. • Personalised pathway is a priority to re-engage with education. • Alternative curriculum opportunities at KS4 e.g., ALPs/ vocational/college/ work placements. • Where CYP is working below age-related expectations, personalised literacy and numeracy programmes will be required to address gaps in learning associated with SEMH needs. • Consideration to access arrangements for internal and external examinations. • More formal meetings/ conferences using Restorative Practices, to include parents/ carers. • Support through solution-focused approaches and regular supervision for staff working with the CYP. 	<ul style="list-style-type: none"> • CYP requires specialist environment. • The CYP's SEMH needs present a considerable challenge to highly skilled staff. • Access to 1:1 support from experienced staff for mentoring/ coaching, motivational interviewing, conflict resolution, self-harm etc. • Additional individual support in line with risk assessments. • Class sizes to be small enough to allow teaching and support to be differentiated and personalised. • Personalised timetable providing access to Teaching Assistant support as specified in support plans or EHCP if applicable. • Formal behaviour monitoring and management systems to log and analyse incidents daily in order to review and modify strategies. • Time to discuss, develop and review individual reward systems and sanctions. • Specialist Staff Training including Positive Handling programmes/Team Teach – development of risk management plans. • Direct involvement from support services e.g., Educational Psychologist. • Therapeutic intervention e.g., counselling/ family therapy/play therapy/art therapy if available. • Non-educational input e.g., Keyworkers from the Local Area Teams to re-engage in education or training, helping the CYP to plan for the future. • Involvement from voluntary sector to address needs re substance misuse, self-harm, sexual exploitation.

Threshold 5b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Severe and increasing SEMH difficulties often compounded by additional needs and requiring provision outside the mainstream environment.</p> <p>The CYP's behaviour is worrying, unpredictable and/ or severely disrupting the learning of self and others.</p> <ul style="list-style-type: none"> • Extreme risk-taking behaviours e.g. arson, self-harm, sexualised behaviour, criminal activity, use of weapons, substance misuse. • Verbally and physically aggressive. • Increased risk of exclusion from Alternative Provision settings or intervention settings. • Levels of aggression pose extreme risk to self and others. • Sexualised language and behaviours inappropriate to age. • Fully reliant on adult support to stay on task. • Slow to develop age-appropriate self-care skills due to level of maturity or degree of learning difficulties. • No sense of belonging to positive familiar relationships/positive role models. • Disengagement and isolation from school. • Often missing from home or school. 	<ul style="list-style-type: none"> • Multi-agency assessments indicate that needs can only be met in specialist placement. 	<ul style="list-style-type: none"> • The CYP is accessing specialist provision where appropriate. • Small class groups with high teacher: CYP ratio and high levels of support to access curriculum. 	<ul style="list-style-type: none"> • Specialist teaching focusing on both learning and social-emotional curriculum / outcomes throughout the school day. • Targets and outcomes informed by Annual Review/EHCP. 	<ul style="list-style-type: none"> • Resources required from specialist provision, which may include time-limited personalised tuition. • Specialist support, alongside a multi-agency approach is essential. • Access to Alternative Provision facilities.

Threshold 6a - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Profound and increasing SEMH difficulties, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> • Significant challenging behaviour requiring a range of therapeutic interventions or referral to specialist support services (Child and Adolescent Mental Health Service, Youth Offending Service). • Unable to manage self in group without dedicated support. • Preoccupied with hunger, illness, lack of sleep, which may indicate neglect. • Presents as anxious, controlling, or with bullying behaviours which may indicate a need to be in control in order to feel safe. • Involved in substance misuse either as a user or exploited into distribution/selling. • Poor attendance, requiring high levels of additional external intervention to in school. • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive. • Significant damage to property. • Requires targeted teaching in order to access learning in dedicated space away from others. • Health and safety risk to self and others due to increased levels of agitation. • Sexualised language and behaviour inappropriate to age; identified at risk of Child Sexual Exploitation. • Constantly missing from home or school. • Detachment from reality (delusions) paranoia and hallucinations. 	<ul style="list-style-type: none"> • Specialist assessments e.g., by Educational Psychologist, CAMHS, Forensic Psychology, Youth Offending Team, etc. • Long-term involvement of educational and non-educational professionals as part of statutory assessment, EHCP and Annual Review processes. • Ensure that the Outcomes in the EHCP are addressed when planning the individuals' curriculum and support. • Regular risk assessments to consider risks to self and others. • Target CYP social skills, empathy and managing behaviour whilst staying safe in school and community. • All professionals agree that the CYP needs can only be met with additional resources in specialist placement. • Personalised transition planning is prioritised (e.g., Y6/Y7, Y9, Y11/Post-16/19). This will include a transition plan in Y9-14, updated on a regular basis. 	<ul style="list-style-type: none"> • The CYP is on roll of specialist provision. • School placement may be fragile. • Identified highly skilled individual support required throughout the school day. • Despite small class groups, with high teacher: CYP ratios and high levels of support to access curriculum, withdrawal of the CYP on a regular basis still needed to ensure safety of the CYP and others. • Use of key-working approaches to ensure the CYP has a trusted adult to offer support/withdrawal during vulnerable times. • Personalised reward systems known to all staff in school who have contact with the CYP, implemented consistently across the curriculum. • Personally, tailored time-limited intervention programmes with staff who have knowledge, skills and experience to address the CYP's specific needs. 	<ul style="list-style-type: none"> • All of the previous. • Requires additional / enhanced levels of highly skilled staff to re-engage and motivate the CYP. 	<ul style="list-style-type: none"> • The CYP is struggling to cope in specialist provision, despite specialist support and high staffing ratios. • The CYP requires a higher ratio of staff support within specialist provision due to high level of risk and vulnerability presented by the CYP. • Staff may need additional solution-focused supervision to increase resilience. • Additional resources are required to avoid the need to seek an out of area/residential placement. • The CYP may be returning from an out of area specialist placement. • Small class groups with high teacher: CYP ratio and high levels of support to access curriculum.

Threshold 6b - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>Complex, frequent and persistent SEMH needs.</p> <ul style="list-style-type: none"> • Behaviour is unpredictable and dangerous, with intense episodes of emotional and/ or challenging behaviour, high levels of anxiety making daily life extremely difficult and severely disrupting the learning of self and others. • SEMH needs may be compounded by co-existing difficulties. • The CYP is extremely vulnerable and there are safeguarding issues to consider due to acute levels of mental health concerns and increased risk-taking behaviours or 'sabotage' of situations/ placements. • Self-harm and/or suicide ideation. • Evidence of depression, OCD, eating disorders such as anorexia. • Insomnia. 	<p>EHCP is complete and CYP has been assessed as needing enhanced specialist provision</p> <p>Assessment will be an ongoing process to determine progress in learning, and also:</p> <ul style="list-style-type: none"> • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community. • Involvement from a range of specialist professionals in place, such as Mental Health Services, Educational Psychologist, Youth Offending Service. • Multi-agency work continues, and continual assessment to feed into the cycle of annual reviews. <p>Planning</p> <ul style="list-style-type: none"> • EHCP and appropriate short-term targets. • Risk assessment will describe procedures to keep safe the CYP, other staff and CYP, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/carers and are multi-agency. <p>A multi-agency approach, including educational and non-educational professionals, is essential.</p>	<ul style="list-style-type: none"> • CYP is on roll at special school. • CYP offered one to one support from an adult for some of the school day. • There will be a greater ratio of adults to CYP and staff will have specialisms in managing CYP who present with challenging behaviours. 	<ul style="list-style-type: none"> • Provision is within a specialist environment with appropriate staff/ student ratios. • Continued daily access to staff with experience and training in meeting the needs of CYP with SEMH. 	<ul style="list-style-type: none"> • Personalised to the specific needs of the CYP. • Advice available from relevant specialist services. <p>Additional teams will include any of the following multi-agency Interventions:</p> <ul style="list-style-type: none"> • Drug and Alcohol Team • Police • Health • Youth Offending Team • Mental Health Services • Educational Psychologist • Social Care / Early Help • Community Support Worker • Family Intervention • Careers advice • Youth Service • Voluntary Sector Organisations

Threshold 7 - Social, Emotional and Mental Health Needs

CYP Presentation	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>CYP experience all of the above but within a non-maintained educational or residential placement (Out of Area). This may include provision for identified Health and Social Care needs, including therapeutic input from specialists. Cases will be known to the Local Authority and subject to joint commissioning arrangements via Joint Panel.</p> <p>Continued long term and complex social, emotional, and mental health difficulties, necessitating a continued multi-agency response co-ordinated as annual, interim or emergency SEND review and met in specialist provision. Difficulties likely to include:</p> <ul style="list-style-type: none"> • Extreme Self-harming behaviour • Attempted suicide. • Persistent substance abuse • Extreme sexualised language and behaviour, sexually exploited. • Extreme violent/aggressive behaviour • Significant mental health issues • Long term non-attendance and disaffection • Regular appearance in court for anti-social behaviour/criminal activity • Puts self and others in danger. • Frequently missing for long periods • Psychosis • Schizophrenia 	<p>EHCP is complete and CYP has been assessed as needing enhanced, or more secure specialist provision.</p> <p>Assessment will be an ongoing process to determine progress in learning, and also:</p> <ul style="list-style-type: none"> • Development of social skills, empathy, managing own behaviour and emotions, staying safe in school and in the community. • There will be involvement from a range of specialist professionals in place, such as Child Adolescent Mental Health Service, Educational Psychologist, and Youth Offending Service. • Multi-agency work continues, and continual assessment to feed into the cycle of annual reviews. <p>Planning</p> <ul style="list-style-type: none"> • EHCP and appropriate short-term targets. • Risk assessment will describe procedures to keep safe the CYP, other staff and CYP, and property. There will be an assessment of the risk of absconding and procedures described to manage such an eventuality. • Planning meetings will include parents/ carers, and are multi-agency. 	<ul style="list-style-type: none"> • CYP is on roll at special school. • This could be out of area and/or residential special school. • CYP offered one to one support from an adult for some of the school day. • There will be a greater ratio of adults to CYP and staff will have specialisms in managing CYP who present with challenging behaviour. 	<ul style="list-style-type: none"> • Provision is within a specialist environment with appropriate staff/ pupil ratios. • Continued daily access to staff with experience and training in meeting the needs of CYP with SEMH. 	<ul style="list-style-type: none"> • Personalised to the specific needs of the CYP. • Advice available from relevant specialist services. <p>Additional teams will include any of the following multi-Agency Interventions:</p> <ul style="list-style-type: none"> • Drug and Alcohol Team • Police • Health • Youth Offending Team • CYPS • Educational Psychologist • Social Care / Early Help • Community Support Worker • Family Intervention • Careers advice • Youth Service • Voluntary Sector Organisations

PfA Outcomes and Provision				
Year Group	Employability/Education	Independence	Community Participation	Health
Reception to Y2 (5-7 years)	<p>Child is able to interact with peers and begin to form friendships to support emotional wellbeing.</p>	<p>Child is able to show awareness of independent living skills (cooking, cleaning, DIY) and will extend and develop these through real world play</p> <p>Child is able to access the dining hall alongside peers, following social routines in relation to seating and turn taking, and will be able to make appropriate choices in relation to meals.</p>	<p>Child is able to interact with peers and begin to form friendships with peers to support emotional wellbeing.</p> <p>Child is able to maintain positive emotional wellbeing through participation in team games, after-school clubs and weekend activities.</p> <p>Child is able to begin to identify bullying in relationships and will be able to seek adult support.</p>	<p>Child is able to attend necessary dental, medical and optical checks following parental direction and supervision.</p> <p>Child is able to cooperate with self-care and personal hygiene routines with prompting and adult support as required.</p> <p>Child has the support and strategies required to promote resilience and emotional wellbeing.</p>
Y3 to Y6 (8-11 years)	<p>Child is able to interact with peers, making and maintaining friendships with others to support emotional wellbeing.</p> <p>Child is aware of structures in place to support social and emotional wellbeing and will access these as required.</p> <p>Child is able to show awareness of different feelings and emotions and with support will identify and apply appropriate strategies to manage these.</p>	<p>Child is able to maintain friendships with peers and access community-based clubs/after school clubs to promote independence and emotional wellbeing.</p> <p>Child has the social skills necessary to facilitate participation in sleepovers and residential trips.</p> <p>Child is able to manage their feelings and emotions, accessing support to apply strategies as appropriate.</p>	<p>Child is able to maintain friendships with peers to support emotional wellbeing and avoid isolation.</p> <p>Child is able to begin to identify bullying within relationships and will be able to identify support and strategies to manage this.</p> <p>Child is able to manage social and emotional responses to change.</p> <p>Child is aware of strategies and precautions to remain safe online.</p>	<p>Child is able to understand physical changes associated with the onset of puberty and will manage these appropriately, with support as required, maintaining social and emotional wellbeing.</p> <p>With support, child is able to access strategies to manage any emotional or mental health needs associated with their physical or mental health conditions/diagnoses.</p>

PfA Outcomes and Provision				
Year Group	Employability/Education	Independence	Community Participation	Health
Y7 to Y11 (11-16 years)	<p>Young person has acquired the necessary social skills in order to interact with employers, clients and peers within the workplace within the context of work experience, voluntary work or part-time employment.</p> <p>Young person is able to form friendships in the context of education or employment to facilitate emotional wellbeing.</p> <p>Young person is able to be aware of structures in place to support social and emotional wellbeing and will access these as required.</p> <p>Young person is able to show awareness of different feelings and emotions and, with support, will identify and apply appropriate strategies to manage these.</p>	<p>Young person has an awareness of boundaries and social conventions with respect to different relationships and social situations, including online.</p> <p>Young person is begin to show awareness of potential abusive and exploitative behaviour in others and with support and guidance will be able to make safe choices.</p> <p>Young person will begin to make choices to include money, food, exercise, opportunities to socialise, form relationships with others, to support the development of confidence and emotional wellbeing.</p>	<p>Young person is able to maintain friendships with peers to support emotional wellbeing and avoid isolation.</p> <p>Young person is able to maintain positive emotional wellbeing through participation in community based activities and socialisation with peers within the community in accordance with their own personal choices.</p> <p>Young person has an awareness of boundaries and social conventions within a range of relationships and social contexts, including online.</p> <p>Young person is able to show increased awareness of the bigger picture and will build resilience to support emotional wellbeing.</p>	<p>Young person has an understanding of sex education and the social and emotional implications of intimate relationships.</p> <p>The young person has strategies and resources to support them to maintain positive mental health and emotional wellbeing.</p> <p>The young person is able to understand the social and emotional implications of spending too much time on electronic devices and will recognise the importance of sleep and ‘down time’ in supporting social and emotional health and wellbeing.</p> <p>Young person is able to access strategies and support, as required, to manage any emotional or mental health needs associated with their physical or medical health conditions/diagnoses.</p>
Provision	Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Communication and Interaction, SLCN and Autism.			

Sensory Impairment and/or Physical and Medical Needs (0-25 years)

Guidance for babies, children and young people with:

- Vision Impairment
- Hearing Impairment
- Multi-sensory Impairment
- Physical and Medical Needs

Vision Impairment

Identification

If you have any concerns about a CYP's vision, please encourage the parents/carers to see a GP or go to an optician **prior to referral to LINT**.

[Eye tests for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)

Although lots of CYP have eye conditions i.e., myopia (short-sightedness), a person is considered to have a vision impairment if they have an eye condition/s that cannot be fully corrected (i.e., wearing glasses) and/or they have damage to the visual pathways or visual processing areas of the brain. The term vision impairment is used to cover a range of conditions and a range of levels of vision. There is no direct correlation between vision impairment and cognitive ability. People with a vision impairment have the same range of intelligence and abilities as their fully sighted peers.

Referral

Referrals are usually received following medical diagnosis from Health (i.e., Ophthalmology, Health Visiting Teams, Paediatrics etc) however schools, settings and parent/carers, social care professionals, professionals from the 3rd sector or the young person themselves can also refer. CYP must meet the vision impairment referral criteria. If you are not sure if a CYP meets the criteria, please contact the Low Incidence Needs Team prior to referral.

Universal offer

Following diagnosis all new referrals from parents/carers, settings/schools, health and other professionals will receive an initial assessment to include:

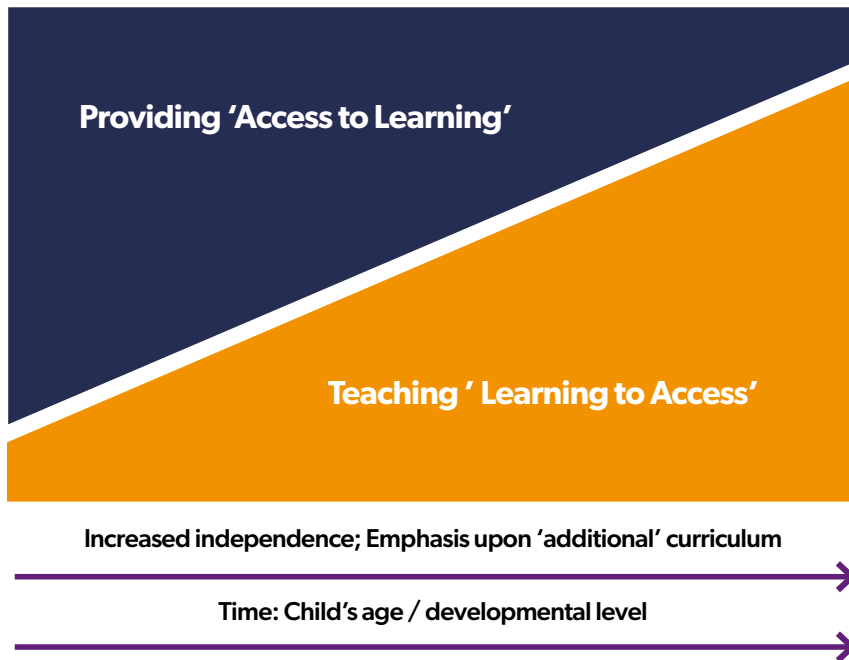
- Assessment of visual functioning, including observations, by a Qualified Teacher of children and young people with Vision Impairment (QTVI)
- Information from school/setting
- Information from Health/other agencies

- Information from parent/carer
- Information from the CYP

The assessment will be aligned to the **NatSIP Eligibility Criteria**, which will:

- Enable the service to provide an equitable allocation of resources.
- Provide a means of identifying the levels of intervention required.
- Identify the frequency of assessments by LINT-VI.

All CYP who meet the criteria as having a vision impairment receive an eligibility banding following every annual assessment (or last assessment if receiving an E Eligibility Criteria banding) which determines the Threshold they access. These are not fixed over time but reflect the changing needs of the CYP, their family, key professionals and settings in line with the 'access to learning-learning to access' model which underpins all specialist provision for CYP with a vision impairment as below:



McLinden et al, 2021; McLinden et al, 2016; Douglas et al, 2019

Over time the emphasis shifts from support being provided directly to the CYP ('access to learning'), to their acquisition of specialist skills to promote greater independence over time ('learning to access'). A balance of provision needs to be determined via the Threshold to ensure inclusive practice for CYP with vision impairment (through promoting access to learning approaches), whilst ensuring that individuals are provided with the necessary skills and opportunities to become as independent as possible (through targeted specialist teaching to access approaches).

Provision is determined by the **Curriculum Framework for Children and Young People with a Vision Impairment (CFVI)** to ensure CYP develop the broad range of skills they need to live as independently as possible whilst also having appropriate adjustments and support put in place to enable access. **Area 1** focusses on inclusion and inclusive practice to ensure physical and social environments are accessible for CYP with vision impairment (Facilitating an Inclusive World). **Areas 2-11** highlight the particular skills that they require to enable them to participate in education with increasing independence, learn how to carry out everyday activities, move around by themselves, and to feel fully included in their education setting ([Curriculum Framework for Children and Young People with Vision Impairment \(rnib.org.uk\)](https://www.rnib.org.uk)).

The offer for CYP with vision impairment is designed to ensure that intervention continues to be delivered on the basis of individual need and in accordance with local, regional and/or national policy and practice.

Vision Impairment Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The CYP meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The CYP does not require any active involvement or further assessments from LINT-VI. The CYP remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The CYP’s LINT-VI Low Vision Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related CFVI Areas. • The CYP either does not require or requires minimal LINT-VI liaison with multi-agencies. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching VI Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-VI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-VI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-VI which has been cascaded to relevant staff after their initial or last LINT-VI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The CYP meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The CYP does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The CYP remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The CYP’s LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related CFVI Areas. • The CYP requires minimal LINT-VI liaison with multi-agencies as needed. LINT-VI annual assessment is shared as appropriate.. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching VI Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-VI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-VI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3

(Eligibility Criteria C)

The CYP meets criteria for vision impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).

- The CYP remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits).
- The CYP may need a low level of intervention to successfully transition between different settings.
- The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas.
- The CYP requires minimal or short-term LINT-VI liaison with multi-agencies.
- The CYP requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.
- The CYP requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching VI Friendly strategies.
- The CYP's family require additional time-limited advice and guidance to ensure that the CYP has a knowledgeable and empowered family around them.
- The CYP's educators require additional time-limited advice and guidance to ensure that the CYP has knowledgeable and empowered educators around them.
- All key person/s involved with the CYP require timely LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when the CYP has transitioned.

Threshold 4

(Eligibility Criteria B)

The CYP meets criteria for vision impairment with assessed need identifying a child requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).

- The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.
- The CYP requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home.
- The CYP's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., CCTV, iPad, hand-held magnifiers.
- The CYP may need a medium level of intervention to successfully transition between different settings.
- The CYP requires a low/medium level of LINT-VI liaison with multi-agencies.
- The CYP requires LINT-VI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The CYP requires LINT-VI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The CYP's family requires frequent communication (minimal of half-termly) to ensure that the CYP has a knowledgeable and empowered family around them.
- The CYP's educators require frequent communication (minimal of half-termly) to ensure that the CYP has knowledgeable and empowered educators around them.
- All key person/s involved with the CYP require at least termly LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.

Threshold 5

(Eligibility Criteria A)

The CYP meets criteria for vision impairment with assessed need identifying a CYP requiring at least two different approaches to access information around them (i.e., print and tactile).

- The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
- The CYP requires specialist teaching in at least 4 areas from the CFVI.
- The CYP's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers.
- The CYP may need a high level of intervention to successfully transition between different settings.
- The CYP requires a medium/high level of LINT-VI liaison with multi-agencies.
- The CYP requires LINT-VI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The CYP's family requires frequent communication (at least fortnightly) to ensure that the CYP has a knowledgeable and empowered family around them.
- The CYP's educators require frequent communication (at least bi-weekly) to ensure that the CYP has knowledgeable and empowered educators around them.
- All key person/s involved with the CYP require at least half-termly LINT-VI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The CYP meets criteria for vision impairment with assessed need identifying a child with auditory/tactile approaches as their primary access to information around them.

- The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.
- The CYP requires long-term intervention based on at least 6 Areas of the CFVI in addition to Facilitating an Inclusive World (Areas to be determined by QTVI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The CYP receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist.
- The CYP will need a high level of intervention to successfully transition between different settings.
- The CYP requires a high level of LINT-VI liaison with multi-agencies.
- The CYP requires LINT-VI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The CYP's family requires frequent communication (at least weekly) to ensure that the CYP has a knowledgeable and empowered family around them.
- The CYP's educators require frequent communication (daily as applicable) to ensure that the CYP has knowledgeable and empowered educators around them.
- All key person/s involved with the CYP require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is E.</p> <p>CYPs within Threshold 1 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP does not require any active involvement or further assessments from LINT-VI. The CYP remains on caseload and LINT-VI can be contacted at any time by parents/ carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last Functional Vision Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as hand-held magnifiers if previously put into place are used. • The CYP understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The school must ensure that all staff are aware that the CYP will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Schools take on CAF Lead Practitioner role. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 	<ul style="list-style-type: none"> • Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Teacher verbalising work on the board and all written information within the classroom. • Consideration of seating position – CYP positioned in optimal location in relation to interactive white board/ learning facilitator/ point of learning and not facing a window. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the CYP's listening and attention. • Implement visual fatigue rest breaks within the school day. • Attention to speed of lesson delivery and speed of working. • Differentiated questioning and explicit language used to explain whole class responses. • School staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Teachers to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. 	<ul style="list-style-type: none"> • Appropriate resources made available from within school. • Some in-class support provided by school – especially in lessons where health and safety require consideration. • School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. • School considers timetabling and location of rooms for the CYP and/ or appropriate workstation for 1:1 intervention. • School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. 	<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual children's needs (adaptations and curriculum delivery to facilitate access). • A designated member of school staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers. • Provision of consumables by school e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/ dark leaded pencils, use of a sloping desk or board. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips.

Threshold 1 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Referral is made to Vision & Hearing Support (if appropriate) when CYP reaches Y9 to access specialist VI support as part of transition into adult services. 	<ul style="list-style-type: none"> • Teachers to ensure CYPs can access work displayed on interactive white boards in the method identified by the QTVI e.g., handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software. • Teachers to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Provide additional transition visits for CYP between classrooms/key stages. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the CYP in the wider school life including outside and at busier times of the day. • Say the CYP's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks in a range of settings. • Ensuring any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the CYP can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the CYP and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. 	<ul style="list-style-type: none"> • Exam access arrangements may allow 25% additional time. 	<ul style="list-style-type: none"> • School will ensure the CYP has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. Provision of additional workspace/ storage for specialist equipment. • Identification of a key member of staff for the CYP to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org). • Vision and Hearing Support (adult-based Gateshead service) for appropriate CYPs identified by LINT from Year 9.

Threshold 2 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is D.</p> <p>CYPs within Threshold 2 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The CYP remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the CYP’s Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides an annual assessment including up to 3 visits as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits). LINT-VI provides a Functional Vision Assessment Report or letter, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-VI Poster ‘Helping Pupils with a Visual Impairment in Your Class’ and links shared within Report to visual conditions. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The CYP understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> School identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. School will facilitate monitoring and assessment visit from LINT-VI. The school must ensure that all staff are aware that the CYP will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. School takes on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within school. Some in-class support provided by school – especially in lessons where health and safety require consideration. School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. School considers timetabling and location of rooms for the CYP and/or appropriate workstation for 1:1 intervention. School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	<p>As Threshold 1</p>

Threshold 2 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Referral is made to Vision & Hearing Support (if appropriate) when CYP reaches Y9 to access specialist VI support as part of transition into adult services. 			

Threshold 3 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for VI equivalent is C.</p> <p>CYPs within Threshold 3 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The CYP requires active intervention based on a short-term block from the CFVI provided by LINT-VI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the CYP’s Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • The CYP requires a short-term block from one Area of the CFVI (up to 6 visits) provided by LINT-VI. • LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-VI Poster ‘Helping Pupils with a Visual Impairment in Your Class’ and links shared within Report to visual conditions. • The Low Vision Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related CFVI Areas. <p>Planning</p> <ul style="list-style-type: none"> • Educators have a minimum of termly liaison with QTVI to support the CYP and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids. • School identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. • School takes on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • Risk assessments supplemented by LINT. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> • Clear classroom routines supported by cues, e.g., objects of reference, auditory timetables. • Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate access to curriculum. • Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the CYP can still sit next to/ near their peers. • Opportunities are sought within PSHE to discuss VI and role models within society. • Behaviour management systems motivate the CYP and set clear expectations. 	<ul style="list-style-type: none"> • Timetable adjustments to accommodate specialist interventions. • QTVI supports educators in developing CYP’s personal understanding of their vision impairment and developing their confidence and independence into adulthood. • Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day. • Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> • Training offered regarding the needs of the CYP to raise awareness of different types of vision impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 3 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • Educators identify times within the day to deliver training programmes as appropriate. • From Y9 onwards, communication between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the CYP and their families. • From Y9 onwards, communication between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 			

Threshold 4 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for VI equivalent is B.</p> <p>CYPs within Threshold 4 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p> <p>Area 2-11: The CYP requires active intervention based on an annual block from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within Report to visual conditions. The Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. Advice, guidance and direct support over the year is required in line with the CYP's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g., during the autumn term when a CYP has transitioned into a new year group. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used. CYPs working with tactile learning resources that will need additional differentiation to take into account pace of learning. School provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are needed to facilitate learning. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and rest breaks. QTVI supports educators in developing CYP's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day. School supports the provision of special examination arrangements and allows CYPs time to develop the discreet skills associated with their use. Advice on sourcing large print or tactile materials and production of accessible materials (transcription). Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the vision impairment reinforce work and prepare the CYP for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Specific resources such as 'Think Right, Feel Good' to promote well-being used alongside school resources. Peer awareness training. Bespoke training offered around creating Vision Friendly Classroom with CPD offer extended to whole school as appropriate. LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-VI and school can support the CYP to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-VI i.e., RSBC.

Threshold 4 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> An environmental assessment may be necessary to assess accessibility of school environment. <p>Planning</p> <ul style="list-style-type: none"> School manages SEND support and engages in joint planning with LINT-VI, family, the CYP and other agencies. Common targets are distributed to all educators and reviewed regularly. School takes on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo. The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and schools is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the CYP. Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the CYP to learn to access. School provides time within the week for direct specialist teaching from LINT-VI. 	<ul style="list-style-type: none"> Suitable peers and adults scaffolding the CYP's environment e.g., facilitate interaction with others. Suitable peers and adults facilitating interaction in less structured environments e.g., break times. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/occasions. Sharing experiences and having discussions on how other people are feeling. Specific resources such as 'Guide Dogs – Think Right, Feel Good' to promote well-being used alongside school resources. 	<ul style="list-style-type: none"> Advice to access leisure and sports clubs outside school. School supports involvement of other agencies e.g., Guide Dogs. Assess and deliver discreet teaching relevant to the CYP which will be generalised and used within the day. CFVI is running alongside school curriculum with up to at least 3 areas to be embedded within school and home environment. Exam access arrangements may allow up to 50% additional time. QTVI works with school to facilitate interaction and communication with other CYPs with a VI within or external of school. 	

Threshold 4 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • From Year 9 onwards, co-ordination between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the CYP and their families. • From Year 9 onwards, co-ordination between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 			

Threshold 5 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for VI equivalent is A.</p> <p>CYPs within Threshold 5 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Area 2-11: The CYP requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • The CYP requires specialist teaching at least 4 areas from the CFVI. • The CYP is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria. • LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within Report to visual conditions. • A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. • A high level of intervention may be needed for the CYP to successfully transition between different rooms. • Advice, guidance and direct support (minimum of 10 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g., during the autumn term when a CYP has transitioned into a new year group. • An environmental assessment may be necessary to assess accessibility of school environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • School supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and class participation. • Marking and recording of work reflects unique access needs of the CYP e.g., use of Penfriend stickers. • Communication between the CYP and others in a variety of forms which can be high tech is used e.g., on-body signing. • Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or sequencing. 	<ul style="list-style-type: none"> • IF VI is primary need, Specialist Sensory Teaching Assistant (SSTA) provides intervention within the day to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription). • SSTA/QTVI/SSLM identified as key individual to support the CYP's emotional and mental wellbeing. • Timetable adjustments to accommodate specialist interventions and rest breaks. • QTVI supports educators in developing CYP's personal understanding of their vision impairment and developing their confidence and independence into adulthood. • Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to school offered around creating a Vision Friendly school with CPD offer extended to whole school as appropriate. • School has regular liaison with QTVI to support the CYP and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training, • Advice is given to providers of 'out of school' clubs.

Threshold 5 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<p>Planning</p> <ul style="list-style-type: none"> • School manages SEND support and engages in joint planning with LINT-VI, family, the CYP and other agencies. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. • School takes on CAF Lead Practitioner role. • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. • Communication between LINT-VI and school is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the CYP. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the CYP to learn to access. • School provides time within the week for direct specialist teaching from LINT-VI. • Opportunities in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between school and LINT-VI. • School engages in joint planning/target setting. • Good communication needed on lesson planning and assessment between educators and QTVI to ensure access to learning in a way that does not disadvantage the CYP. 	<ul style="list-style-type: none"> • The PSHE programme is adapted to reflect the unique needs of the CYP. 	<ul style="list-style-type: none"> • Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the vision impairment - reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) - provide additional hands-on experience of materials or presentations. - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside school. • Schools work closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., Guide Dogs. • Regular consultation with QTVI about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • CFVI is merging within the CYP's curriculum offer within school with up to at least 5 areas to be embedded within school and home environment. 	

Threshold 5 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Educators work with LINT-VI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-VI to identify when the CYP accesses their specialist interventions with adaptations to the curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. • From Y9 onwards, co-ordination between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for CYP and their families. • From Y9 onwards, co-ordination between school, LINT-VI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 		<ul style="list-style-type: none"> • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Close liaison with QTVI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-VI may help with the administration of these. • LINT –VI responsible for all specialist skills training, higher levels of support, modelling and coaching. • Exam access arrangements may allow at least 50% additional time. • QTVI works with the school to facilitate interaction and communication with other CYPs with a VI within or external of school. 	

Threshold 6 - Sensory Impairment: Vision

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for vision impairment with assessed need identifying a CYP with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>CYPs within Threshold 6 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.'</p> <p>Area 2-11: The CYP requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires long-term intervention based on at least 6 Areas of CFVI in addition to Area 1 (Area/s to be determined by QTVI) which are expected to take at least a year to embed across setting and home. LINT-VI provides a Functional Vision Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-VI Poster 'Helping Pupils with a Visual Impairment in Your Class' and links shared within Report to visual conditions. Direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the CYP to successfully transition between different rooms. Advice, guidance and direct support (minimum of 25 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/speech. Tactile methods of communication relevant for the CYP is presented within and beyond the classroom environment e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the CYP to engage and socialise with their peers and adults. 	<ul style="list-style-type: none"> The CYP has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). SSTA/QTVI/SSLM identified as key individual to support the CYP's emotional and mental wellbeing. LINT-VI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the CYP is seamless between the school's curriculum and the CFVI. QTVI supports educators in developing CYP's personal understanding of their vision impairment and developing their confidence and independence into adulthood. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level offered to school around creating a Vision Friendly school with CPD offer extended to whole setting as appropriate.

Threshold 6 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e. during the autumn term when a CYP has transitioned to another year group. An environmental assessment is often necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> School and QTVI work very closely to identify, assess and meet EHCP outcomes. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and school is frequent (daily) to ensure that there are knowledgeable and empowered educators around the CYP. All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the CYP to learn to access. School works closely with QTVI to create a bespoke education offer to meet unique needs based on school curriculum and CFVI. 		<ul style="list-style-type: none"> Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day. Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the vision impairment reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside school. School work closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., Guide Dogs. Regular consultation with QTVI about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

Threshold 6 - Sensory Impairment: Vision *continued*

CYP Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Assessment and monitoring will be bespoke between school and LINT-VI across the curriculum. • Educators and LINT-VI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the CFVI. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g., AAC. • From Year 9, precise planning between educators, the CYP, their family, LINT-VI and Vision & Hearing Support (if appropriate) is required to enable successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 		<ul style="list-style-type: none"> • CFVI is seamless within the CYP's curriculum offer within school with up to at least 6 areas to be embedded within setting and home environment. • Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. • Close liaison with QTVI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-VI must administer these. • LINT –VI responsible for all specialist skills training, full levels of support, modelling and coaching. • Exam access arrangements may allow up to 100% additional time. • QTVI works with school to facilitate interaction and communication with other CYPs with a VI within or external of school. 	

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Child is able to access the whole learning environment with activities, materials, toys and equipment modified and adapted to meet their VI needs as appropriate.</p> <p>Child is able to cooperate with maintenance of low- and high-tech auxiliary aids.</p> <p>Child is able to at least demonstrate the basic functions of any high-tech auxiliary aids.</p> <p>Child is able to sit appropriately in a good seating position.</p> <p>Child is able to begin to develop their mobility and orientation skills in order to explore their environment within familiar settings.</p> <p>Child is able to maintain balance when active.</p>	<p>Child is able to locate and identify an increasing range of their own body parts.</p> <p>Child is able to understand that other people have similar/ different body parts and senses.</p> <p>Child is able to demonstrate basic personal hygiene and can dress using some fastenings.</p> <p>Child is able to use at least a spoon and demonstrate some basic cutting skills.</p> <p>Child is able to demonstrate spatial awareness and movement of whole body, head, limbs, and trunk through imitation and functional use.</p> <p>Child is able to co-ordinate movements.</p> <p>Child is able to identify body planes (through touch, imitation, or functional use).</p> <p>Child is able to identify common human, home and vehicle sounds.</p> <p>Child is able to begin to understand and functionally use any mobility aids to explore their environment.</p> <p>Child is able to develop an awareness of pre-cane and sighted guide techniques if required.</p>	<p>Child is able to access a variety of community-based activities/clubs/groups, sometimes with adult support to facilitate shared play and interaction and to support the development of balance, strength, body awareness and mobility as well as friendships with peers.</p> <p>Child is able to build skills and independence to enable them to build and sustain positive friendships.</p> <p>Child is able to begin to identify common shop and venue sounds in familiar environments.</p> <p>Child is able to demonstrate an understanding of the importance of polite language, saying please and thank you, and when to use an appropriate range of greetings (handshakes, hug etc.).</p> <p>Child is able to develop an understanding of the importance of communicating confidently and effectively their needs.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults and begin to resolve conflict when it may occur.</p> <p>Child is able to begin to understand that different people have different needs and abilities and are beginning to understand how/when to offer assistance.</p> <p>Child is able to begin to identify some coins and notes, understands that cash/currency is used to pay for things, and that different items can be different amounts.</p>	<p>Child is able to attend regular Ophthalmology/Optomist appointments with an adult.</p> <p>Child is able to begin to have an understanding of their own identity as a child with VI and begin to develop resilience to overcome difficult situations.</p> <p>Child is able to begin to identify their strengths.</p> <p>Child is able to identify their own feelings and emotions and share them with a familiar adult.</p> <p>Child is able to make a decision and give a reason of why an impact behind this decision to a familiar adult.</p> <p>Child is able to begin to understand the social and health benefits of participation in sports and fitness activities.</p> <p>Child is able to confidently explore and eat new tastes and textures.</p>

Vision Impairment: PfA Outcomes and Provision

Y3 to Y6 (8-11 years)

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>CYP is able to take ownership of maintaining their auxiliary aids.</p> <p>CYP is able to use their mobility and orientation skills to navigate their environment in a familiar setting.</p> <p>CYP is able to at least begin to choose suitable approaches (or combinations of approaches) to accessing and presenting information in different circumstances themselves.</p> <p>CYP is able to utilise a range of suitable approaches to accessing and presenting information (e.g. tangible objects /objects of reference, print, speech, recordings, braille, tactile graphics).</p> <p>CYP is able to feel that they can have an influence and impact on their world and on the decisions that are made regarding their education and life.</p> <p>CYP is able to begin to understand the essential benefits of employment (salary, sense of worth etc.).</p>	<p>CYP is able participate independently in most self-care routines.</p> <p>CYP is able to use cutlery and demonstrate basic food preparation skills i.e. pouring.</p> <p>CYP is able to begin to develop their skills in the safe use of kitchen appliances and specialist technology, such as talking scales and liquid level indicators.</p> <p>CYP is able to understand and explain the similarities/ differences of people’s body parts and senses and understands how different disabilities can affect them.</p> <p>CYP is able to demonstrate a functional understanding through whole-body movements when relating to objects in the environment.</p> <p>CYP is able to develop their mobility aid/cane/ wheelchair skills in order to support safe travel in familiar and some unfamiliar environments if appropriate.</p> <p>CYP is able to functionally use a variety on pre-cane and sighted guide techniques to travel safely through familiar and some unfamiliar environments.</p> <p>CYP is able to identify, locate and track a range common human, home and vehicle sounds.</p> <p>CYP is able to begin to make simple cash purchases using the exact amount or expect change and/or make a card purchase (i.e., GoHenry 6+, debit, chip/pin, contactless, pre-loaded, gift card) with adult support.</p>	<p>CYP is able to begin to access a variety of community-based activities/clubs/groups independently to support the development of balance, strength, body awareness and mobility as well as friendships with peers.</p> <p>CYP is able to identify, locate and track common shop and venue sounds in familiar environments.</p> <p>CYP is able to develop an awareness of social norms, knows the characteristics of a healthy personal relationship and has an awareness of non-verbal cues which may be missed.</p> <p>CYP is able to demonstrate confidence when interacting with others independently, beginning to make polite small talk (around weather, wellbeing, day-to-day etc.).</p> <p>CYP is beginning to feel confident with meeting up with friends in age-appropriate settings and keeping safe online.</p> <p>CYP is able to understand it is okay to refuse assistance sometimes.</p>	<p>CYP is able to develop their understanding of their own identity as a CYP with V, developing self-esteem, self-advocacy and problem-solving skills, self-confidence, self-efficacy and agency, self-awareness (i.e. recognising anxiety) in relation to this.</p> <p>CYP is able to access specialist support, such as mentoring or counselling as appropriate.</p> <p>CYP is able to make a decision and give a reason of why an impact behind this decision to other.</p> <p>CYP is able to engage in conversation and interactions with peers and familiar adults and begin to resolve conflict when it may occur or seek support of an appropriate adult.</p> <p>CYP is able to understand the social and health benefits of participation in sports and fitness activities with opportunities to progress to professional and disability sport.</p> <p>CYP is able to understand that everyone should have equal access to cultural, artistic, recreational and leisure activities.</p> <p>CYP is able to understand that people with disabilities and their families have the right to request and receive support from appropriately qualified professionals.</p>

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>CYP is able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and access to appropriate equipment available to them.</p> <p>CYP is able to utilise specialist input into careers education, information and guidance, including supporting volunteering/work experience opportunities.</p> <p>CYP is able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.</p> <p>CYP is able to navigate a variety of environments within familiar and some unfamiliar settings.</p> <p>CYP is able to develop skills to empower them to articulate their needs in different environments.</p> <p>CYP is able to choose specific approaches (or combinations of approaches) to information access in particular contexts (e.g., exam skills, in lessons and independent study).</p> <p>CYP is able to manage information e.g., file/ folder management, organisational skills, editing/bookmarking, revision skills via using, recognising and managing the tools needed e.g. low vision devices.</p> <p>CYP is able to develop confidence in using technology e.g. mobile phones, apps (including specialist apps such as colour recognition tools), GPS and navigation apps (including transportation apps), social media and speech input software to complete a wider range of tasks.</p>	<p>CYP is able to use their mobility aid/cane/wheelchair with developing proficiency, to support safe travel in familiar and some unfamiliar environments.</p> <p>CYP is able to understand when and how to use a variety of pre-cane and sighted guide techniques to travel safely through familiar and increasingly unfamiliar environments if appropriate.</p> <p>CYP is able to make cash purchases using a variety/combination of coins and notes to make the exact amount, and/or identify how much change they should be given.</p> <p>CYP is able to develop technology skills for living such as online shopping, food identification, online banking and using technology to read print post.</p> <p>CYP is able to expand their skills in the safe use of kitchen appliances and specialist technology, such as talking scales and liquid level indicators.</p> <p>CYP is able to demonstrate a more complex understanding of the social skills around eating i.e., eating at a social occasion.</p>	<p>CYP is able to access a variety of community-based activities/clubs/groups with growing independence.</p> <p>CYP is able to identify, locate and track a range of common shop and venue sounds in familiar and increasingly unfamiliar environments.</p> <p>CYP is able to make and maintain relationships (attachments, familial, peer and romantic), beginning to understand the interrelation with sex education as appropriate.</p> <p>CYP is able to safely access online communities.</p> <p>CYP is able to develop their ability to express own needs and make clear requests of members of the public and professionals (i.e., bus driver, shop assistant etc.).</p> <p>CYP is able to begin to explain and demonstrate how to provide sighted-guide assistance if appropriate.</p> <p>CYP is able to access travel services with additional support.</p>	<p>CYP is able to attend regular Ophthalmology/Optomestrist appointments with increasing independence and take responsibility for making their own appointments where appropriate.</p> <p>CYP is able to begin to make their own balanced judgements on accessing specialist support, such as mentoring or counselling as appropriate.</p> <p>CYP is able to understand and explain the social and health benefits of participation in sports and fitness activities.</p> <p>CYP is able to understand and explain about personal safety, privacy and sexual consent.</p> <p>CYP is able to understand and can explain the characteristics of a healthy personal relationship.</p> <p>CYP is able to demonstrate an acceptance of vision impairment, establishing their own identity in relation to vision impairment.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Vision Impairment.

Hearing Impairment

Identification

If you have any concerns about a CYP's hearing, please encourage the parents/carers to talk to their GP or health visitor about the CYP seeing an audiologist prior to referral to LINT.

[Hearing tests for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)

The term hearing impairment is used to cover a range of conditions and a range of levels of hearing. Hearing impairment (also described as hearing loss or D/deafness) is measured in terms of the sound level (in decibels or dB) that someone can hear at a given frequency (pitch). Hearing impairment is tested across the range of speech frequencies, usually between 250 Hz and 8kHz. If a person has good hearing across all these frequencies they are considered to have normal hearing.

Levels of hearing impairment are often assessed as being mild, moderate, severe or profound, it can be bi lateral or unilateral. It is dangerous to assume that because a hearing impairment is labelled as 'mild' the consequences are barriers for the individual will be negligible.

There is no direct correlation between hearing impairment and cognitive ability. People with a hearing impairment have the same range of intelligence and abilities as their peers.

Referral

Referrals are usually received following medical diagnosis from Health (i.e. Audiology, ENT Health Visitor or the Newborn Hearing Screening Programme etc) however schools, settings and parent/carers, social care professionals, professionals from the 3rd sector or the young person themselves can also refer. CYP must meet the hearing impairment referral criteria. If you are not sure if a CYP meets the criteria, please contact the Low Incidence Needs Team prior to referral.

Universal offer

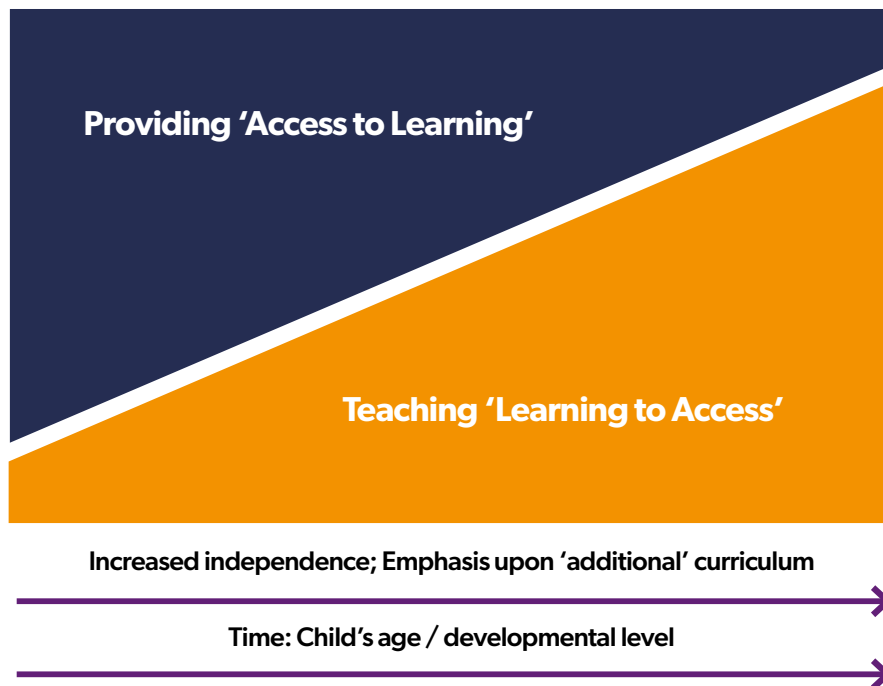
Following diagnosis all new referrals from parents/carers, settings/schools, health and other professionals will receive an initial assessment from LINT-HI to include:

- Assessment of functional hearing, including observations, by a Qualified Teacher of the Deaf (QToD)
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from the CYP

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources.
- Provide a means of identifying the levels of intervention required.
- Identify the frequency of assessments by LINT-HI.

All CYP who meet the criteria as having a hearing impairment receive an eligibility banding following every annual assessment (or last assessment if receiving an E Eligibility Criteria banding) which determines the Threshold they access. These are not fixed over time but reflect the changing needs of the CYP, their family, key professionals and settings in line with the 'access to learning-learning to access' model adopted by LINT-HI to include CYP with a hearing impairment as shown on the next page:



McLinden et al, 2021; McLinden et al, 2016; Douglas et al, 2019

Provision is determined by good practice by working alongside the school curriculum, the individual needs of the CYP and the Leeds Peri Curriculum where appropriate. A tailored provision is provided for CYP with hearing impairment to ensure CYP develop the broad range of skills they need to learn and then live as independently as possible whilst having the appropriate adjustments and support in place to enable access.

Over time the emphasis shifts from support being provided directly to the CYP ('access to learning'), to their acquisition of specialist skills to promote greater independence over time ('learning to access'). A balance of provision needs to be determined via the Threshold to ensure inclusive practice for CYP with a hearing impairment (through promoting access to learning approaches) whilst ensuring that individuals are provided with the necessary skills and opportunities to become as independent as possible (through targeted specialist teaching to access approaches).

The offer for CYP with a hearing impairment is designed to ensure that intervention continues to be delivered on the basis of individual need and in accordance with local, regional and/or national policy and practice.

Note from NHS:

Thresholds 1-2: A NHS Speech & Language Therapist may see children at any range due to an open referral system which may include assessment, advice & monitoring or direct intervention.

Speech & Language Therapy intervention will be based on communication needs and not necessarily on diagnosed hearing loss or medical condition.

Thresholds 3-6:

A NHS Speech & Language Therapist may see children at any range due to an open referral system which may include assessment, advice & monitoring or direct intervention.

Speech & Language Therapy intervention will be based on communication needs and not necessarily on diagnosed hearing loss or medical condition.

The Speech & Language Therapist for Deaf Children and Young People works as an integrated part of the Low Incidence Needs Team (as per Service Level Agreement) with level of input assessed on a case-by-case basis.

Hearing Impairment Needs Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The CYP meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p>	<ul style="list-style-type: none"> • The CYP does not require any active involvement or further assessments from LINT-HI. The CYP remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The CYP’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related specialist curriculum Areas. • The CYP either does not require or requires minimal LINT-HI liaison with multi-agencies. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-HI which has been cascaded to relevant staff after their initial or last LINT-HI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The CYP meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p>	<ul style="list-style-type: none"> • The CYP does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The CYP remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The CYP’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related specialist curriculum Areas. • The CYP requires minimal LINT-HI liaison with multi-agencies as they need the LINT-HI annual assessment shared as appropriate. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The child meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT –HI.</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-HI provides a short-term block from one Area of the specialist curriculum (up to 6 visits). • The CYP may need a low level of intervention to successfully transition between different settings. • The LINT-HI Auxiliary Aid assessment has identified that there may be a requirement for a short ‘course’ or ‘refresher’ based on use of auxiliary aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA etc. • The CYP requires minimal or short-term LINT-HI liaison with multi-agencies. • The CYP requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<ul style="list-style-type: none"> • The CYP requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The CYP’s family require additional time-limited advice and guidance to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP’s educators require additional time-limited advice and guidance to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when the CYP has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The child meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The child will require formal ongoing intervention from LINT to be as independent as possible.</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The CYP requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. • The CYP’s LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. • The CYP may need a medium level of intervention to successfully transition between different settings. • The CYP requires a low/medium level of LINT-HI liaison with multi-agencies. • The CYP requires LINT-HI to provide advice, guidance and direct 	<p>support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.</p> <ul style="list-style-type: none"> • The CYP requires LINT-HI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The CYP’s family requires frequent communication (minimal of half-termly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP’s educators require frequent communication (minimal of half-termly) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The CYP meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The CYP requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. • The CYP's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA via related specialist curriculum Areas. • The CYP may need a high level of intervention to successfully transition between different settings. • The CYP requires a medium/high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The CYP requires LINT-HI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The CYP's family requires frequent communication (minimal of fortnightly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require frequent communication (at least twice a week) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require at least half-termly LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The CYP meets criteria for hearing impairment with assessed need identifying a child as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly. • The CYP requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The CYP has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The CYP will need a high level of intervention to successfully transition between different settings. • The CYP requires a high level of LINT-HI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The CYP requires LINT-HI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. • The CYP's family requires frequent communication (minimal of weekly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require frequent communication (daily as applicable) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/ aids are in place.</p> <p>Eligibility Criteria for HI equivalent is E.</p> <p>CYPs within Threshold 1 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP does not require any active involvement or further assessments from LINT-HI. The CYP remains on caseload and LINT-HI can be contacted at any time by parents/ carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-HI assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment. • The CYP understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The school must ensure that all staff are aware that the CYP will be experiencing barriers caused by hearing impairment and provide support to enable teachers to plan appropriately. • School takes on CAF Lead practitioner role. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Procedures in place for audiological aids as well as implementing the wearing and cleaning of them. • Consideration of seating position – CYP positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning and not facing a window to facilitate access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the CYP's listening and attention. • Implement sensory rest breaks within the setting day, if advised by QTOD. • Attention to speed of lesson delivery and speed of working. • Differentiated questioning and explicit language used to explain whole class responses. • Provide a consistent routine. • Speaker stays still when talking. 	<ul style="list-style-type: none"> • Appropriate resources made available from within school. • Some in-class support provided by school – especially during lessons where health and safety requires consideration. • School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre and post teaching for consolidation and generalisation of skills. • School considers timetabling and location of rooms for CYP and/ or appropriate workstation for 1:1 intervention. 	<ul style="list-style-type: none"> • Provision of auxiliary aids including technology by LINT i.e., audiological equipment following LINT-HI Auxiliary Aid assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual CYP's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids. • Provision of consumables by setting, e.g., cleaning kits, whiteboards etc. • Provision of additional quiet workspace for 1:1, small group work. • Appropriate levels of support on trips. • School will ensure the CYP has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the CYP to support emotional and mental wellbeing.

Threshold 1 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO (with parental permission). • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators, parent/ carer and/or other key professionals can request updated advice if needed if hearing functioning changes. 	<ul style="list-style-type: none"> • Support for inclusion with extra-curricular activities, homework and newsletters. • Encourage social interaction through sensitive seating arrangements, provision of a buddy and fully including the CYP in the wider setting life including in the playground and at busier times of the day i.e., trips, setting council etc. • Say the CYP's name first to gain their attention. • Describe events that are going on around them if required. • Use facial expressions and/or body language to emphasise key language. • Provide opportunities to take responsibility for helpful tasks in a range of settings. • Provide a 'can do' environment where the CYP can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the CYP and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. 	<ul style="list-style-type: none"> • School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Exam access arrangements may allow 25% additional time. 	<ul style="list-style-type: none"> • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org).

Threshold 2 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p> <p>Eligibility Criteria for HI equivalent is D.</p> <p>CYPs within Threshold 2 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP does not require any active intervention LINT-HI following assessment and provision of strategies. The CYP remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an annual assessment including up to 3 visits with updated strategies as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits). LINT-HI provides an Annual Assessment Report or letter, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. Auxiliary aids are suitably removing barriers to access. The CYP understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> The school identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids throughout the year. School will facilitate monitoring and assessment visit from LINT-HI. The setting must ensure that all staff are aware that the CYP will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately. School takes on CAF Lead practitioner role. Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO (with parental permission). The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within school. Some in-class support provided by school – especially in lessons where health and safety require consideration. School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. School considers timetabling and location of rooms for the CYP and/or appropriate workstation for 1:1 intervention. School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT-HI.</p> <p>Eligibility Criteria for HI equivalent is C.</p> <p>CYP within Threshold 3 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate.</p> <p>Specialist Teaching Areas: The CYP requires active intervention based on a short-term block from the specialist provided by LINT-HI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>LINT-HI Annual assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires a short-term block from one Area of the specialist HI curriculum (up to 6 visits) provided by LINT-HI. LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. The LINT-HI Auxiliary Aid Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum area/s. <p>Planning</p> <ul style="list-style-type: none"> Educators have minimum of termly liaison with QToD to support the CYP and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids. School identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids (i.e., radio aids) throughout the year. School takes on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO (with parental permission). The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. Educators identify times within the day to deliver training programmes as appropriate. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear classroom routines supported by visual cues, e.g., pictures/symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate access to curriculum. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the CYP's perspective. Use natural rhythm, intonation, stress and lip movements. Apply LINT strategies to utilise a radio aid if one has been supplied to the setting. Seating position of CYP will be considered to ensure access to teacher and peers. Opportunities are sought within PSHE to discuss HI and role models within society. Behaviour management systems motivate the CYP and set clear expectations. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions. QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day. Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Training offered re the needs of the CYP to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 4 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The CYP will require formal ongoing intervention from LINT to be as independent as possible.</p> <p>Eligibility Criteria for HI equivalent is B.</p> <p>CYPs within Threshold 4 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p> <p>Specialist Teaching Areas: The CYP requires active intervention based on an annual block from the specialist curriculum provided by LINT-HI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. The LINT HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on the use of aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. Advice, guidance and direct support over the year is required in line with the CYP's specialist intervention to ensure that all learning, social and assessment activities are accessible (i.e., that all CYPs with hearing impairment are provided with access to learning) in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Visual, tactile, olfactory and gustatory approaches to learning and teaching may supplement the auditory stimuli used. CYPs relying on signing will need additional differentiation to take into account pace of learning. School provides materials in advance of lesson so that materials can be supplemented. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are now key to facilitate learning. Link learning opportunities to support the generalisation of concepts. Suitable peers and adults scaffolding the CYP's environment e.g., facilitate interaction with others. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and sensory breaks. QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI in practising and consolidating skills taught discreetly within specialist curriculum as appropriate which is embedded within the day. School supports the provision of special examination arrangements and allows CYPs time to develop the discreet skills associated with their use. Teaching from QToD to teach specialist curriculum that enables access and progress within mainstream curriculum. Advice on sourcing accessible materials. Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the hearing impairment reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Peer awareness training. Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-HI and settings can support the CYP to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-HI i.e., NDCS.

Threshold 4 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g., during the autumn term when a CYP has transitioned into a new class. An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> School manages SEND support and engages in joint planning with LINT-HI, family, the CYP and other agencies. Common targets are distributed to all educators and reviewed regularly. Schools take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo. The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. 	<ul style="list-style-type: none"> A suitable communication partner who creates opportunities for communication. Match the pace of interaction to the CYP's needs. Suitable peers and adults facilitating interaction in less structured environments e.g., playground. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/ occasions. Share experiences and have discussions on how other people are feeling. 	<ul style="list-style-type: none"> Advice to access leisure and sports clubs outside setting. Settings support involvement of other agencies e.g., NDCS. Assess and deliver discreet teaching relevant to the CYP which will be generalised and used within the day. Specialist curriculum is running alongside school curriculum with up to at least 3 areas to be embedded within setting and home environment. Exam access arrangements may allow up to 50% additional time. QToD works with setting to facilitate interaction and communication with other CYPs with HI within or external of setting. 	

Threshold 4 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. • Communication between LINT-HI and settings is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the CYP. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. • School provides time for direct specialist teaching from LINT-HI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL, SSE, AAC. 			

Threshold 5 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed need identifying a CYP requiring access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p> <p>Eligibility Criteria for HI equivalent is A.</p> <p>CYPs within Threshold 5 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Specialist Teaching Areas: The CYP requires active and ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • The CYP requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. • LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. • The CYP is known to and has been assessed by and/or known to a Speech & Language Therapist for Deaf Children and Young People. • A LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of aids i.e., hearing aids, cochlear implant, BAHA, assistive listening device via related specialist curriculum Areas. • A high level of intervention may be needed for the CYP to successfully transition between different classrooms and into secondary provision. • Advice, guidance and direct support (minimum of 10 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • School supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and class participation. • Recording of work reflects unique access needs. • Consistent, well-cued routines are used. • Materials are presented slowly and clearly to the CYP, in familiar, quiet environments. 	<ul style="list-style-type: none"> • IF HI is primary need, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations. • SSTA/QToD/SLM identified as key individual to support the CYP's emotional and mental wellbeing. • Timetable adjustments to accommodate specialist interventions and sensory breaks • QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. • Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to school around creating a Deaf Friendly school with CPD offer extended to whole school as appropriate. • School has regular liaison with QToD to support the CYP and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment through training, • Advice is given to providers of 'out of school' clubs.

Threshold 5 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g., during the autumn term when a CYP has transitioned into a new classroom or secondary provision. An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> School manages SEND support and engages in joint planning with LINT-HI, family, the CYP and other agencies. QToD ensures that specialist planning based on the HI specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. Communication between LINT-HI and settings is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the CYP. Settings take on CAF Lead practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo. 	<ul style="list-style-type: none"> Embrace communication between the CYP and others in a variety of forms e.g., BSL. Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., co-active exploration. The SEAL/PSHE programme is adapted to reflect the unique needs of the CYP. Provide structured games during less formal times of the day. The CYP may require a Total Communication Approach. 	<ul style="list-style-type: none"> Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the hearing impairment reinforce work and prepare the CYP for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations. provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS. Regular consultation with QToD about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. Specialist curriculum is merging within the CYP's curriculum offer within setting with up to at least 5 area to be embedded within setting and home environment. 	

Threshold 5 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. • School provides time within the week for direct specialist teaching from LINT-HI. • Opportunities in place for regular reviews of planning in line with LA • Assessment and monitoring will be collaborative between setting and LINT-HI. • School engages in joint planning/target setting. • Good communication needed on lesson planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the CYP. • Educators work with LINT-HI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-HI to identify when the CYP accesses their specialist interventions with adaptations to the school's curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 		<ul style="list-style-type: none"> • QToD may liaise with and/or refer to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. • Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/ assessments. LINT-HI may help with the administration of these. • LINT-HI responsible for all specialist skills training, higher levels of support, modelling and coaching. • Exam access arrangements may allow at least 50% additional time. • QToD works with setting to facilitate interaction and communication with other CYPs with a HI within or external of setting. 	

Threshold 6 - Sensory Impairment: Hearing

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets criteria for hearing impairment with assessed need identifying a CYP as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.</p> <p>Eligibility Criteria for HI equivalent is A*.</p> <p>CYPs within Threshold 6 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</p>	<p>Assessment</p> <p>LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home. LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. Direct intervention and ongoing assessment based on Communication. The CYP has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. Very high level of intervention may be needed for the CYP to successfully transition between different settings. Advice, guidance and direct support (minimum of 25 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the use of sign e.g. BSL/ SSE/AAC. A high level of scaffolding is required throughout the day in order enable the CYP to engage and socialise with their peers and adults. 	<ul style="list-style-type: none"> The CYP has full-time support provided by a LINT Specialist Sensory Teaching Assistant (SSTA). SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning via effective communication. SSTA/QToD identified as key individual to support the CYP's emotional and mental wellbeing. LINT-HI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the CYP is seamless between the setting's curriculum and the specialist curriculum. QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level offered to school around creating a Deaf Friendly setting with CPD offer extended to whole school as appropriate.

Threshold 6 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when a CYP has transitioned to another classroom. <p>Planning</p> <ul style="list-style-type: none"> School and QToD work very closely to identify, assess and meet EHCP outcomes. QToD ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. Communication between LINT-HI and settings is frequent (daily) to ensure that there are knowledgeable and empowered educators around the CYP. All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. School works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. 		<ul style="list-style-type: none"> Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the hearing impairment reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience. Advice to support access to leisure and sports clubs outside setting. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS. Regular consultation with QToD about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. The specialist curriculum is seamless within the CYP's curriculum offer, embedded within school and home. 	

Threshold 6 - Sensory Impairment: Hearing *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum. The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. Educators and LINT-HI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the specialist curriculum. Policies reflect reasonable adjustments and are written in collaboration with QToD. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. 		<ul style="list-style-type: none"> QToD has liaised with and/or referred to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/assessments. LINT-HI must administer these. LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching. Exam access arrangements may allow up to 100% additional time. QToD works with setting to facilitate interaction and communication with other CYPs with a HI within or external of setting. 	

Hearing Impairment: PFA Outcomes and Provision

Reception to Y2 (5-7 years)

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Child is able to cooperate with maintenance of hearing aids/BAHA/Cochlear implant and assistive listening devices.</p> <p>N.B. for some children with a profound/severe hearing loss they will require signed support from LINT-HI.</p> <p>Child is able to sit appropriately within a good seating position to allow them access to spoken voice.</p>	<p>Child is able to co-operate with self-care routines, including removal of listening devices, cleaning of devices and where appropriate changing batteries.</p> <p>Child is able to remove and insert listening devices into their own ear/on own head.</p>	<p>Child is able to participate in team games, after-school clubs, and weekend activities and communicate with familiar, unfamiliar adults and peers.</p> <p>N.B. for some children with a profound/severe hearing loss they will require signed support from LINT-HI/PA.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults and begin to resolve conflict when it may occur.</p>	<p>Child is able to attend regular audiology/ENT to support good access to sound.</p> <p>Child is able to keep equipment in good condition, with regular updates shared with LINT-HI to ensure assistive listening devices will be applicable to the equipment given to the child.</p> <p>Child is able to attend SALT sessions if appropriate.</p> <p>Child is able to begin to have an understand of own deaf identity, how they feel in different situations and begin to develop resilience to overcome difficult situations.</p> <p>Child is able to identify their own feelings and emotions and share them with a familiar adult.</p> <p>Child is able to read body language, facial expressions and behaviour of others to read if they are feeling a range of emotions.</p> <p>Child is able to make a decision and give a reason of why an impact behind this decision to a familiar adult.</p>

Pfa Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Child is able to access careers information, opportunities to meet role models/talks from visitors to school through good seating position, good acoustics, use of assistive listening device where appropriate.</p> <p>N.B. for some children with a profound/severe hearing loss they will require signed support from LINT.</p> <p>Child is able to take ownership with maintenance of hearing aids/BAHA/Cochlear implant and assistive listening devices, ensure charged and appropriate batteries are carried with them or stored appropriately in school.</p>	<p>Child is able to co-operate with self-care routines, including removal of listening devices, cleaning of devices and where appropriate changing batteries.</p> <p>Child is able to remove and insert listening devices into their own ear/on own head and change batteries, alert an adult if they are having technical difficulties.</p> <p>Child is able to develop age-appropriate life skills including an awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their hearing needs and is beginning to learn how to make adaptations to overcome barriers when they do not have access to sound e.g. unable to listen to a Tannoy announcement so may need to seek assistance from another person.</p>	<p>Child is able to participate in team games, after-school clubs, and weekend activities and communicate with familiar, unfamiliar adults and peers.</p> <p>N.B. for some children with a profound/severe hearing loss they will require signed support from LINT-HI/PA.</p> <p>Child is able to engage in conversation and interactions with peers and familiar adults and begin to resolve conflict when it may occur or seek support of an appropriate adult.</p>	<p>Child is able to attend regular audiology/ENT to support good access to sound.</p> <p>Child is able to keep equipment will in good condition, with regular updates shared with LINT-HI to ensure assistive listening devices will be applicable to the equipment given to the child.</p> <p>Child is able to attend SALT sessions if appropriate.</p> <p>Child is able to develop their understanding of their own deaf identity, how they feel in different situations and begin to develop resilience to overcome difficult situations. When they are unable to show resilience, they are able to access for support.</p> <p>Child is able to identify their own feelings and emotions and share them with a familiar adult.</p> <p>Child is able to read body language, facial expressions and behaviour of others to read if they are feeling a range of emotions and begin to respond appropriate to the emotions of others.</p> <p>Child is able to make a decision and give a reason of why an impact behind this decision to other.</p>

Hearing Impairment: Pfa Outcomes and Provision

Y7 to Y11 (11-16 years)

Pfa Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>CYP is able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and different equipment available to them to purchase through PIP.</p> <p>CYP is able to understand supported employment options e.g., Access to Work.</p> <p>CYP is able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.</p> <p>N.B. for some CYP with a profound/severe hearing loss they will require signed support from LINT-HI.</p>	<p>CYP is able to independently do daily self-care of equipment including removal of listening devices, cleaning of devices and where appropriate changing batteries. CYP can troubleshoot equipment faults as necessary.</p> <p>CYP is able to develop age-appropriate life skills including an awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their hearing needs and can make adaptations to overcome barriers when they do not have access to sound e.g., unable to listen to a Tannoy announcement so may need to seek assistance from another person.</p>	<p>CYP is able to participate in games, after-school clubs, and weekend activities and communicate with familiar, unfamiliar adults and peers.</p> <p>N.B. for some CYP with a profound/severe hearing loss they will require signed support from LINT-HI/PA.</p> <p>CYP is able to engage in conversation and interactions with peers and both familiar and unfamiliar adults including resolving conflict when it may occur.</p>	<p>CYP is able to attend regular audiology/ENT to support good access to sound with increasing independence and take responsibility for making their own appointments where appropriate.</p> <p>CYP is able to keep equipment will be in good condition, with regular updates shared with LINT-HI to ensure assistive listening devices will be applicable to the equipment given to the CYP.</p> <p>CYP is able to attend SALT sessions if appropriate.</p> <p>CYP is able to demonstrate resilience to overcome difficult situations in relation to their own deaf identity.</p> <p>CYP is able to identify more complex feelings in relation to themselves and others.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Hearing Impairment

Multi-Sensory Impairment

Identification

If you have any concerns about a CYP with a hearing impairment's vision, please encourage the parents/carers to see a GP or go to an optician prior to referral to LINT ([Eye tests for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)). If you have any concerns about a CYP with a vision impairment's hearing, ask parents/carers to talk to their doctor or health visitor about the CYP seeing an audiologist prior to referral to LINT ([Hearing tests for children - NHS \(www.nhs.uk\)](https://www.nhs.uk)).

A person is considered to have a multi-sensory impairment if they have an impairment in both their hearing and vision. The term multi-sensory impairment is used to cover a range of conditions and a range of levels of both vision and hearing i.e. a CYP with multi-sensory impairment may have a mild-moderate hearing impairment and a profound vision impairment. There is no direct correlation between multi-sensory impairment and cognitive ability. People with a multi-sensory impairment have the same range of intelligence and abilities as their peers.

Referral

Referrals are usually received following a second sensory medical diagnosis from Health in addition to the CYP already having either a vision or a hearing impairment (i.e., from Ophthalmology, Audiology, ENT, Health Visiting Teams, Paediatrics etc) however schools, settings and parent/carers, social care professionals, professionals from the 3rd sector or the young person themselves can also refer. Often the CYP is already known to LINT due to them having either a vision or hearing impairment. **CYP must meet the multi-sensory impairment referral criteria.** If you are not sure if a CYP meets the criteria, please contact the Low Incidence Needs Team prior to referral.

Universal offer

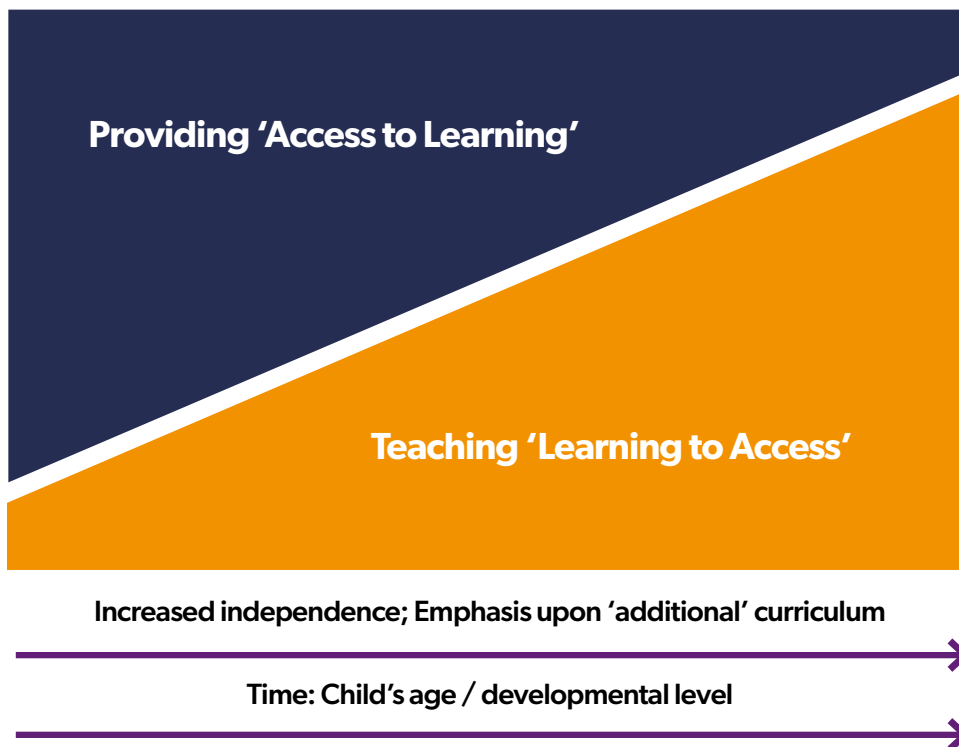
Following diagnosis all new referrals from parents/carers, settings/schools, health and other professionals will receive an initial assessment from LINT-MSI to include:

- Assessment of sensory functioning, including observations, by a Qualified Teacher of children and young people with Multi-Sensory Impairment (QTMSI) or a dual assessment from a Qualified Teacher of Vision Impairment and a Teacher of the Deaf
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from the CYP

The assessment will be aligned to the NatSIP Eligibility Criteria, which will:

- Enable the service to provide an equitable allocation of resources.
- Provide a means of identifying the levels of intervention required.
- Identify the frequency of assessments by LINT-MSI.

All CYP who meet the criteria as having a multi-sensory impairment receive an eligibility banding following every annual assessment (or last assessment if receiving an E Eligibility Criteria banding) which determines the Threshold they access. These are not fixed over time but reflect the changing needs of the CYP, their family, key professionals and settings in line with the 'access to learning-learning to access' model adopted by LINT-MSI to include CYP with a multi-sensory impairment as shown on next page:



McLinden et al, 2021; McLinden et al, 2016; Douglas et al, 2019

Over time the emphasis shifts from support being provided directly to the CYP ('access to learning'), to their acquisition of specialist skills to promote greater independence over time ('learning to access'). A balance of provision needs to be determined via the Threshold to ensure inclusive practice for CYP with multi-sensory impairment (through prompting access to learning approaches), whilst ensuring that individuals are provided with the necessary skills and opportunities to become as independent as possible (through targeted specialist teaching to access approaches).

Provision is determined by the **Curriculum for Multi-Sensory Impaired Children** in conjunction with the **Curriculum Framework for Children and Young People with a Vision Impairment (CFVI)** to ensure CYP develop the broad range of skills they need to live as independently as possible whilst also having appropriate adjustments and support put in place to enable access. **Area 1** focusses on inclusion and inclusive practice to ensure physical and social environments are accessible for CYP with multi-sensory impairment (Facilitating an Inclusive World). **Areas 2-11** highlight the particular skills that they require to enable them to participate in education with increasing independence, learn how to carry out everyday activities, move around by themselves, and to feel fully included in their education setting (Curriculum Framework for Children and Young People with Vision Impairment (rnib.org.uk)).

The offer for CYP with multi-sensory impairment is designed to ensure that intervention continues to be delivered on the basis of individual need and in accordance with local, regional and/or national policy and practice.

Multi-Sensory Impairment Guidance

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., print or symbols).</p>	<ul style="list-style-type: none"> • The CYP does not require any active involvement or further assessments from LINT-MSI. The CYP remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The CYP’s LINT-MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related specialist curriculum Areas. • The CYP either does not require or requires minimal LINT-MSI liaison with multi-agencies. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-MSI which have been cascaded to relevant staff after their initial or last LINT-MSI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e. print or symbols).</p>	<ul style="list-style-type: none"> • The CYP does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The CYP remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The CYP’s LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the CYP does not require access to related specialist curriculum Areas. • The CYP requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies. • The CYP’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies. • The CYP’s social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies. • The CYP has a knowledgeable and empowered family around them due to information shared by LINT-MSI. • The CYP has knowledgeable and empowered educators around them due to information shared by LINT-MSI. • All key persons involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.

<p>Threshold 3</p> <p>(Eligibility Criteria C)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-MSI provides a short-term block from one Area of the MSI specialist curriculum (up to 6 visits). • The CYP may need a low level of intervention to successfully transition between different settings. • The CYP's LINT MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum Areas i.e. hearing aids, mini mic, CCTV, iPad, hand-held magnifier etc. • The CYP requires minimal or short-term LINT-MSI liaison with multi-agencies. • The CYP requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. 	<ul style="list-style-type: none"> • The CYP requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • The CYP's family require additional time-limited advice and guidance to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require additional time-limited advice and guidance to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when the CYP has transitioned.
<p>Threshold 4</p> <p>(Eligibility Criteria B)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g., print and tactile).</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis. • The CYP requires block/s of intervention based on at least 2 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home. • The CYP's LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers etc. • The CYP may need a medium level of intervention to successfully transition between different settings. • The CYP requires a low/medium level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The CYP requires LINT-MSI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The CYP requires LINT-MSI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • The CYP's family requires frequent communication (minimal of half-termly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require frequent communication (minimal of half-termly) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require at least termly LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.

<p>Threshold 5</p> <p>(Eligibility Criteria A)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child requiring at least two different approaches to access information around them (e.g. print and tactile).</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly. • The CYP requires specialist teaching in at least 4 areas from the MSI specialist curriculum. • The CYP's LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers. • The CYP may need a high level of intervention to successfully transition between different settings. • The CYP requires a medium/high level of LINT-MSI liaison with multi-agencies. 	<ul style="list-style-type: none"> • The CYP requires LINT-MSI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The CYP's family requires frequent communication (minimal of fortnightly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require frequent communication (at least twice a week) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require at least half-termly LINT-MSI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.
<p>Threshold 6</p> <p>(Eligibility Criteria A*)</p> <p>The CYP meets criteria for multi-sensory impairment with assessed need identifying a child with auditory/tactile/signing approaches as their primary access to information around them.</p>	<ul style="list-style-type: none"> • The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly. • The CYP requires long-term intervention based on at least 6 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QTMSI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies. • The CYP receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist. • The CYP has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. • The CYP will need a high level of intervention to successfully transition between different settings. 	<ul style="list-style-type: none"> • The CYP requires a high level of LINT-MSI liaison with multi-agencies. • The CYP requires LINT-MSI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies. • The CYP's family requires frequent communication (minimal of weekly) to ensure that the CYP has a knowledgeable and empowered family around them. • The CYP's educators require frequent communication (daily as applicable) to ensure that the CYP has knowledgeable and empowered educators around them. • All key persons involved with the CYP require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.

Threshold 1 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is E.</p> <p>CYPs within Threshold 1 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP does not require any active involvement or further assessments from LINT-MSI. The CYP remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-MSI assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment. • The CYP understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • School must ensure that all staff are aware that the CYP will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. • School takes on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Procedures for contact lens wearers (for CYPs who are aphakic) and audiological aids as well as implementing the wearing and cleaning of them. • Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. • Teacher verbalises work on the board (ensuring they are facing the CYP) and all written information within the classroom. • Consideration of seating position – CYP positioned in optimal location in relation to interactive white board/ learning facilitator/ point of learning and not facing a window to facilitate attention and access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning and support alternative ways of accessing and recording work. • Implementation of sensory rest breaks within the school day. 	<ul style="list-style-type: none"> • Appropriate resources made available from within school. • Some in-class support provided by school – especially in lessons where health and safety require consideration. • School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. • School considers timetabling and location of rooms for the CYP and/or appropriate workstation for 1:1 intervention. • School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Exam access arrangements may allow 25% additional time. 	<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual CYP's needs (adaptations and curriculum delivery to facilitate access). • A designated member of school staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers. • Provision of consumables by school e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/ dark leaded pencils, use of a sloping desk, cleaning kits etc. • Provision of additional quiet workspace for 1:1 and small group work. • Appropriate levels of support on trips.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of CYP to be disseminated to all staff by the SENDCO (with parental permission). • The school takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Educators, parent/carer and/ or other key professionals can request updated advice if needed or visual/hearing functioning changes. • Referral is made to Vision & Hearing Support (if appropriate) when CYP reaches Y9 to access specialist support as part of transition into adult services. 	<ul style="list-style-type: none"> • Attention to speed of lesson delivery and speed of working. • Differentiated questioning and explicit language used to explain whole class responses. • School staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Teachers ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. • Teachers to ensure CYPs can access work displayed on interactive white boards in the method identified by the QTMSI e.g., handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software. • Teachers to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Speaker stays still when talking. 		<ul style="list-style-type: none"> • School will ensure the CYP has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the CYP to support emotional and mental wellbeing. • Known to Vision and Hearing Support (adult-based Gateshead service) if appropriate and from Year 9.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
		<ul style="list-style-type: none"> • Provide additional transition visits for the CYP between classrooms/key stages. • Encouragement of social interaction through sensitive seating arrangements, provision of a mentor/ buddy and fully including the CYP in the wider school life. • Say the CYP's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensure any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the CYP can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the CYP and developing their self-advocacy skills. • Ensure there is a balance between intervention and independence is understood by all professionals. 		

Threshold 2 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is D.</p> <p>CYPs within Threshold 2 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The CYP remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>LINT-MSI Annual assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an annual assessment including up to 3 visits with updated strategies as appropriate (i.e., troubleshooting for specialist equipment may generate additional visits). LINT-MSI provides an Annual Assessment Report or letter, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The CYP understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> School identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids throughout the year. School will facilitate monitoring and assessment visit from LINT-MSI. The school must ensure that all staff are aware that the CYP will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. School takes on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within school. Some in-class support provided by school – especially in lessons where health and safety require consideration. School staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. School considers timetabling and location of rooms for the CYP and/or appropriate workstation for 1:1 intervention. School is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	<p>As Threshold 1</p>

Threshold 2 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Referral is made to Vision & Hearing Support (if appropriate) when CYP reaches Y9 to access specialist support as part of transition into adult services. 			

Threshold 3 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is C.</p> <p>CYPs within Threshold 3 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The CYP requires active intervention based on a short-term block from the specialist provided by LINT-MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires a short-term block from one Area of the specialist curriculum (up to 6 visits) provided by LINT-MSI. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. LINT-MSI Auxiliary Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have regular liaison with QTMSI to support the CYP and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids. School identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. School takes on CAF Lead Practitioner where appropriate. A PEEP (Personal Emergency Evacuation Plan) to ensure the CYP is safe. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear classroom routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate to access to curriculum. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the CYP's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the CYP can still sit next to/near their peers. Opportunities are sought within PSHE to discuss MSI and role models within society. Behaviour management systems motivate the CYP and set clear expectations. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions. QTMSI supports educators in developing CYP's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day. Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Training offered re the needs of the CYP to raise awareness of multi-sensory impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 3 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Educators identify times within the day to deliver training programmes as appropriate. • From Y9 onwards, communication between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the CYP and their families. • From Y9 onwards, communication between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 			

Threshold 4 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is B.</p> <p>CYPs within Threshold 4 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The CYP requires active intervention based on an annual block from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by CYP's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> The CYP requires block/s of intervention based on at least 2 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across school and home. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. LINT-MSI Auxiliary Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. Advice, guidance and direct support over the year is required in line with the CYP's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g., during the autumn term when a CYP has transitioned into a new year group. An environmental assessment may be necessary to assess accessibility of the school environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used. CYPs working with tactile learning resources will need additional differentiation to take into account pace of learning. School provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and rest breaks. QTMSI supports educators in developing CYP's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual/communication training as appropriate which is embedded within the day. School supports the provision of special examination arrangements and allows CYPs time to develop the discreet skills associated with their use. Weekly teaching from QTMSI to teach specialist curriculum that enables access and progress within curriculum. Advice on sourcing accessible materials. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Specific resources such as 'Guide Dogs – Think Right, Feel Good' to promote well-being used alongside school resources. Peer awareness training. Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole school as appropriate. LINT-MSI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-MSI and school can support the CYP to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-MSI i.e., SENSE.

Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<p>Planning</p> <ul style="list-style-type: none"> • School manages SEND support and engages in joint planning with LINT-MSI, family, the CYP and other agencies. Common targets are distributed to all educators and reviewed regularly. • School takes on CAF Lead practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) to ensure the CYP is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO. • Communication between LINT-MSI and schools is frequent (minimal of half-termly) ensure that there are knowledgeable and empowered educators. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • School provides time within the week for direct specialist teaching from LINT-MSI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. 	<ul style="list-style-type: none"> • Auditory clutter and less busy learning environments are now key to facilitate learning. • Provide repeated learning opportunities based on outcomes. • Bring learning opportunities to the CYP. • Link learning opportunities to support the generalisation of concepts. • Suitable peers and adults scaffolding the CYP's environment e.g., facilitate interaction with others. • A suitable communication partner who creates opportunities for communication. • Match the pace of interaction to the CYP's sensory needs. 	<ul style="list-style-type: none"> • Time away from main cohort of CYPs for individual or small group work may be necessary to; <ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the CYP for a class activity/ learning experience (pre- and post- teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside school. • School supports involvement of other agencies e.g., SENSE. • Assess and deliver discreet teaching relevant to the CYP which will be generalised and used within the day. 	

Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report. From Y9 onwards, co-ordination between school, LINT-MSI and Vision & hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the CYP and their families. From Y9 onwards, co-ordination between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 	<ul style="list-style-type: none"> Suitable peers and adults facilitating interaction in less structured environments e.g., during break times. Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/ occasions. Share experiences and have discussions on how other people are feeling. Use specific resources such as 'Think Right, Feel Good' to promote well-being used alongside school resources. 	<ul style="list-style-type: none"> Specialist curriculum is running alongside school curriculum with up to at least 3 areas to be embedded within school and home environment. Exam access arrangements may allow up to 50% additional time. QTMSI works with school to facilitate interaction and communication with other CYPs with MSI within or external of school. 	

Threshold 5 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is A.</p> <p>CYP within Threshold 5 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Area 2-11: The CYP requires active and ongoing intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • The CYP requires specialist teaching at least 4 areas from the specialist curriculum. • LINT-MSI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. • LINT-MSI provides an Annual Assessment Report or letter, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. • The CYP is known to LINT's Paediatric Habilitation Specialist and Specialist SaLT and has been assessed using their criteria. • A LINT-MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. • High level of intervention may be needed for the CYP to successfully transition between different rooms. • Advice, guidance and direct support (minimum of 10 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies e.g. during the autumn term when a CYP has transitioned into a new year group. • An environmental assessment may be necessary to assess accessibility of the school environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • School supports the provision of different types of learning experience i.e. individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and class participation. • Marking and recording of work reflects unique access needs. • Utilise textures to support recognition. • Consistent, well-cued routines. 	<ul style="list-style-type: none"> • IF MSI is primary need, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities. • Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials. • Intervenor/QTMSI/SSLM identified as key individual to support the CYP's emotional and mental wellbeing. • Timetable adjustments to accommodate specialist interventions and rest breaks. • QTMSI supports educators in developing CYP's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. • Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level to school offered around creating a Multi-Sensory Impaired Friendly school with CPD offer extended to whole school as appropriate. • School has regular liaison with QTMSI to support the CYP and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training. • Advice is given to providers of 'out of school' clubs.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<p>Planning</p> <ul style="list-style-type: none"> • School manages SEND support and engages in joint planning with LINT-MSI, family, the CYP and other agencies. QTMSI ensures that specialist planning based on specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • Communication between LINT-MSI and school is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the CYP. • School takes on CAF Lead Practitioner role where appropriate. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCO. • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • The school provides time within the week for direct specialist teaching from LINT-MSI. • Opportunities in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between school and LINT-MSI. • School provides time within the week for direct specialist teaching from LINT-MSI. • School engages in joint planning/target setting. 	<ul style="list-style-type: none"> • People and items are presented slowly and clearly to the CYP in familiar, quiet environments. • Communication between the CYP and others in a variety of forms is used which can be high tech e.g., on-body signing. • Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction. • The PSHE programme is adapted to reflect the unique needs of the CYP. • The CYP may require an intensive interaction approach. • The CYP may require a Total Communication Approach. • Use of personal identifiers. 	<ul style="list-style-type: none"> • Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside school. • School works closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. • Regular consultation with QTMSI about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Good communication needed on lesson planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the CYP. • Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-MSI to identify when the CYP accesses their specialist interventions with adaptations to the school's curriculum required. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • A PEEP (Personal Emergency Evacuation Plan) to ensure the CYP is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. • From Y9 onwards, co-ordination between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for CYP and their families. • From Y9 onwards, co-ordination between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 		<ul style="list-style-type: none"> • Specialist curriculum is merging within the CYP's curriculum offer within school with up to at least 5 areas to be embedded within school and home environment. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI may help with the administration of these. • LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching. • Exam access arrangements may allow at least 50% additional time. • QTMSI works with school to facilitate interaction and communication with other CYPs with a MSI within or external of school. 	

Threshold 6 - Sensory Impairment: Multi-Sensory

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP meets the criteria for multi-sensory impairment with assessed need identifying a CYP with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A*.</p> <p>CYPs within Threshold 6 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The CYP remains on caseload and LINT-MSI provides assessment determined by need (e.g. ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</p> <p>Area 2-11: The CYP requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> • The CYP requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Area 1 (Area/s to be determined by QTMSI) which are expected to take at least a year to embed across school and home. • LINT-MSI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) and links shared within Report to visual and auditory conditions. • Direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist. • Very high level of intervention may be needed for the CYP to successfully transition between different rooms. • Advice, guidance and direct support (minimum of 25 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when a CYP has transitioned to another year group. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> • Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams and/or the use of sign e.g., BSL. • Tactile methods of communication relevant for the CYP is presented within and beyond the classroom environment e.g., Braille labels and signage. • A high level of scaffolding is required throughout the day in order enable the CYP to engage and socialise with their peers and adults. 	<ul style="list-style-type: none"> • The CYP has full-time support provided by a LINT Intervenor. • Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). • Intervenor/QTMSI/SSLM identified as key individual to support the CYP's emotional and mental wellbeing. • LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching. • The curriculum offer for the CYP is seamless between the school's curriculum and the specialist curriculum. • QTMSI supports educators in developing CYP's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. • Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to the school around creating a Multi-Sensory Impaired Friendly school with CPD offer extended to whole school as appropriate.

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<p>Planning</p> <ul style="list-style-type: none"> • School and QTMSI work very closely to identify, assess and meet EHCP outcomes. QTMSI ensures that specialist planning based on the MSI specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • Communication between LINT-MSI and school is frequent (daily) to ensure that there are knowledgeable and empowered educators around the CYP. • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the CYP to learn to access. • School works closely with QTMSI to create a bespoke education offer to meet unique needs based on school curriculum and LINT specialist curriculum. • Assessment and monitoring will be bespoke between school and LINT-MSI across the curriculum. • Educators and LINT-MSI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. 		<ul style="list-style-type: none"> • Time away from main cohort of CYPs for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the CYP for a class activity/learning experience (pre- and post-teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside school. • School works closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. • Regular consultation with QTMSI about delivery of curriculum to ensure the CYP can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC. • Co-ordination between school, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for CYPs and their families. • From Year 9, precise planning between educators, the CYP, their family, LINT-MSI and Vision & Hearing Support (if appropriate) is required to enable successful volunteering/ work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 		<ul style="list-style-type: none"> • The specialist curriculum is seamless within the CYP's curriculum offer within school with up to at least 7 areas to be embedded within school and home environment. • Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. • Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication. • Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI must administer these. • LINT-MSI responsible for all specialist skills training, full levels of support, modelling and coaching. • Exam access arrangements may allow up to 100% additional time. • QTMSI works with school to facilitate interaction and communication with other CYPs with a MSI within or external of school. 	

Multi-Sensory Impairment: Pfa Outcomes and Provision

Reception to Y2 (5-7 years)

Pfa Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Child is able to recognise familiar sensory information and seek further information if necessary.</p> <p>Child is able to successfully engage in their learning environment with activities, materials, toys and equipment modified and adapted to meet their MSI needs as appropriate.</p> <p>Child is able to cooperate with maintenance of low- and high-tech auxiliary aids.</p> <p>Child is able to at least demonstrate the basic functions of any high-tech auxiliary aids.</p> <p>Child is able to sit appropriately within a good seating position.</p>	<p>Child is able to orientate themselves in very familiar environments and shows awareness of particular parts and/or boundaries of environment.</p> <p>Child is able to understand that other people have similar/different body parts and senses.</p> <p>Child is able to co-operate with self-care routines, including removal of listening devices, cleaning of devices and where appropriate changing batteries.</p> <p>Child is able to demonstrate basic personal hygiene and can dress using some fastenings.</p> <p>Child is able to use at least a spoon and demonstrate some basic cutting skills.</p> <p>Child is able to identify body planes (through touch, imitation, or functional use).</p> <p>Child is able to begin to understand and functionally use any mobility aids to explore their environment.</p> <p>Child is able to develop an awareness of pre-cane and sighted guide techniques if required.</p>	<p>Child is able to respond in small group situations and is beginning to understand social codes of behaviour such as sharing.</p> <p>Child is able to sustain extended interactions with trusted adults who know them well, although the adult may need to structure the interaction and repair breakdowns.</p> <p>Child is able to access a variety of community-based activities/clubs/groups, with adult support to facilitate shared play and interaction.</p> <p>Child is able to begin to identify common shops and venues using accessible cues in familiar environments.</p> <p>Child is able to wait their turn and feel confident that their needs will be met.</p>	<p>Child is able to attend regular medical, optical and visual checks to support good health with an adult.</p> <p>Child is able to attend SALT sessions if appropriate with an adult.</p> <p>Child is able to check and maintain hearing and/or visual aids by sharing responsibility with staff and carrying out some of the actions themselves.</p> <p>Child is able to begin to have an understanding of their own identity as a child with MSI and begin to develop resilience to overcome difficult situations.</p> <p>Child is able to begin to identify their strengths.</p> <p>Child is able to identify some basic feelings and share them with a familiar adult.</p> <p>Child is able to begin to understand the social and health benefits of participation in sports and fitness activities.</p> <p>Child is able to confidently explore and eat new tastes and textures.</p>

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Child is able to work in partnership with adults to complete familiar activities independently and/or indicate when help is needed.</p> <p>Child is able to work with familiar keyworkers to complete new activities or work in unfamiliar contexts.</p> <p>Child is able to transfer familiar skills to new situations with support.</p> <p>Child is able to work successfully on a new activity, in a new environment or with an unfamiliar person provided only one or two of these changes occur at a time.</p> <p>Child is able to take ownership of maintaining their auxiliary aids.</p> <p>Child is able to at least begin to choose suitable approaches (or combinations of approaches) to accessing and presenting information in different circumstances themselves.</p> <p>Child is able to utilise a range of suitable approaches to accessing and presenting information (e.g. tangible objects /objects of reference, print, speech, recordings, braille, tactile graphics).</p> <p>Child is able to feel that they can have an influence and impact on their world and on the decisions that are made regarding their education and life.</p>	<p>Child is able to gradually take responsibility for developing and maintaining their own timetables, using prompts (such as a larger weekly timetable on the wall) if necessary.</p> <p>Child is able to use familiar environments confidently and competently.</p> <p>Child is able to apply independent mobility techniques when functional contexts are used e.g., taking a message to a different class.</p> <p>Child is able to generally accept changes in routine if given appropriate explanations.</p> <p>Child is able to understand and explain the similarities/ differences of people’s body parts and senses and understands how different disabilities can affect them.</p> <p>Child is able to begin to become more aware of time passing by using appropriate support systems (such as egg timers and later kitchen timers).</p> <p>Child is able participate independently in most self-care routines.</p> <p>Child is able to use cutlery and demonstrate basic food preparation skills i.e. pouring.</p> <p>Child is able to begin to develop their skills in the safe use of kitchen appliances and specialist technology, such as talking scales and liquid level indicators.</p> <p>Child is able to begin to make simple cash purchases using the exact amount or expect change and/or make a card purchase (i.e., GoHenry 6+, debit, chip/pin, contactless, pre-loaded, gift card) with adult support.</p>	<p>Child is able to work co-operatively or reactively with adults on familiar activities.</p> <p>Child is able to regularly use an increasing range of environments including local community facilities (for example, local shops). Outings are prepared and reviewed in school, with pupils taking increasing responsibility for developing prompts and resources.</p> <p>Child is able to discuss events that happen at home as well as those in school.</p> <p>Child is able to participate in established group activities such as snack time and collective worship which are modified to encourage to encourage less structured interaction with adult support only if needed.</p> <p>Child is able to develop an awareness of social norms, knows the characteristics of a healthy personal relationship and has an awareness of non-verbal cues which may be missed.</p> <p>Child is able to understand it is okay to refuse assistance sometimes.</p>	<p>Child is able to attend regular audiology/ENT/ ophthalmology/optometrist appointments with an adult.</p> <p>Child is able to attend SALT sessions if appropriate with an adult.</p> <p>Child is able to increasingly take responsibility for day-to-day cleaning and maintenance of hearing aids, spectacles and low vision aids – for example, telling staff when their hearing aids need new batteries but with close monitoring of their performance in this area by staff to ensure that aids remain fully operational.</p> <p>Child is able to begin to have an understanding of their own identity as a child with MSI and begin to develop resilience to overcome difficult situations.</p> <p>Child is able to begin to identify their strengths.</p> <p>Child is able to identify their own feelings and emotions and share them with a familiar adult.</p> <p>Child is able to make a decision and give a reason of why an impact behind this decision to a familiar adult.</p> <p>Child is able to begin to understand the social and health benefits of participation in sports and fitness activities.</p> <p>Child is able to confidently explore and eat new tastes and textures.</p>

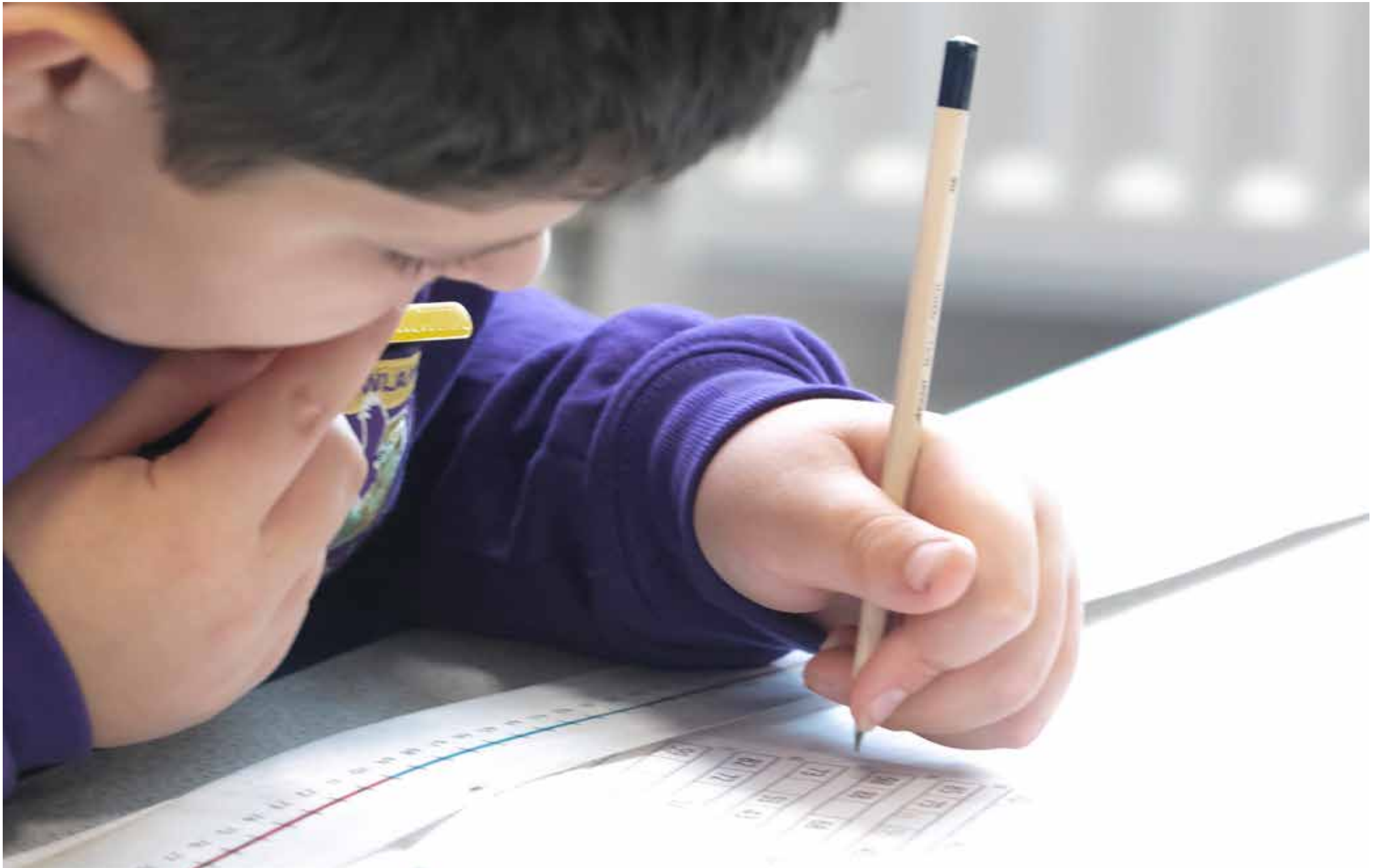
Hearing Impairment: PFA Outcomes and Provision

Y7 to Y11 (11-16 years)

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>CYP is able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.</p> <p>CYP is able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and access to appropriate equipment available to them.</p> <p>CYP is able to utilise specialist input into careers education, information and guidance, including supporting volunteering/work experience opportunities.</p> <p>CYP is able to develop skills to empower them to articulate their needs in different environments.</p> <p>CYP is able to choose specific approaches (or combinations of approaches) to information access in particular contexts (e.g., exam skills, in lessons and independent study).</p> <p>CYP is able to manage information e.g., file/folder management, organisational skills, editing/bookmarking, revision skills via using, recognising and managing the tools needed e.g., low vision devices.</p> <p>CYP is able to develop confidence in using technology e.g., mobile phones, apps (including specialist apps such as colour recognition tools), GPS and navigation apps (including transportation apps), social media and speech input software to complete a wider range of tasks.</p>	<p>CYP is able to demonstrate developing time management i.e., completing the tasks involved in getting ready to go home before the deadline of the transport arriving.</p> <p>CYP is able to independently do daily self-care of equipment including removal of listening devices, cleaning of devices and where appropriate changing batteries. CYP can troubleshoot equipment faults as necessary.</p> <p>CYP is able to practise independent mobility, using appropriate techniques in both indoor and outdoor settings.</p> <p>CYP is able to understand when and how to use a variety of pre-cane and sighted guide techniques to travel safely through familiar and increasingly unfamiliar environments if appropriate.</p> <p>CYP is able to make cash purchases using a variety/combination of coins and notes to make the exact amount, and/or identify how much change they should be given.</p> <p>CYP is able to develop technology skills for living such as online shopping, food identification, online banking and using technology to read print post.</p> <p>CYP is able to expand their skills in the safe use of kitchen appliances and specialist technology, such as talking scales and liquid level indicators.</p> <p>CYP is able to demonstrate a more complex understanding of the social skills around eating i.e., eating at a social occasion.</p>	<p>CYP is able to demonstrate confidence when interacting with others independently, beginning to make polite small talk (around weather, wellbeing, day-to-day etc.).</p> <p>CYP is beginning to feel confident with meeting up with friends in age-appropriate settings and keeping safe online.</p> <p>CYP is able to access a variety of community-based activities/clubs/groups with growing independence.</p> <p>CYP is able to make and maintain relationships (attachments, familial, peer and romantic), beginning to understand the interrelation with sex education as appropriate.</p> <p>CYP is able to safely access online communities.</p> <p>CYP is able to develop their ability to express own needs and make clear requests of members of the public and professionals (i.e., bus driver, shop assistant etc.).</p> <p>CYP is able to begin to explain and demonstrate how to provide sighted-guide assistance if appropriate.</p> <p>CYP is able to access travel services with additional support.</p>	<p>CYP is able to attend regular audiology/ENT/ophthalmology/optometrist appointments with increasing independence and take responsibility for making their own appointments where appropriate.</p> <p>CYP is able to attend SALT sessions if appropriate.</p> <p>CYP is able to begin to make their own balanced judgements on accessing specialist support, such as mentoring or counselling as appropriate.</p> <p>CYP is able to understand and explain the social and health benefits of participation in sports and fitness activities.</p> <p>CYP is able to understand and explain about personal safety, privacy and sexual consent.</p> <p>CYP is able to understand and can explain the characteristics of a healthy personal relationship.</p> <p>CYP is able to demonstrate an acceptance of multi-sensory impairment, establishing their own identity in relation to multi-sensory impairment including demonstrating resilience to overcome difficult situations in relation to this.</p> <p>CYP is able to identify more complex feelings in relation to themselves and others.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the School Age Thresholds Guidance: Multi-Sensory Impairment.



Physical/Medical Needs (PMN)

Identification

Although lots of CYP can have illnesses and accidents which result in requiring short-term medical intervention, LINT-PMN provide intervention for CYP with physical and/or medical needs who mainly have long-term conditions which affect their physical development and/or health. Some CYP may require intervention for significant and acute PMN to reduce extended absences. PMN is used to cover a range of needs and conditions.

LINT do not always require a formal diagnosis before providing support to CYP. In cases where a CYP's medical condition is unclear, or where there is a difference of opinion, generic advice can be provided based on the available evidence. This would normally involve some form of medical evidence and LINT will consult with parents.

LINT – Physical and/or Medical Needs (PMN) support children and young people from 0 to 25 who have physical disabilities and/or complex medical needs. The CYP supported generally have complex, life-long conditions which affect their physical development and/or health. They may have associated learning difficulties.

Who can receive support

We can give advice and guidance for children and young people who have a physical and/or medical need impacting significantly on their gross or fine motor skills such as:

- birth trauma and prematurity
- chromosomal disorders significantly affecting physical development
- complex medical needs like cancer, severe epilepsy, chronic illness, or complex medical needs that affect physical function like cystic fibrosis
- musculoskeletal condition for example, juvenile idiopathic arthritis

- neurological impairments for example, cerebral palsy
- persistent symptoms affecting mobility and physical function although there is no diagnosis
- specific muscle impacting conditions for example, Duchenne muscular dystrophy and spinal muscular atrophy
- severe trauma from a road accident, spinal cord injury, or brain injury
- upper and lower limb differences.

Long-term medical need

Long-term and complex medical conditions may require ongoing support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences

There may be social and emotional implications associated with physical and/or medical conditions. CYP may be self-conscious about their condition, and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect CYP's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Physical and environmental barriers may be identified and may need to be adapted (reasonable adjustments in line with the equality Act 2010) in order to access the curriculum alongside their peers.

[Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Referral

Referrals are usually received following medical diagnosis or identification of a physical need. Referrals can be made by parents/carers, schools/settings, Health (i.e. Health Visitor, Paediatrician, Physiotherapist etc), social care professionals, professionals from the 3rd sector or the young person themselves can also refer. **CYP must meet the PMN referral criteria.** If you are not sure if a CYP meets the criteria, please contact the Low Incidence Needs Team prior to referral.

Universal offer

All new referrals will receive an initial visit to include:

- Initial assessment, including observations, by a Specialist Teacher for PMN.
- Information from school/setting
- Information from Health/other agencies
- Information from parent/carer
- Information from the CYP

The assessment will be aligned to the **Gateshead Eligibility Criteria**, which will:

- Enable the service to provide an equitable allocation of resources.
- Provide a means of identifying the levels of intervention required.
- Identify the frequency of assessments by LINT-PMN.

All CYP who meet the criteria as having a physical and/or medical need receive an eligibility banding following every annual assessment (or last assessment if receiving an E Eligibility Criteria banding) which determines the Threshold they access. These are not fixed over time but reflect the changing needs of the CYP, their family, key professionals and settings in line with the 'access to learning-learning to access' model which underpins all specialist provision for CYP with a physical/medical need as bopposite:



McLinden et al, 2021; McLinden et al, 2016; Douglas et al, 2019

Over time the emphasis shifts from support being provided directly to the CYP ('access to learning'), to their acquisition of specialist skills to promote greater independence over time ('learning to access'). A balance of provision needs to be determined via the Threshold to ensure inclusive practice for CYP with PMN (through promoting access to learning approaches), with ensuring that individuals are provided with the necessary skills and opportunities to become as independent as possible (through targeted specialist teaching to access approaches).

The offer for CYP with PMN is designed to ensure that intervention continues to be delivered on the basis of individual need.

Physical and/or Medical Needs Guidance

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The CYP has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching.

- The CYP does not require any active involvement or further assessments from LINT-PMN if involved. The CYP remains on caseload and LINT-PMN can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The CYP either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved.
- The CYP's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The CYP's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The CYP has a knowledgeable and empowered family around them in relation to PMN.
- The CYP has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP with PMN.
- The CYP requires no or minimal treatment/medication.
- The CYP requires no or minimal therapy intervention.
- The CYP can move around their environment without adult support.
- The CYP can manage their physical and personal care needs i.e., dressing, personal hygiene.
- The CYP is meeting age-related expectations and does not need additional input.
- The CYP does not need specialist equipment/aids to produce written work.
- The CYP have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).

Threshold 2

(Eligibility Criteria D)

The CYP has a physical and/or medical need with minimal impact on daily functioning. The child's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.

- The CYP does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The CYP remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The CYP requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate.
- The CYP's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The CYP's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The CYP has a knowledgeable and empowered family around them in relation to PMN.
- The CYP has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the CYP can identify, recognise, and understand the specific and holistic needs and rights of the CYP.
- The CYP may have infrequent or historical involvement from health.
- The CYP has prescribed medication which requires management by adults/staff.
- The CYP requires little or no assistance to access the curriculum.
- The CYP needs little or no supervision/monitoring during physical activities such as P.E.
- The CYP has limited involvement with therapists.
- The CYP has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the CYP's safety, and/or a programme put into the school/setting for staff to use.
- The CYP wears orthotics such as PEDRO boots, shoe inserts and/or splints.
- The CYP has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist.
- The CYP requires minimal support with their communication i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.
- The CYP needs specialist equipment/aids that do not require operational assistance/preparation.

Threshold 3

(Eligibility Criteria C)

The CYP has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The child's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate

- The CYP remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as active intervention based on a short-term block (up to 4 visits) based on the CYP needs.
- All key person/s involved with the CYP require timely LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies i.e., during the autumn term when the CYP has transitioned.
- The CYP may need a low level of intervention to successfully transition between different settings.
- The CYP requires minimal or short-term LINT-PMN liaison with multi-agencies if involved.
- The CYP's family require additional time-limited advice and guidance to ensure that the CYP has a knowledgeable and empowered family around them in relation to their PMN.
- The CYP's educators require additional time-limited advice and guidance to ensure that the CYP has knowledgeable and empowered educators around them in relation to their PMN.
- The CYP has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which impacts on access to the curriculum.
- The CYP has ongoing difficulties with continence/ toileting and other aspects of self-help and independence.
- The CYP requires assessment for equipment and resources.
- The CYP may need specialist input to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs, at break and lunch times etc.
- The CYP has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.
- The CYP has increased dependence on mobility aids i.e., wheelchair or walking aid.
- The CYP has increased use of alternative methods for extended recording e.g., scribe, ICT etc.
- The CYP may have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT.
- The CYP may require their school/setting to have moving and handling training.

Threshold 4

(Eligibility Criteria B)

The CYP has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.

- The CYP remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The CYP requires active intervention from LINT-PMN receiving a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across setting and home provided by LINT-PMN following assessment and provision of strategies (if involved).
- The CYP requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
- The CYP requires LINT-PMN to provide advice, guidance and direct support over the year as required (if involved) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The CYP's family requires frequent communication (minimal of termly) to ensure that the CYP has a knowledgeable and empowered family around them in relation to PMN.
- The CYP's educators require frequent communication (minimal of half-termly) to ensure that the CYP has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the CYP require at least termly LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.
- The CYP may need a medium level of intervention to successfully transition between different settings.
- The CYP requires specialist equipment (medical/educational) that requires operational assistance.
- The CYP is not reaching age related expectations in all areas of the curriculum.
- The CYP requires assistance during lunchtimes i.e., help to move tray/feeding etc.
- The CYP requires aid/s such as rolator, sticks, to move around their environment. Minor adaptations are required to ensure full access to all areas of the setting i.e., handrails, ramps etc.
- The CYP needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
- The CYP needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
- The CYP has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.
- The CYP's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
- The CYP is unable to or has difficulty in using verbal and/or signing to communicate and may use specialist communication/aids/ICT that require training and/or operational assistance/preparation.
- The CYP requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
- The CYP requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
- The CYP experiences unstable health which impacts on their everyday life/ability to access curriculum.

Threshold 5

(Eligibility Criteria A)

The CYP has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.

- The CYP remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The CYP requires active and ongoing intervention throughout the year based on the specialist LINT-PMN curriculum from LINT-PMN following assessment and provision of strategies (if involved).
- The CYP requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
- The CYP requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The CYP's family requires frequent communication (minimal of half-termly) to ensure that the CYP has a knowledgeable and empowered family around them in relation to PMN.
- The CYP's educators require frequent communication (minimal of fortnightly) to ensure that the CYP has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the CYP require at least half-termly LINT-PMN monitoring (if involved) with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.
- The CYP may need a high level of intervention to successfully transition between different settings.
- Requires intervention from specialist nursing teams, health professionals and/or Therapy services.
- The CYP may need a planned programme of therapy/intervention.
- The CYP uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
- The CYP's physical and/or medical needs means that they require the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.
- The CYP has limited access to the appropriate posture/seating/physical aids and may need an urgent assessment of need to be carried out by the appropriate therapist.
- The CYP requires support at lunchtime.
- The CYP's setting needs significant adaptations to ensure that the CYP has full access to their learning environment.
- The CYP has regular/weekly/daily involvement with a therapist/health professional.
- The CYP may be an Augmentative Alternative Communication (AAC) user.
- The CYP may have a degenerative condition which impacts on independence.

Threshold 6

(Eligibility Criteria A*)

The CYP has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.

- The CYP remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
- The CYP requires long-term intervention based on the LINT-PMN specialist curriculum (if involved) which is expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The CYP requires a high level of LINT-PMN liaison with multi-agencies (if involved).
- The CYP requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
- The CYP's family requires frequent communication (minimal of fortnightly) to ensure that the CYP has a knowledgeable and empowered family around them in relation to PMN.
- The CYP's educators require frequent communication (weekly) to ensure that the CYP has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the CYP require tailored training packages (offered across Health, Education and Social Care by LINT-PMN if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the CYP in addition to LINT reports and strategies.
- The CYP will need a high level of intervention to successfully transition between different settings.
- The CYP's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.
- The CYP's behaviour demonstrates serious risk of harm to self/others i.e., tonic clonic seizures, choking, self-harming etc. (Consider onward referral to behaviour/health services).
- The CYP may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).
- The CYP requires regular/daily intervention from specialist nursing teams or health professionals.
- The CYP needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
- The CYP's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
- The CYP uses specialist equipment/aids that require daily operational assistance or preparation.
- The CYP requires regular or daily intervention from therapists/health professionals.
- The CYP spends a significant part, or all of their day using a specialist aid such as a wheelchair, standing frame, walking sticks and/or rolator to move around their environment.
- The CYP is dependent on an adult to manage their everyday needs i.e., ensuring any aids provided are applied correctly and with personal care needs.
- The CYP needs a specialist/differentiated physical curriculum.
- The CYP requires a daily or intensive therapy programme.
- The CYP has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.
- The CYP has a life threatening/limiting or degenerative condition.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN)

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP has a physical and/ or medical need with minimal impact on daily functioning. The CYP's needs can be met through Quality First Teaching.</p> <p>Eligibility Criteria for PMN is E (if the CYP has been assessed by LINT-PMN specialist teacher).</p> <p>The CYP can move around the environment with no additional aids and adaptations.</p> <p>The CYP requires no/minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The CYP does not need equipment which requires operational assistance.</p> <p>The CYP can manage their physical and personal care needs i.e., dressing, personal hygiene. ·</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<p>Assessment</p> <ul style="list-style-type: none"> • The learning environment is accessible and inclusive for a CYP with PMN including the use of any aids or adaptations. • The CYP understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. <p>IF involvement from LINT-PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The CYP does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> • The school must ensure that all staff are aware that the CYP is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. • Universal provision can meets need. • Usual curriculum planning including group or individual targets is required. • Trips out of the school to be planned in advance. • Educators, parent/carer and/or other key professionals can request updated advice if needed or if physical/medical needs change. 	<ul style="list-style-type: none"> • Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities. • Consider seating position – CYP positioned in optimal position to make entry and exit from the classroom as clear as possible. • Consider accessibility to the smartboard/ whiteboard i.e. that the CYP can physically interact with the board. • Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the CYP's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce the CYP's listening and attention. • Implement fatigue rest breaks within the school day if appropriate. • Implement sensory breaks within the school day if appropriate. • Consider timetabling arrangements i.e., consider the CYP accessing physical activities earlier in the day. • Consider accessibility to learning materials in terms of height of resources, at eye level with CYP, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc. 	<ul style="list-style-type: none"> • Quality First Teaching. • Some support provided by the school i.e., P.E. and other physical activities. • School considers timetabling and location of rooms for the CYP for ease of access. • An educational occupational therapist may see the CYP which may include assessment for equipment/ adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. 	<ul style="list-style-type: none"> • Appropriate support and transport for trips. • Identification of a key member of staff for the CYP to support emotional and mental wellbeing. • Supportive/correctly sized standard setting chair and table i.e., a chair and table surface that fit the CYP with feet supported and table at the correct height etc. • CYPs in this category may require specialist equipment via physio/ OT services. i.e. specialist seating for science labs. • Access to appropriate ICT provision i.e., accessibility options on Windows. • Where appropriate, 2:1 staffing ratio required for positional changes the CYP and/or transitioning between areas. • Access to a disabled toilet. • Access to the environment via ramps or lift where appropriate.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments carried out by school if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. 	<ul style="list-style-type: none"> • Ensure all pathways are clear. • All resources needed for activities are within reach. • All medical information is recorded, and emergency procedures are known to all staff. • Provide additional transition visits for the CYP between rooms. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully include the CYP in the wider setting life including and at busier times of the day. • Provide opportunities to take responsibility for helpful tasks. • Provide of a 'can do' environment where the CYP can succeed and achieve. • Provide opportunities to take controlled risks in a safe environment. • Ensure a balance between intervention and independence that is understood by all professionals. • Listen to the voice of the CYP and develop their self-advocacy skills. 		<ul style="list-style-type: none"> • Access to SEND- Support-and-Guidance- Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH- Accessibility- STRATEGY-2021-24.pdf (gateshead-localoffer.org). • Vision and Hearing Support (adult-based Gateshead service) for appropriate CYPs identified by LINT from Year 9.

Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN)

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP has a physical and/or medical need with minimal impact on daily functioning. The CYP's needs can be met through Quality First Teaching as well as targeted strategies and school-led interventions.</p> <p>Eligibility Criteria for PMN is D (if the CYP has been assessed by LINT-PMN specialist teacher).</p> <p>The CYP can move around the environment independently with or without specialist equipment.</p> <p>The CYP requires no or minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The CYP may need specialist positional equipment, equipment for which the CYP requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.</p> <p>The CYP can manage their physical and personal care needs i.e., dressing, personal hygiene.</p> <p>The CYP needs little or no supervision/ monitoring during physical activities.</p> <p>The CYP requires minimal support i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/ understand views.</p> <p>The CYP needs specialist equipment/aids that do not require operational assistance/ preparation.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is partially accessible and inclusive for a CYP with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment. The CYP understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. A referral may be required to school nurse to check hearing, sight or for possible medical condition. The CYP may require referral by the setting to OT for advice re fine/gross motor assessment. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The CYP does not require any active interventions following specialist assessment. A LINT- PMN Assessment Report or letter with links shared within report to physical and/or medical conditions and Specialist Strategies . <p>Planning</p> <ul style="list-style-type: none"> Usual curriculum planning including group or individual targets. The school must ensure that all staff are aware that the CYP is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. Risk assessments carried out by school if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> Flexible use of resources and staffing available in the classroom to assist with recording work, accessing text, pre-teaching vocabulary, modifying teacher talk, modelling responses, focusing listening and attention. The school may require moving and handling training. First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals. 	<ul style="list-style-type: none"> Quality First Teaching Some differentiation to P.E. and other physical activities if appropriate. Main provision by staff with some age-appropriate programmes delivered one-to-one or in small groups. Physiotherapy may intervene with CYPs who have mild physical issues to prevent further deterioration/ reduce impact of condition/ early intervention to achieve more successful outcomes. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> Differentiated writing materials and equipment. Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment. Staff awareness training of relevant medical conditions on a 'need to know' basis. Refer to LINT-PMN information on the website on adapted equipment/ aids if necessary.

Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>NC Level</p> <p>Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<ul style="list-style-type: none"> • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse/ school nurse and LINT-PMN (if involved). • CYP involved in monitoring and setting targets. • Part of continual school and class assessment • Monitoring of developmental goals in line with National Curriculum guidance. • SENDCO awareness if no progress apparent after targeted teaching approach. 			

Threshold 3 - Sensory Impairment: Physical/Medical Needs (PMN)

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP has a physical and/or medical need that may impair their ability to participate in many aspects of school and social life/ leisure activities. The CYP's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate.</p> <p>The CYP has ongoing mild to moderate problems with hand/ eye co-ordination, fine/gross motor skills and recording which is impacting on access to curriculum.</p> <p>The CYP is making slow or little progress despite provision of targeted teaching approaches.</p> <p>The CYP has continuing difficulties with self-help and independence i.e., with continence/ toileting.</p> <p>The CYP is having ongoing difficulties with gross motor skills and coordination often seen in physical activities.</p> <p>The CYP may have medical condition that impacts on time in school and requires a medical care plan.</p>	<p>Assessment</p> <p>IF involvement from the PMN QT the PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The CYP requires a short-term block of intervention (up to 4 visits) to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs. • The CYP remains on caseload and the LINT-PMN QT provides an annual assessment with links shared within report to physical and/or medical conditions and updated strategies. • The CYP may have a condition that requires assessment for equipment and resources. <p>Planning</p> <ul style="list-style-type: none"> • Educators identify times within the day to deliver training programmes as appropriate. • Parents are involved to regularly to support targets at home. • The school must ensure that all staff are aware that the CYP is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. • Risk assessments carried out by school if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • Small group or one-to-one adult input to practice skills. • Clear classroom routines. • Alternative ways of recording to minimise handwriting. • Groups and layouts of tables will need to be adjusted to ensure access for the CYP and any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level and sit next to their peers. • Opportunities are sought within the curriculum discuss PMN and role models within society. • Behaviour management systems motivate the CYP and set clear expectations. 	<ul style="list-style-type: none"> • Quality First Teaching. • Some differentiation to P.E. and other physical activities. • Opportunities to practice dressing and undressing skills. • Access to appropriate ICT provision. • Main provision from class teacher or subject specialist with support from SENDCO. • Occasional input from additional adult to provide targeted support under the direction of teacher. • Minimal support/ supervision may be needed to meet hygiene needs and/or sporting activities. • Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc. • Physio may intervene with CYPs who have mild - moderate physical issues to prevent further deterioration / reduce impact of condition / early intervention to achieve more successful outcomes. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> • Provision expected from setting. <p>IF involvement from the PMN QT:</p> <ul style="list-style-type: none"> • Training offered regarding the needs of the CYP to raise awareness of types of PMN and to reduce any further barriers to learning. • Manual handling training may be offered bespoke to the needs of the CYP.

Threshold 3 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.</p> <p>The CYP has increased dependence on mobility aids i.e., wheelchair or walking aid.</p> <p>The CYP has increased use of alternative methods for extended recording e.g., scribe, ICT.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<ul style="list-style-type: none"> • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse/ school nurse and LINT-PMN (if involved). 			

Threshold 4 - Physical/Medical Needs (PMN)

CYP's Presentationn (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with an appropriate multi-agency approach.</p> <p>Eligibility Criteria for PMN is B (if the CYP has been assessed by LINT PMN specialist teacher).</p> <p>The CYP requires specialist equipment (medical/educational) that requires operational assistance.</p> <p>The CYP is not reaching age related expectations in all areas of the curriculum.</p> <p>The CYP requires assistance during mealtimes i.e. help to move tray/feeding etc.</p> <p>The CYP requires aid/s such as rolator, sticks, to move around their environment.</p> <p>The CYP is more dependent on appropriate ICT for recording.</p> <p>The CYP needs some assistance with their personal care needs i.e., dressing/ undressing, toileting and hygiene.</p> <p>A therapist/therapy assistant attends the school to carry out an appropriate programme.</p>	<p>Assessment</p> <p>IF Involvement from the PMN QT the PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The CYP remains on active caseload and the PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring as appropriate. • The CYP requires block/s of intervention which are expected to take up to a year to embed across school and home and may include: <ul style="list-style-type: none"> - Minor adaptations to ensure full access to all areas of the school (handrails, ramps etc.). - An assessment of assistive technology - Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/medical professional to enable school to support and identify general/specific PMN needs in their school. - A personal care and manual handling assessment in conjunction with the PMN Team, Occupational Therapy, Physiotherapy and Health Professionals - An environmental assessment regarding accessibility. <p>Planning</p> <ul style="list-style-type: none"> • Curriculum planning including group or individual targets differentiated as appropriate to the NC level. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Individual skills-based work may need to take place. • Nurture group input may be necessary to help with low self-esteem. • A buddy system would benefit the CYP. • Attention needed to position in classroom. • ICT equipment to aid recording. • Suitable peers and adults scaffolding the CYP's environment e.g., facilitating interaction with others. • Suitable peers and adults facilitating interaction in less structured environments e.g., on the playground. • Sharing experiences and having discussions on how other people are feeling. 	<ul style="list-style-type: none"> • Assistive technology may be in use to aid recording work i.e., laptop, iPad etc. • Further differentiation to physical activities in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by-case basis). • Referral to OT by setting if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited. • Main provision from school staff with support from SENDCO and/or the PMN QT (if involved). • Flexible use of classroom support to access curriculum and develop skills in recording. • Furniture and equipment assessed jointly by the PMN QT (if involved) and Occupational Therapy • Need handwriting/ fine motor advice from OT. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Disability/ condition requires the intervention of an appropriately trained adult to support within the school during specific times/ tasks. • Hygiene / medical room may be necessary. • Adapted site may be necessary to physically access the building (assessment by OT will be required). <p>IF involvement from MN QT:</p> <p>Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.</p>

Threshold 4 - Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.</p> <p>The CYP requires some monitoring/supervision by staff/adults.</p> <p>The disability/condition affects speech and has an impact on verbal communication and ability to express views.</p> <p>The CYP is unable to or has difficulty in using verbal and/or signing to communicate.</p> <p>The CYP needs assistance to participate in physical activities and requires a modified access to these.</p> <p>The CYP's health is unstable which impacts on everyday life/ability to access curriculum.</p> <p>NC Level Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.</p>	<ul style="list-style-type: none"> • SENDCO seeks advice from LINT-PMN QT and health care professionals in order to discuss next steps. • Setting manages SEND support and engages in joint planning with the LINT-PMN QT, family, the CYP and other agencies. • Common targets are distributed to all educators and reviewed regularly. • CYP can contribute to their EHC Plan and/setting targets. • Communication between the LINT-PMN QT and settings is regular (at least half termly if involved). • Setting policies reflect reasonable adjustments made to ensure inclusion. • Timetabling of specialist equipment use to have the least impact on classroom time. • Individual targets on support plan following advice from the LINT-PMN QT (if involved), and health professionals/therapists. • Modified planning for outdoor activities is likely to be needed. • The school must ensure that all staff are aware that the CYP is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. • Risk assessments carried out by school if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. 			

Threshold 4 - Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP has some of the necessary</p>	<ul style="list-style-type: none"> • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse/ school nurse and LINT-PMN (if involved). • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful Careers Advice and Guidance for the CYP and their families. • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 			

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN)

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.</p> <p>Health care inputs and therapies are intensive and on a regular basis i.e., weekly/daily.</p> <p>The CYP requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum.</p> <p>The CYP requires support during mealtimes.</p> <p>The CYP may be an Augmentative Alternative Communication (AAC) user.</p> <p>The CYP may have a degenerative condition which impacts on independence.</p>	<p>Assessment</p> <p>IF involvement from the PMN QT the PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The CYP remains on active caseload and the PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring which is provided on at least a half-termly basis. The CYP requires specialist intervention throughout the year to embed across school and home and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. The development of mobility and independent living skills. A Personal Care Assessment. A Manual Handling Assessment. The CYP may require an environmental assessment re accessibility. <p>Planning</p> <ul style="list-style-type: none"> SENDCO and the PMN Team (if involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate. CYP s can contribute to their EHC Plan and/or school targets. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> School supports differed types of learning experience i.e., individual, small group, pre and post lesson tutoring etc. to ensure curriculum access and discreet skills and teaching can take place. Adult input to practice skills as advised by LINT/OT. Physiotherapy/ Occupational Therapy programme to be completed in school. Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills. Alternative ways of recording are used to minimise handwriting. Attention is given to persistent difficulties in mobility around the building. Accessibility of the whole school site, with facilities and practices that maintain the dignity of each CYP. 	<p>Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills.</p> <ul style="list-style-type: none"> ICT utilised most of the time for recording purposes. Differentiated writing materials and equipment. Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks. Differentiation of P.E. and other physical activities. Delivery of physiotherapy programme/postural management by trained school staff. The curriculum is modified in some or all areas. Schools have regular liaison with the PMN QT (if involved) to support the CYP and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Condition/disability requires the intervention of an appropriately trained adult to support within the school during all or the majority of tasks. School setting needs significant adaptations to ensure that full access to the curriculum is achieved. Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. May need a suitable space in which therapies can be carried out with appropriate hoisting facilities, therapy bench, parallel bars, and height adjustable writing table, if appropriate. A suitable space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored. The facility to recharge powered wheelchairs and mobile hoists/ slings when necessary.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>NC Level</p> <p>Significant physical/ medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate.</p> <p>Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>	<ul style="list-style-type: none"> • Communication between school and the PMN Team (if involved) is frequent to ensure there are knowledgeable and empowered educators around the CYP. • Opportunities are in place for regular reviews of planning in line with LA. • Individual targets on support plan following advice from OT and health professionals. • The school must ensure that all staff are aware that the CYP is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. • Risk assessments carried out by school if necessary with referral to Health & Safety if required. 	<ul style="list-style-type: none"> • Some CYPs are likely to require specialist support in communication with peers with an emphasis on developing the CYP's independent use of ICT, recording skills and communication through AAC as appropriate. • Communication is embraced between the CYP and others. • Use support techniques to experiment with autonomy and curiosity. • The PSHE programme is adapted to reflect the unique needs of the CYP. 	<ul style="list-style-type: none"> • Interventions should be incorporated across all activities throughout the school day. 	<ul style="list-style-type: none"> • May need a rest area for periods where CYP can spend time out of their wheelchairs i.e., away from other activities whilst having regard for their dignity. • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc. • School meets the need for high level support for all personal care, mobility, daily routines and learning needs. • May need individual adult support for mobility and personal care needs as advised by the PMN Team (if involved) /OT and Healthcare Professionals. • Access to specialist resources to meet the personal care and mobility needs of each CYP. <p>IF involvement from the PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around Manual Handling in liaison with physiotherapist. • Peer Awareness Training. • Bespoke Training around creating an accessible environment.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the CYP to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Emergency Health Care Plan in place, if appropriate, written in conjunction with community nurses/ school nurse, LINT-PMN (if involved) and parents/carers. • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful Careers Advice and Guidance for the CYP and their families. • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 			

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN)

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The CYP has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.</p> <p>Eligibility Criteria for PMN is A* (if the CYP has been assessed by LINT PMN specialist teacher).</p> <p>The CYP needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning.</p> <p>The disability/condition demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.</p> <p>The CYP's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services).</p> <p>The CYP may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The CYP requires long-term, significant and intensive intervention from the LINT-PMN QT which is expected to take at least a year to embed across setting and home with at least fortnightly visits and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. Ongoing development of mobility and independent living skills. An Environmental Assessment carried out by the LINT-PMN QT alongside OT An environmental assessment re accessibility. <p>Planning</p> <ul style="list-style-type: none"> Risk assessments for: moving and handling, movement around school and outside to be in place. An Emergency Health Care Plan is in place as appropriate. A PEEP (CYP Emergency Evacuation Process) is in place in collaboration with the LINT-PMN QT (if involved). OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved). 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Support may be needed with difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the school and wider environment. Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. Constant reinforcement and generalisation of skills is an essential priority. Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs. A specialist learning environment that supports the CYP's need to accept and develop pre-requisite skills required to access communication and learning. 	<ul style="list-style-type: none"> There is a highly individualised multi-agency working approach. Individual specialist support for mobility and personal care needs. High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the CYP's access to the curriculum. Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate. OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A skilled or familiar person to assist in supporting the CYP to communicate their expressive and receptive needs. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. A suitably equipped room(s) in which therapies can be carried out including a height adjustable therapy bench and hoist and slings. An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored. The facility to recharge powered wheelchairs. May have access to specialist hydrotherapy/water-based activities with advice and guidance from the physiotherapist. May have access to sensory room.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The CYP's disability/condition directly affects the ability to communicate verbally and/or record work/ideas.</p> <p>The CYP uses specialist equipment/aids that require daily operational assistance or preparation.</p> <p>The CYP requires a high level of support from specialist health professionals.</p> <p>The CYP spends a significant part, or all of the day using a specialist aid such as a wheelchair, standing frame, walking sticks, rolator to move around their environment.</p> <p>The CYP is dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly and also help with personal care needs.</p> <p>The CYP a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.</p> <p>The CYP has a life threatening/limiting or degenerative condition.</p>	<ul style="list-style-type: none"> • School and LINT-PMN QT (if involved) work very closely to identify, assess and meet EHCP outcomes. LINT-PMN QT ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. • The CYP can contribute to their EHC Plan with additional adaptations and modifications recommended by LINT-PMN QT (if involved) prior to meetings in line with LA SEND timescales. • Communication between LINT-PMN (if involved) and school is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the CYP. • All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the CYP to learn to access (if LINT-PMN is involved). • School works closely with LINT-PMN QT (if involved) to create a bespoke education offer to meet unique needs based on the school and specialist curriculum. • Assessment and monitoring will be bespoke. • Policies reflect reasonable adjustments and are written in collaboration with LINT-PMN QT (if involved). • Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g. AAC. • Individual care plan/ protocol to be in place. 		<ul style="list-style-type: none"> • A specialist/differentiated physical curriculum to ensure that the CYP can access this aspect of learning. • A daily or intensive therapy programme integrated within the day. • Postural management to be regularly reviewed. • Curriculum planning closely tracks levels of achievement and incorporates individual targets, self-help and therapy programmes. • The use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). 	<ul style="list-style-type: none"> • A suitable space may be needed for CYPs with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend school. • Access to specialist services e.g., educational psychologists, SEN services and health professionals. • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. • Specialist resources provided by Health to meet the personal care and mobility

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

CYP's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> • Behaviour care plans in place if appropriate • Plans in place for Egress, moving and handling. • The CYP requires a high level of support from a multi-disciplinary team to make successful transitions between rooms. • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report (if applicable). • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful Careers Advice and Guidance for the CYP and their families. • Co-ordination between school, Health and LINT-PMN (if involved) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 		<ul style="list-style-type: none"> • Schools have regular liaison with the LINT-PMN QT (if involved) to support the CYP and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. 	

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>CYP is able to access all areas of the curriculum using specialist equipment and/or assistive technology to help record their work.</p> <p>CYP is able to access resources within reach and at the right height.</p> <p>CYP is able to cooperate with self-care routines and medical routines, including those associated with any physical and/or medical conditions/diagnoses.</p> <p>CYP is able to access regulatory activities to support them to concentrate and maintain focus in the classroom.</p> <p>CYP is able to confidently ask for help when there are barriers to accessing educational resources.</p> <p>CYP is able to be supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>	<p>CYP is able to cooperate with self-care routines, medical routines including those associated with any physical or medical conditions/diagnoses e.g., self-catheterisation.</p> <p>CYP is able to navigate all areas of the environment either by physical means or by using a self-propelled wheelchair, a powered wheelchair, a walking frame or walking sticks.</p> <p>CYP is able to be independent within the classroom e.g., CYP is able to reach resources for all activities and is included in group activities including physical education.</p> <p>CYP is able to confidently negotiate the environment independently during class activities, dinner times and break times, understanding their own limitations physically.</p>	<p>CYP is able to access visits/day trips as appropriate. These should be planned in advance, to consider the accessibility and transport needs.</p> <p>CYP is able to develop appropriate relationships with caregivers/ support workers.</p> <p>CYP is able to be supported to re-establish friendships after a term of absence.</p> <p>CYP is able to wait their turn and feel confident that their needs will be met.</p> <p>CYP is able to understand the importance of polite language, saying please and thank you.</p> <p>CYP is able to begin to develop an understanding of when to use an appropriate range of greetings (handshakes, hug, kiss on the cheek).</p> <p>CYP is able to begin to develop an understanding of the principle of queuing and waiting for services.</p> <p>CYP is able to begin to develop an understanding of the importance of gathering with family and friends for various occasions.</p> <p>CYP is able to begin to develop an understanding of the importance of communicating confidently and effectively.</p> <p>CYP is able to begin to develop an understanding of the meaning and importance of being assertive.</p> <p>CYP is able to begin to understand that different people have different needs and abilities and are beginning to understand how/when to offer assistance.</p> <p>CYP is able to begin to understand when and how to use humour effectively and appropriately.</p> <p>CYP is able to build skills and independence to enable them to build and sustain positive friendships.</p>	<p>CYP is able to attend relevant health, dental, optical, and hearing checks as required to promote good physical health.</p> <p>CYP is able to cooperate with self-care routines and medical routines including those associated with any physical or medical conditions/diagnoses. For example, self-catheterisation.</p> <p>CYP is able to participate in sport and physical exercise in accordance with their physical/ medical capabilities.</p> <p>CYP to able to begin to have an understand of own physical and/or medical need and identity with their own equipment.</p> <p>CYP is able to be supported emotionally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p> <p>CYP is able to identify their own feelings and emotions and share them with a familiar adult.</p> <p>CYP is able to read body language, facial expressions and behaviour of others to read if they are feeling a range of emotions.</p> <p>CYP is able to make a decision and give a reason of why an impact behind this decision to a familiar adult.</p> <p>CYP is able to engage in conversation and interactions with peers and familiar adults and begin to resolve conflict when it may occur.</p>

Physical and/or Medical Needs: PfA Outcomes and Provision

Y3 to Y6 (8-11 years)

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>CYP is able to access careers information, opportunities to meet role models/talks from visitors to school through adaptations and formats which consider physical and/or medical needs as appropriate to individual circumstances.</p> <p>CYP is confident to ask for help when there are barriers to accessing educational resources.</p> <p>CYP is supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p>	<p>CYP is able to move around the school environment as required.</p> <p>CYP is developing age-appropriate life skills to include basic cooking skills, awareness of transport and requirements for travel (tickets, timetables etc.), money in accordance with their physical and medical capabilities.</p> <p>CYP is confident to negotiate the environment independently during class activities, dinner times and break times, understanding their own limitations physically.</p>	<p>CYP is able to access after-school clubs, youth groups, sports teams, community-based groups in accordance with their physical and medical capabilities.</p> <p>CYP is developing an awareness of social norms and awareness of nonverbal cues which may be missed and confidence to interact with others independently.</p> <p>CYP is beginning to feel confident with meeting up with friends in age-appropriate settings and/or keeping safe online.</p> <p>CYP understands when to use an appropriate range of greetings (handshakes, hug, kiss on the cheek).</p> <p>CYP understands of the principle of queuing and waiting for services.</p> <p>CYP understands the importance of gathering with family and friends for various occasions.</p> <p>CYP understands the importance of communicating confidently and effectively.</p> <p>CYP understands the meaning and importance of being assertive.</p> <p>CYP is beginning to make polite small-talk (around weather, wellbeing, day-to-day etc.)</p> <p>CYP understands it is okay to refuse assistance sometimes.</p> <p>CYP is beginning to reflect of the specific needs of other people and is developing an awareness of when/how to offer assistance.</p> <p>CYP is developing their understanding of when and how to use humour effectively and appropriately.</p> <p>CYP understands the essential benefit benefits of employment.</p>	<p>CYP is able to manage minor health needs.</p> <p>CYP is able to make healthy eating choices and will engage in physical exercise in accordance with their physical/medical capabilities.</p> <p>CYP is supported emotionally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p> <p>CYP is able to read body language, facial expressions and behaviour of others to read if they are feeling a range of emotions and begin to respond appropriate to the emotions of others.</p> <p>CYP can access specialist support, such as mentoring or counselling as appropriate.</p> <p>CYP is able to make a decision and give a reason of why an impact behind this decision to other.</p>

PfA Outcomes and Provision			
Employability/Education	Independence	Community Participation	Health
<p>CYP is able to access work experience placements, voluntary work or part-time employment opportunities through adaptations and formats which consider physical and/or medical needs as appropriate to individual circumstances.</p> <p>CYP is able to access all levels of activity including science labs e.g., using different height seating.</p> <p>CYP is able to confidently to ask for help when there are barriers to accessing educational resources.</p> <p>CYP is able to be supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p> <p>CYP is able to understand supported employment options e.g., Access to Work.</p> <p>CYP is able to make smooth transitions to new settings to facilitate emotional wellbeing and support integration and inclusion.</p> <p>CYP is able to understand the essential benefits (salary, sense of worth etc.) and challenges of employment (self-organisation, self-discipline etc.).</p> <p>CYP is able to begin to understand the basic principles of wages, National Insurance, pension contributions and tax.</p>	<p>CYP is able to move around the school or work-based environment as required.</p> <p>CYP is able to demonstrate age-appropriate independent living skills to include cookery, access to local transport, money, and time management in accordance with their physical and medical capabilities.</p> <p>CYP is confident to negotiate indoor and outdoor environments independently during activities, dinner times and break times, understanding their own limitations physically.</p>	<p>CYP is able to access transport options within their physical and medical capabilities to facilitate independence and community participation.</p> <p>CYP is able to access community-based groups/ activities in accordance with their physical and medical capabilities.</p> <p>CYP is able to make and maintain relationships, beginning to understand the interrelation with sex education as appropriate.</p> <p>CYP is able to safely access online communities.</p> <p>CYP is able to utilise specialist input into careers education, information and guidance, including supporting volunteering/work experience opportunities.</p> <p>CYP is able to develop their ability to express own needs and make clear requests of members of the public and professionals (bus driver, shop assistant etc.).</p> <p>CYP is able to begin to give carer instructions and is in control of the situation.</p> <p>CYP is able to begin to understand how to refuse assistance appropriately, both verbally and nonverbally.</p> <p>CYP is able to reflect of the specific needs of other people and knows when/how to offer assistance.</p>	<p>CYP is able to be more independent in managing more complex health needs in accordance with their physical and mental capabilities.</p> <p>CYP is able to attend their annual health check with their GP if registered as having a learning disability.</p> <p>CYP is able to access specialist support, such as mentoring or counselling as appropriate.</p>

The Real World

“I want a life not a service!”



Guidance for Post-16/19 pupils with SEND:

Implementation of the Thresholds in Post-16/19 settings

Preparation for Adulthood (PfA) should start in the Early Years and continue as a 'golden thread' through primary and secondary settings. It will be particularly important for the Post-16/19 sector to build on what has been learnt and experienced before in the PfA Outcomes and to ensure that these are fully developed and explored appropriate to the needs of the young person and their wishes.

Talking to young people and particularly those with SEND; it is apparent that they want all the things that every young person wants – a lifestyle that they can enjoy. The diagram above illustrates what young people have told us – “I want a life not a service!” So, the provision and opportunities regardless of the complexity of the needs of the young person should reflect all those areas that are in ‘The Real World’. To have friends and a social life is pivotal to emotional wellbeing and therefore our ‘curriculum’ which is everything we do, must give opportunities and creative ways in which young people can have friendship groups, access leisure facilities, and become more independent both in their provision but also in their local community.

The Post-16/19 Thresholds therefore have a focus on PfA outcomes alongside the specific area of need. This is not exclusive to that need as most young people with SEND will have many needs that span most of the areas of the SEND Code of Practice. We also recognise that some young people will have significant complex needs and some less complex so the PfA outcomes will need to be implemented alongside the wishes of the young person which are pivotal, family views and the judgements of those professionals working with the young person. However, this gives an excellent framework to develop a realistic programme that will support the young person into adulthood. The framework will also support families to focus on those areas which are most important to their child and to give a common dialogue with professionals who are working alongside them.



The outcomes can be measured using a combination of quantitative and qualitative data and should be recorded on a provision map. Gateshead Council have an electronic provision map which needs to be completed to show the interventions, impact, and outcomes alongside the costings. Specific guidance will be available to show how this will need to be completed.

The most important and pivotal aspect of the PfA work will be the involvement of the young people themselves. Professionals will need to think creatively about how to ensure that all their learners/employees (if in the workplace) views, feelings and wishes are listened to and acted upon on a regular and systematic basis.

This guidance document aims to provide parents and carers of young people aged 16-25 with special educational needs and disabilities (SEND), attending Post-16/19 Providers in Gateshead, with what they can expect as a minimum standard.

Every young person has the right to expect a good education, and the support they need to become independent adults and succeed in life.

In addition to this guidance document, you may wish to access the Gateshead Local Offer which sets out clearly what support is available from specialist services, and how to access it.

Once over compulsory school age, many young people with SEND move into further education (FE), such as FE and sixth form colleges and 16-19 academies or access alternative work-based providers. It is important that the young person's chosen provider becomes involved in their plans as they prepare to leave school so the provider can be prepared to meet their needs. This is often called 'Transition'. The young person should be given a chance, before they start at their new setting, to talk about their needs or disability, and how this might affect their learning. This will enable the provider to explain how they might be able to provide the right levels of support.

Statutory duties placed on colleges

Whilst this is not a legal document, it is based on the various acts, regulations and guidance. The Children and Families Act 2014 and the Special Educational Needs and Disability Regulations 2014 were introduced and came into effect from 1st September 2014.

The Government published the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice) which all Local Authorities and service providers across education (including colleges), health and social care, have a legal duty to follow.

As part of the Children and Families Act 2014 all colleges MUST:

- Co-operate with the Local Authority on arrangements for young people with SEND. In Gateshead we have asked all providers to prepare and publish their own "Local Offer" which aims to explain how they can support young people with SEND.
- Admit the young person, if the provider is named on their Education, Health and Care (EHC) Plan.
- Comply with the 0-25 Special Educational Needs and Disability Code of Practice 2014 (0-25 SEND Code of Practice).
- Ensure the provider does their best to plan for and secure the special educational provision.

Ensuring young people's positive outcomes – arrangements for assessing their needs

Every young person has individual needs requiring varying levels of support that need to be planned for - this is sometimes called a Graduated Response. **The SEND Thresholds document will support the graduated response in the Post-16/19 setting.** The young person's chosen provider should help them to achieve their best. The provider will discuss and agree which course will best enable them to be more independent, find a job or whatever they choose to do next. When they start, the provider will help to set aspirational goals for the young person, in order for them to achieve the best possible outcome in their adult life – this is often called Preparing for Adulthood (PfA) (Chapter 7 SEND Code of Practice).

The provider must do its best in order to give the young person the support they need through an individual assessment. This will be provided through SEND Support. The provider may refer to this as SEND Support Stage. If, through discussions, the provider feels the young person might benefit from SEND Support, the provider will ensure you and your child are kept involved throughout the planning process, updating you with progress made. SEND Support is part of what is known as the 'graduated approach'.

Any support offered to the young person during the SEND Support Stage should take the form of a four-part cycle.

Assess

- The young person's difficulties at the time they make their application for enrolment, so that the right support can be provided.
- The provider will ask the young person what they feel their needs are as well as speaking to others who help them. This could include their parents/carers, teacher or support worker from a previous school or college, or any other professionals who work with them.
- When they start in the setting, the young person's tutor/ lecturer or nominated support person will regularly speak with them to see how they are getting on.

Plan

- The provider needs to plan and agree the outcomes that the SEND support is intended to achieve - in other words, how the young person is expected to benefit from the support they provide. These should be evidenced on the learners support plan.
- The young person is likely to be set "outcomes" that their provider will support them to achieve each term.
- Planning sessions with their tutor should take place at least 3 times per year.
- Planning will look at the young person's aspirations (what they want to achieve next).

Do

- Following discussions with the young person, the provider will put the planned support into place.
- The young person's tutor / lecturer or nominated support person will remain responsible for working with them on a regular basis to track their progress.
- They will check that the support that has been put in place for the young person is doing what it was intended to do, and that they are achieving their expected outcomes.

Review

- The young person will have progress meetings with their tutor/lecturer or nominated support person. At these meetings the young person's progress will be recorded on their learner profile or Individual Learner Record (ILR).
- The support that has been provided should be reviewed regularly - at least 3 times per year or each term.
- Together with the young person's tutor/lecturer or nominated support person, they should decide whether the support put in place is having a positive impact.

- If either you (the parent/carer), the young person themselves or their tutor are concerned, or if the young person is falling behind, they will discuss and agree what can be done to better support the young person.

Meeting needs and recording progress

The young person's outcomes will be listed on either the SEND Support or EHC Plan. These may include the PfA goals such as finding employment, voluntary work, moving into higher education, living independently/semi independently, being as healthy as possible, making friends, participating in the local community and staying safe.

You can find out more by looking at the Preparing for Adulthood section of the Gateshead Local Offer and on the National Development Team for inclusion (NDTI) website: www.preparingforadulthood.org.uk. The provider will ensure that the young person's opinions and views are considered and become a central and pivotal part of the decision making and planning process. The provider will work with them to agree and put in place a range of support that can be taken as steps towards achieving their long-term PfA outcomes.

Support opportunities could include:

- External visits
- Extra-curricular activities.
- Involvement in community enterprise or voluntary work opportunities.
- Traineeships.
- Apprenticeships.
- Supported employment/internships
- Buddy opportunities.

Equality and inclusion

The provider will have a SEN lead/SENDCo lead and additional specialist learning support staff, who will oversee the young person's support needs. The provider must do its best to meet the young person's needs. This could include:

- Ensuring that personal care needs are met.
- Providing one to one or small group learning opportunities.
- Providing training to enable more independence i.e., independent travel training.
- Ensuring tutors and learning support have the specialist skills and resources to support young people, for example information to be provided in suitable formats i.e., braille, large print, easy read, symbols, audio etc., information is made available on coloured paper, the young person has access to the right type of assistive technology, desk top prompts e.g. key word lists, colour coded timetables and a Picture Exchange Communication System (PECS), access to sign, e.g. BSL/SSE, where required.



Supporting SEND in Post-16/19 settings including colleges

The purpose of identification is to work out what action the college/provider should take to support young people with SEND and NOT to fit them into a category. A young person's needs might cover more than one of the areas of the Code of Practice, and they also may change over time. The college/provider will complete a detailed assessment of need and produce an individual SEND Support Plan. This is so that the young person's full range of needs are identified, in order for the college to plan and review the SEND Support Plan, or EHCP if necessary.

Four broad areas of need

Listed below are the four broad areas of need that colleges should plan for in accordance with guidance set out in the SEND Code of Practice.

Communication and interaction

The young person will receive support in college if they have speech, language, and communication difficulties, that:

- makes it difficult for them to make sense of what is being said to them, or
- for them to be understood by others, or
- to help them understand how to communicate more effectively

Cognition and learning

The young person will receive support in college if they:

- learn at a slower pace than others of their age
- have difficulty in understanding parts of the curriculum
- have difficulties with organisation and memory skills, or
- have a specific difficulty affecting one particular part of their learning, such as English (Literacy) or Maths (Numeracy).

Social, emotional and mental health difficulties

The young person will receive support in college if they:

- have difficulty in managing their relationships with other people,
- are withdrawn, or if they behave in ways that may hinder or affect their own or other learners' learning, or
- have a need which has an impact on their health and wellbeing.

Sensory and/or physical and medical needs

(Please refer to LINT section of this Threshold document).

The young person will receive support in college if they have:

- a vision, hearing and/or multi-sensory impairment, or
- a physical and/or medical need that means they must have additional ongoing support and or equipment. College support will ensure that they provide them with:
 - An inclusive learning environment.
 - High quality teaching and learning opportunities.
 - Social and emotional support.
 - Opportunities to achieve positive outcomes.

Careers Guidance

As part of helping the young person to prepare for their future, schools and colleges have to ensure that all young people attending education provision from Year 9 until Year 13 are provided with independent careers guidance. FE colleges also have equivalent requirements to support and provide access to careers guidance, to young people from the age of 18 – 25.

High quality study programmes for Young People with SEND

All learners aged 16-19, and those with an EHC Plan up to the age of 25, should be allowed to follow a coherent study programme that provides stretch and progression, and will enable them to achieve their best possible outcome in adult life. Post-16/19 providers should:

- raise career aspirations of all SEND learners, and
- broaden their employment opportunities.

The provider is expected to:

- Design study programmes which enable learners to progress to a higher level of study than their prior attainment.
- Offer wide ranging qualifications.
- Enable them to gain essential skills such as English, Maths and digital skills.
- Allow them to participate in meaningful work experience and non-qualification activity (if appropriate).

When attending a provider, the young person should not be expected to repeat learning they have already completed successfully.

If they are not taking qualifications their study programme should:

- focus on high quality work experience, and
- provide non-qualification activity which prepares them well for - employment - independent living - being a healthy adult, and - participating in society

What next?

The majority of young people with SEND are capable of sustainable paid employment with some undertaking a mixture of paid and voluntary employment opportunities, providing they receive the right help and support. Those with more complex needs will need a specific pathway that will be built upon working across education, health and social care to provide bespoke packages to enable those young people to achieve.

Employment

Careers staff either at the Council or in the setting will discuss directly with the learner which jobs they are looking for and how best to get one.

Traineeships

- Offered by colleges, local authorities and some private training providers
- Education and training programmes offering work experience.
- Focus on giving the skills and experience the learner will need to get an apprenticeship or other job.
- To last a maximum of six months and include gaining key components of work preparation training i.e., English, BSL, Maths (unless this is already achieved at GCSE A*-C standard/Grade 9-4 or equivalent) and a high-quality work experience placement.
- Available to young people aged 16 to 24, including those with EHCPs.
- Young people with an EHCP will retain their plan when undertaking a traineeship.

Apprenticeships

- Apprenticeships are paid jobs that incorporate training, enabling the learner to gain a nationally recognised qualification.
- Young people can earn money as they learn and gain practical skills in the workplace.
- A college, local authority or private training provider will provide the apprenticeship training. In some cases it will be the employer.
- Many lead to highly skilled careers.
- In Gateshead an EHCP will cease when a young person starts an apprenticeship as it is deemed to be employment.
- Personal Independence Payments (PIP) are not affected by any earnings from an apprenticeship.

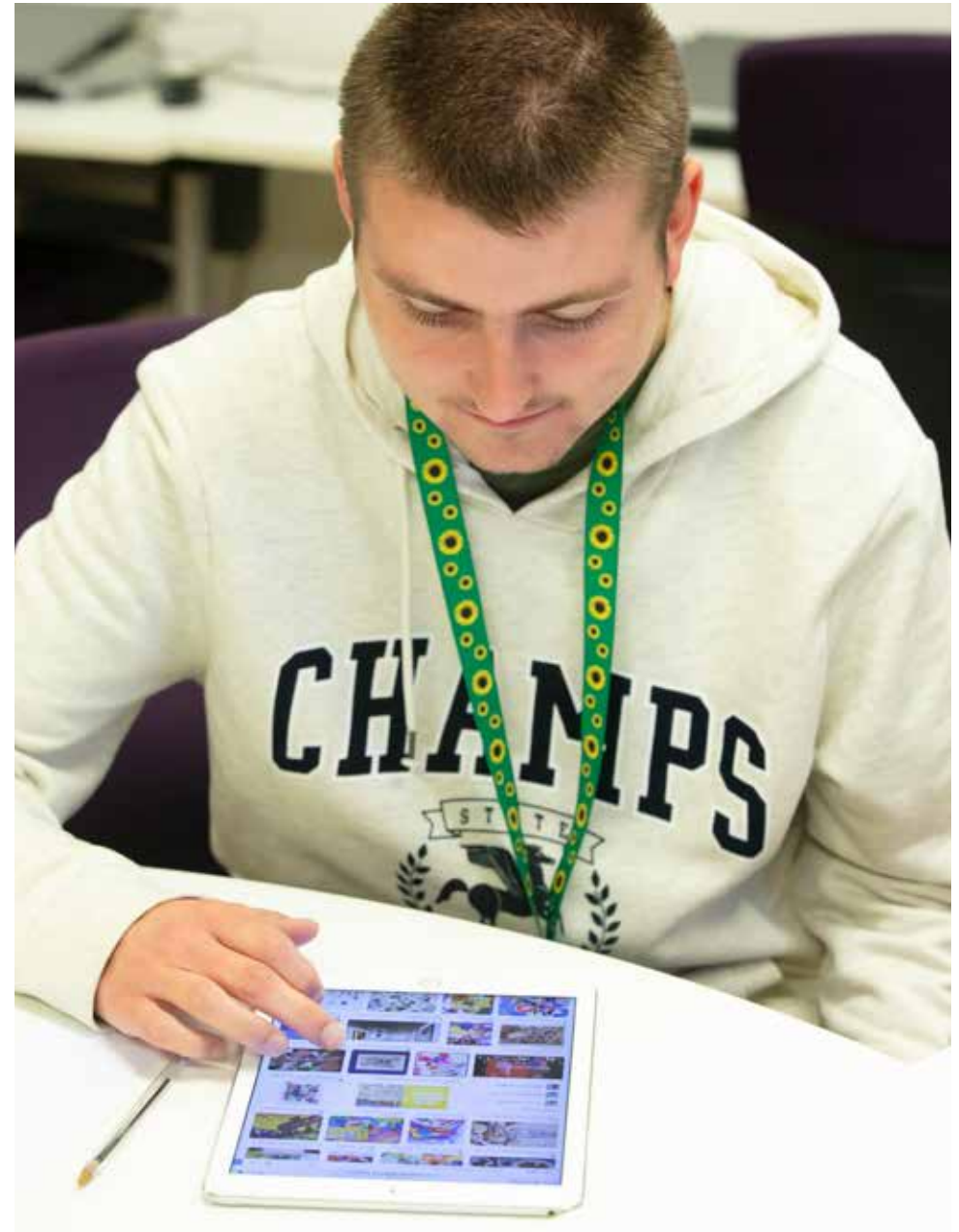
Supported Internships

- Supported internships aim to support the young person to move into paid employment.
- Structured study programmes for young people with an EHCP. The EHCP will remain in place whilst they are undertaking the supported internship.
- Internships normally last for a year and include extended unpaid work placements of at least six months.
- Offers a personalised study programme which includes the chance to study for relevant qualifications, if suitable, and English and maths to an appropriate level. Higher Education (University) is one option but not the only one. Foundation programmes are equally acceptable.
- For some young people, securing a place in higher education will be their aspiration or goal.
- The Post-16/19 provider should give the young person advice and guidance about their aspiration of going on to university, and how they should make a claim for Disabled Learners Allowance (DLA) where eligible
- Ensure that the correct level of support is maintained or provided to help them achieve their goal.

Adult Education

For some learners, formal education that leads to a qualification may not be for them. There is a range of adult education programmes available in Gateshead.

- They are usually available to anyone over the age of 19
- In some cases, the courses are specifically designed for people with SEND.
- These are usually offered by the local authority
- They can be a way of maintaining skills, increasing confidence, and reducing social isolation
- You may have to pay a small contribution to the cost of the course, but often they are free



Funding for SEND Support

The provider will write the SEND Support Plan. If additional support is required, the college will liaise with Gateshead Council's Special Educational Needs & Disabilities Team to fund the support required. If a young person requires an EHCP, the information contained within their SEND Support Plan will be used to inform this alongside information from relevant professionals. Independent advice in relation to SEND processes can be obtained either by contacting the Gateshead Council SEND Team or the SEND Information Advice & Support Service (SENDIASS).

Funding entitlements

There are 3 categories of funding:

1. Funding entitlement for 16-18 year-olds attending Post-16/19 school provision or college is provided through Education and Skills Funding Agency (ESFA)
2. Young people aged 19-25 who previously had a Section 139 statement will transfer to an EHCP and be funded through the Education and Skills Funding Agency (ESFA)
3. Young People aged 19 and over who attend college and have a learning difficulty or disability, but not an EHCP, may be entitled to 16-19 bursary fund from ESFA, there is some useful guidance surrounding 16-19 bursaries aimed at young people.

Packages of Support across 5 days per week – Post-16/19 provision is normally based on 540 guided learning hours, which equates to 3 days per week over an academic year. If it is agreed that the young person would benefit from, and is entitled to 5 days education, these additional 2 days could be paid for with their Personal Budget entitlement or through Social Care funding where eligible. If they are entitled to Social Care funding the support, they should receive will be included under the Social Care section of their EHCP where applicable. If they have any queries with regards to their entitlement to their support for these additional 2 days, they should contact their Social Care team.

If the young person is entitled to receive a full package of provision across 5 days a week, this support provision does not have to be at one provider, it could involve amounts of time with different providers or to allow them to study independently or take part in opportunities such as:

- Volunteering or participating in the community
- Work experience
- Independent travel training and/or skills for living independently in semi-supported or independent accommodation etc.

The following guidance follows the PfA outcomes that are required from Early Years:

- Independence,
- Employment/training,
- Staying healthy
- Inclusion into the local community – making friends and having a social life.

These outcomes should be embedded from Early Years through to Post 25 within the curriculum of settings, schools and the full range of provision. Specific examples of effective PfA outcomes can be found in www.preparingforadulthood.org.uk PfA Outcomes. They are also available on the Gateshead Local Offer.

Implementation of the Thresholds in Post-16/19 Provision

The Post-16/19 provision and practice should build on the effective SEND practice in schools and Early Years across all the SEND Thresholds. Therefore, Post-16/19 providers must use the pre-16 cohort descriptors and the range of specific teaching interventions that have been successful and if appropriate in the planning of their Post-16/19 programme. The importance of transition cannot be underestimated. Transition should begin at Year 9 and with regard to the four PfA outcomes – education/employment, developing independence, staying healthy and being included in the local community – making friends and having a social life – these should begin and be embedded from the Early Years.

Post-16/19 providers should be involved with schools and settings from Year 9 in understanding the needs of the young person, the curriculum that they are undertaking and how this can be built upon successfully in college, work placements, voluntary work and in shaping the 'lifestyle' that the young person wishes to have. Therefore, the Post-16/19 section of the SEND Thresholds will focus in the main on the PfA outcomes with links to the specific needs and Thresholds pre-16. Most young people with SEND will have been identified prior to entering Post-16/19 providers through the embedding of the Thresholds in schools and settings, however, there will be some young people for whom their needs have not been met. It will be important for the Post-16/19 providers to use the Threshold descriptors in identifying the needs of those young people and the subsequent provision that should be in place to meet those needs.

The importance of specialist training of all staff in the Post-16/19 provision will be pivotal in achieving good and outstanding PfA outcomes. Providers will have to demonstrate, like schools, how they are spending their monies on the individual young people. They will need to demonstrate through a provision map, how they are spending the first £6K before they can access any monies from the High Needs Block. So, once embedded, there will be a seamless transition from Early Years through to 25 of accountability and transparency of spend and the impact on young people's outcomes. The SEND Thresholds will provide the framework for this.

The Thresholds are a very useful guide for learning support staff/tutors/services to assess and identify the needs of learners and to put into place the appropriate support. They describe the young person's needs and provide suggestions for the types of interventions that will be required. Providers will need to evidence all their interventions and the impact of these through a provision map and other evidence. This is best practice nationally and Ofsted require this level of evidence of input and impact.

The setting will use Support Plans and One Page Profiles to support provision. The support plan should show not only setting-based interventions, but also those of specialists and outside agencies if they are involved. This will give an informed overview of the interventions, as well as their impact and the progress that the young person has made as a result. The support plan should be part of a progress check every half term and a data run at the end of every term, in line with the

assessment framework and process in each setting. Undertaking support planning in this way will also correlate the attainment/achievements alongside other indicators such as attendance, behaviour etc.

In some cases, young people will fall into more than one threshold, or will have needs in more than one area. The setting will need to study the Thresholds and to highlight where the greatest need is. This may change in time and as the young person matures. There will be specific times such as transition where the needs may change because of the differing environments and expectations. The Thresholds are a guide and provide a framework for the evidence that will be required. Some services that are available to schools and settings may not be available to colleges and/or have to be specifically bought in from the Element 1 and 2 or top up monies in the college.

Using the Guidance to Support Learning

1. Once the young person's needs have been agreed professionals will find advice about how to support the learning of learners at each threshold.
2. It is important to recognise that Quality First Teaching will provide a firm basis upon which to use the additional strategies.
3. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

Cognition and Learning Needs Guidance

Threshold Descriptors Overview		Assessment, Intervention, Provision and Resources
Threshold 1	<ul style="list-style-type: none"> • May be below age-related expectations • Difficulty with the acquisition/use of language, literacy and numeracy skills • Difficulty with the pace of curriculum delivery • Some problems with concept development • Evidence of some difficulties in aspects of literacy, numeracy or motor coordination • Attainment levels are likely to be a year or more delayed 	<p>Please refer to information contained within the Threshold 1 Cognition and Learning section of the School Age Guidance.</p>
Mild		
Threshold 2	<ul style="list-style-type: none"> • Continuing and persistent difficulties in the acquisition/use of language/literacy/numeracy skills. • The learner is operating at a level well below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention and differentiation through a support plan. • Evidence of difficulties with aspects of cognition i.e., memory, concept development, information processing, understanding, sequencing and reasoning that impact on learning and/or limit access to the curriculum. • Progress is at a slow rate but with evidence of response to intervention. • Support is required to maintain gains and to access the curriculum. 	<p>Please refer to information contained within the Threshold 2 Cognition and Learning section of the School Age Guidance.</p>
Mild - Moderate		

Threshold 3

Moderate

As above plus:

- Persistent difficulties in the acquisition/use of language/literacy/numeracy skills.
 - May appear resistant to previous interventions.
 - Operating at a level significantly below expected outcomes and there is evidence of an increasing gap between them and their peers despite targeted intervention, differentiation and curriculum modification.
 - Moderate difficulties with independent working and may sometimes need the support of an adult and a modified curriculum or assessment findings from a range of standardised cognitive assessments.
 - Assessment by an Educational Psychologist indicates significant and enduring difficulties with several aspects of cognition e.g., memory, concept development, information processing, understanding, sequencing and reasoning.
 - Difficulties impact on learning and/or limit access to the curriculum.
 - Significant discrepancies between different areas of cognition or a highly unusual profile of strengths and difficulties.
 - Personalised learning plan.
 - Access to advice from a specialist.
- Support for reading/recording to access the curriculum at the appropriate level of understanding.
 - **Moderate** and **persistent difficulties** with literacy, numeracy and/or motor co-ordination despite regular attendance, significant levels of focused intervention, effective provision mapping and quality first teaching.
 - Difficulties in some aspect of cognitive processing will be present, i.e., slow phonological processing, poor working memory, and difficulties with auditory and visual processing.
 - Difficulties will affect access to curriculum, and specialist support/advice and arrangements will be required.
 - May require assistive technology and/or augmented or alternative communication supports.
 - Difficulties with learning may impact on self-esteem, motivation and emotional wellbeing despite positive support.

Please refer to information contained within the Threshold 3 Cognition and Learning section of the School Age Guidance.

<p>Threshold 4a</p> <p>Moderate</p>	<ul style="list-style-type: none"> • Significant and persistent difficulties with literacy, numeracy or motor co-ordination despite regular attendance and high-quality specialist intervention and teaching. • Key language, literacy and/or numeracy skills are well below functional levels for their year group – the learner cannot access text or record independently. • Significant levels of difficulty in cognitive processing, requiring significant alteration to the pace and delivery of the curriculum. • Difficulties likely to be long term/lifelong. • Condition is pervasive and debilitating. • Significantly affects access to curriculum and academic progress. • High levels of support required which include assistive technology. • Social skills and behaviour may be affected, and issues of self-esteem and motivation are likely to be present. • May appear to be increasingly socially immature and vulnerable because of limited social awareness, difficulties with reasoning, understanding, or expressing thoughts. 	<p>Please refer to information contained within the Threshold 4a Cognition and Learning section of the School Age Guidance.</p>
<p>Threshold 4b</p> <p>Significant</p>	<p>As Threshold 4a plus:</p> <ul style="list-style-type: none"> • Difficulties are so significant that specialist daily teaching in literacy and numeracy and access to a modified curriculum are required. • The level of adjustment and specialist teaching across the curriculum required is significantly greater than is normally provided in a mainstream setting. 	<p>Please refer to information contained within the Threshold 4b Cognition and Learning section of the School Age Guidance.</p>
<p>Threshold 5</p> <p>Severe</p>	<ul style="list-style-type: none"> • Severe learning difficulties or a learning disability has been identified. • Profound and multiple learning difficulties identified. • Significant and persistent difficulties in the acquisition/use of language/literacy/numeracy skills within the curriculum and out of school activities. • Complex and severe language and communication difficulties. • Access to specialist support for personal needs. • Complex needs identified. 	<p>Please refer to information contained within the Threshold 5 Cognition and Learning section of the School Age Guidance.</p>

Cognition and Learning: PfA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Post 16/19	<p>YP is able to build upon strengths and interests highlighted in personal/vocational profile.</p> <p>YP is able to achieve steps toward academic and vocational qualifications.</p> <p>YP is able to achieve A level results, or equivalent to enable progression on to university or other education/training opportunities.</p> <p>YP has skills in CV writing and in applying for jobs or Higher Education.</p>	<p>YP is able to manage potential income, including personal independence payments and incoming bills.</p> <p>YP is able to demonstrate skills in time management and negotiating travel/transport.</p> <p>YP is able to understand different types of living arrangements and which of these are positive or possible for each YP.</p> <p>YP is able to begin to plan for future living.</p>	<p>YP is able to understand personal budgets and how they could be spent Post-16/19 to further PfA aspirations.</p> <p>YP is able to understand the potential risks relating to drugs and alcohol within the community and will be able to make safe choices.</p> <p>YP is able to understand how the criminal justice system works to enable them to function appropriately with the community.</p> <p>YP is able to develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.</p>	<p>YP will have an understanding of their health needs and will be able to manage these where applicable.</p> <p>YP is able to see a GP or other health professionals as appropriate.</p> <p>YP is able to have an understanding of the importance of regular medical, dental and optical checks.</p> <p>YP is able to understand healthy choices, including healthy eating and benefits of exercise and will take steps to remain health and active.</p>
Post 19	<p>YP will consolidate or complete learning, achieving outcomes to enable progression into employment/adult education or community learning.</p> <p>YP will understand processes and support in relation to job centre provision.</p> <p>YP will understand and access benefits where applicable.</p>	<p>YP will continue to develop independent living skills through appropriate study programmes.</p> <p>YP will understand correspondence/bills and manage them appropriately.</p> <p>YP will have planned living arrangements in place.</p>	<p>YP will show awareness of the role of adult social care and will access the service as required.</p> <p>YP will develop increasing social awareness including understanding and reasoning skills to promote social and emotional wellbeing and reduce vulnerability within the community.</p>	<p>YP will manage health appointments/interventions.</p>

Cognition and Learning: PfA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Provision	<p>An adapted curriculum/ workplace-based training programme to consider difficulties in relation to independent working and personal organisation. This may require learning and work-based tasks to be broken down in to smaller stages with a higher level of adult direction.</p> <p>Curriculum/work-based materials and instructions which are adapted to the YP's developmental level and individual learning needs.</p> <p>Alterations to the pace of delivery in work-based settings in accordance with the YP's ability to process and internalise information.</p> <p>A regular programme of activities designed to promote the development of skills for further training/employment to include skills in CV writing, interviews, job applications, understanding job-centre access and support.</p> <p>Provision of careers advice.</p> <p>Access to assistive technology as required.</p>	<p>Specific programmes of teaching relating to finance, independent travel, time management, types of living arrangements, and provision of information to support the YP's understanding of these and ability to make positive choices.</p> <p>Supported opportunities to negotiate daily living tasks to include travel, income, bills, planning living and a future in accordance with the YP's cognitive functioning.</p> <p>Support to access documentation relating to health needs including NICE guidance and health check guide.</p>	<p>Supported opportunities to access community-based activities and to make choices in relation to participation in activities available to them.</p> <p>Individual programmes of support to facilitate community participation in accordance with the YP's choices and levels of cognitive function.</p> <p>Specific teaching in relation to community participation including potential risks, to include drugs, alcohol, criminal activity, social vulnerability, and provision of information to support the YP's understanding of these and ability to make safe choices.</p>	<p>Support to understand their own healthcare requirements.</p> <p>Support to access and understand information with regard to healthy eating and healthy lifestyle and exercise choices.</p> <p>Access to adult health services.</p> <p>Access to specialist services in line with any medical assessments.</p>

Communication and Interaction Needs - Autism

Threshold Descriptors Overview		Assessment, Intervention, Provision and Resources
Threshold 1 Mild	<ul style="list-style-type: none"> Communication and interaction needs (identified by the Threshold descriptors) may affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life. Does not have a diagnosis of an autism disorder made by an appropriate multi-agency team. May or may not have low level sensory needs. 	<p>Please refer to information contained within the Threshold 1 Communication and Interaction: Autism section of the School Age Guidance.</p>
Threshold 2 Mild - Moderate	<ul style="list-style-type: none"> Communication and interaction needs (identified by the Threshold descriptors) affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life. May or may not have low to moderate sensory needs. 	<p>Please refer to information contained within the Threshold 2 Communication and Interaction: Autism section of the School Age Guidance.</p>
Threshold 3 Moderate	<ul style="list-style-type: none"> Communication and interaction needs (identified by the Threshold descriptors) moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts. The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency team. May or may not have moderate sensory needs. 	<p>Please refer to information contained within the Threshold 3 Communication and Interaction: Autism section of the School Age Guidance.</p>

<p>Threshold 4a</p> <p>Moderate</p>	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. • This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available. • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. • Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. • May or may not have a diagnosis of an Autism Disorder by an appropriate multi-agency diagnostic team. • May or may not have sensory significant sensory needs. 	<p>Please refer to information contained within the Threshold 4a Communication and Interaction: Autism section of the School Age Guidance.</p>
<p>Threshold 4b</p> <p>Significant</p>	<p>As Threshold 4a plus:</p> <ul style="list-style-type: none"> • Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. • They will require significantly more support than is normally provided in a mainstream setting. • May or may not have sensory significant sensory needs. 	<p>Please refer to information contained within the Threshold 4b Communication and Interaction: Autism section of the School Age Guidance.</p>

Threshold 5	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. <p>Learners at Threshold 5 may be in the following settings:</p> <p>Mainstream</p> <ul style="list-style-type: none"> • Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. • They will require significantly more support than is normally provided at a universal level in a mainstream setting. <p>Special</p> <ul style="list-style-type: none"> • Attainment profile is below expected NC performance indicators and/or PIVATs /B Squared. • May or may not have a diagnosis of an Autism Disorder/and or EHCP. • May or may not have severe sensory needs. 	<p>Please refer to information contained within the Threshold 5 Communication and Interaction: Autism section of the School Age Guidance.</p>
Threshold 6 Profound	<ul style="list-style-type: none"> • Communication and interaction needs (identified by the Threshold descriptors) profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. • Needs an environment where interpersonal challenges are minimised by the adult managed setting. • The pervasive nature of the Autism/C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. • May or may not have profound sensory needs. • Within the specialist provision need an environment where interpersonal challenges are minimised by the adult managed. 	<p>Please refer to information contained within the Threshold 6 Communication and Interaction: Autism section of the School Age Guidance.</p>

Communication and Interaction Needs - SLCN

Threshold Descriptors Overview		Assessment, Intervention, Provision and Resources
Threshold 1	<p>Communication and interaction needs which may affect access to some aspects of the National Curriculum, including the social emotional curriculum and school life:</p> <ul style="list-style-type: none"> • Does not have a diagnosis of an Autism disorder made by an appropriate multi-agency team. • Speech is understood by familiar adults but has some immaturities, which may impact on social interaction and may impact on the acquisition of literacy. • Difficulties with listening and attention that affect task engagement and independent learning. • Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the learner needs some support with listening and responding. • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position) • Reduced vocabulary range, both expressive and receptive. • May rely on simple phrases with everyday vocabulary. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. • May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases, if this is consistent, higher levels of need may be present. 	<p>Please refer to information contained within the Threshold 1 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
Mild		

<p>Threshold 2</p>	<p>Communication and interaction needs that affect access to a number of aspects of the National Curriculum, including the social emotional curriculum and school life:</p>	<p>Please refer to information contained within the Threshold 2 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
<p>Mild - Moderate</p>	<ul style="list-style-type: none"> • Speech is usually understood by familiar adults; unfamiliar people may not be able to understand what the child is saying if out of context. • Speech may have some immaturities or use of more unusual sounds within their talking, which may impact on social interaction and the acquisition of literacy. • Difficulties with listening and attention that affect task engagement and independent learning. • Comments and questions indicate difficulties in understanding the main points of discussion, information and explanations. • Needs some support with listening and responding. • Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position). • Reduced vocabulary range, both expressive and receptive. • May rely on simple phrases with everyday vocabulary. • May rely heavily on non-verbal communication to complete tasks (adult’s gestures, copying peers) and this may mask comprehension weaknesses. • Social interaction could be limited and there may be some difficulty in making and maintaining friendships. • Behaviour as an indicator of SLCN: difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement. • Presents with difficulty in talking fluently e.g., adults may observe repeated sounds, words or phrases more consistently. 	

<p>Threshold 3</p>	<p>Communication and interaction needs that will moderately affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts.</p> <ul style="list-style-type: none"> • The he pervasive nature of the Autism/ Communication and Interaction (C&I) needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. • May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency team. • Persistent delay against age related speech, language and communication. • Persistent difficulties that do not follow typical developmental patterns (disordered). <p>Speech</p> <ul style="list-style-type: none"> • Speech may not be understood by others i.e., parents/family/carers where context is unknown. • Difficulty in conveying meaning, feelings and needs to others due to speech intelligibility. • Speech sound difficulty may lead to limited opportunities to interact with peers. • May be socially vulnerable. • May become isolated or frustrated. • Phonological awareness (Speech sound awareness) difficulties impact on literacy development. • May have a diagnosis of Developmental Language Disorder made by a Speech and Language Therapist. <p>Expressive</p> <ul style="list-style-type: none"> • May have difficulty speaking in age-appropriate sentences and the vocabulary range is reduced. This will also be evident in written work. • Talking may not be fluent. • May have difficulties in recounting events in a written or spoken narrative. 	<p>Please refer to information contained within the Threshold 3 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
<p>Moderate</p>		

	<p>Receptive</p> <ul style="list-style-type: none">• Difficulties in accessing the curriculum, following instructions, answering questions, processing verbal information, following everyday conversations.• Needs regular and planned additional support and resources.• Difficulties with listening and attention that affect task engagement and independent learning.• May not be able to focus attention for sustained periods.• May appear passive or distracted.• Difficulties with sequencing, predicting, and inference within both social and academic contexts. This may impact on behaviour and responses in everyday situations e.g., not understanding the consequences of an action. <p>Social Communication</p> <ul style="list-style-type: none">• Difficulties with speech and/or language mean that social situations present challenges resulting in emotional outbursts, anxiety, social isolation and social vulnerability.• Difficulties with using and understanding non-verbal communication (NVC) such as facial expressions, tone of voice and gestures.• Poor understanding of abstract language and verbal reasoning skills needed for problem solving, inferring and understanding the feelings of others.• Anxiety related to lack of understanding of time and inference.• Needs reassurance and forewarning of changes to routine or when encountering new situations/ experiences.	
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<p>Threshold 4a</p>	<p>Communication and interaction needs that significantly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life. This is especially true in new and unfamiliar contexts but will also affect access at times of high stress in some known and familiar contexts and with familiar support/people available.</p> <ul style="list-style-type: none"> • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention, and generalisation of skills and therefore on the result of any assessment. • Presents with an uneven learning profile, but their attainment levels suggest they can access a differentiated mainstream curriculum. • May or may not have a diagnosis of an Autism Disorder made by an appropriate multi-agency diagnostic team. • Could communicate or benefit from communicating using Augmented and Alternative Communication. • Some or all aspects of language acquisition are significantly below age expected levels. • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). • May have a diagnosis of Developmental Language Disorder made by a Speech and Language therapist. <p>Must have an identified Speech, Language and /or Communication Delay/Disorder</p> <p>This could be difficulties in:</p> <ul style="list-style-type: none"> • Understanding and/or using language. • Speech Sound development • Social Interaction <p>Identification</p> <ul style="list-style-type: none"> • Diagnosed by a Speech and Language Therapist. • Learners with Developmental Language Disorder (DLD) may have associated social communication difficulties. • Learners with DLD may have difficulties with literacy associated with writing fluency, reading comprehension and spelling. • Learners with DLD may have behavioural, emotional and social difficulties which impact on everyday interactions and learning. 	<p>Please refer to information contained within the Threshold 4a Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
<p>Significant</p>		

<p>Threshold 4b</p>	<p>Communication and interaction needs that severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available.</p> <ul style="list-style-type: none"> • The pervasive nature of the Autism/ C&I needs is likely to have a detrimental effect on the acquisition, retention and generalisation of skills and therefore on the result of any assessment. • Could communicate or benefit from communicating using AAC. • Some or all aspects of language acquisition are significantly below age expected levels. • Significant speech sound difficulties, making speech difficult for all listeners to understand when out of context (and sometimes where it is known). <p>Must have a diagnosis of Developmental Language Disorder (DLD)</p> <p>The main categories are:</p> <ul style="list-style-type: none"> • Mixed receptive/expressive language disorder • Expressive only language disorder • Higher order processing disorder • Specific Speech Impairment <p>Identification</p> <ul style="list-style-type: none"> • Diagnosed by a Speech and Language Therapist,. • Learners with DLD often have associated social communication difficulties evident in rigid and repetitive behaviours. • YP with DLD have difficulties with literacy associated with writing fluency, reading comprehension and spelling. • YP with DLD have difficulties with numeracy associated with mathematical concepts, word problems and working memory. They may experience difficulties with problem solving and reasoning in addition to contextual based Maths – more evident in mastery curriculum. 	<p>Please refer to information contained within the Threshold 4b Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
<p>Significant</p>		

Threshold 5	<p>Communication and interaction needs that severely affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available.</p>	<p>Please refer to information contained within the Threshold 5 Communication and Interaction Speech, Language and Communication Needs section of the School Age Guidance.</p>
Severe		
Threshold 6	<p>Communication and interaction needs that profoundly affect their access to the National Curriculum, including the social emotional curriculum and all aspects of school life, even in known and familiar contexts and with familiar support/people available. Learners at Threshold 6 will need an environment where interpersonal challenges are minimised by the adult managed setting.</p>	<p>Please refer to information contained within the Threshold 6 Communication and Interaction: Speech, Language and Communication Needs section of the School Age Guidance.</p>
Profound		

Communication and Interaction: PfA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Post 16/19	<p>YP will have appropriate communication and interaction skills to facilitate successful access to apprenticeships, internships, traineeships as required.</p> <p>YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing.</p> <p>YP is able to demonstrate appropriate communication skills, written or verbal, to enable successful application for jobs or higher education.</p> <p>YP is able to respond appropriately to questions, displaying the communication skills required to present their skills and attributes within an interview situation.</p>	<p>YP is able to have the communication and interaction skills to participate in residential and local learning options where relevant.</p> <p>YP will have the communication and interaction skills to facilitate independent living (shopping, travel).</p> <p>YP will have the communication and interaction skills to enable them to discuss their views and opinions in relation to future living arrangements.</p> <p>YP is able to access information relating to travel and transport to facilitate independent travel appropriate to individual circumstances.</p>	<p>YP is able to demonstrate appropriate communication and interaction skills to be able to access community, leisure and social activities within the local community in accordance with the YP's preference.</p> <p>YP will be able to communicate their choices and preferences to ensure their personal wellbeing within the community.</p> <p>YP is able to demonstrate appropriate communication and interaction skills necessary to successfully engage in voluntary work and/or community-based projects/initiatives.</p> <p>YP is able to communicate effectively with relevant agencies and /or emergency services as required.</p>	<p>YP is able to access information relating to relevant health services in order to maintain good health.</p> <p>YP is able to take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these.</p> <p>YP is able to have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.</p>

<p>Post 19</p>	<p>YP is able to demonstrate appropriate communication and interaction skills necessary to successfully engage in paid work, voluntary work or higher education.</p>	<p>YP will have the communication and interaction skills to enable them to arrange independent/supported living options as applicable</p>	<p>YP is able to communicate appropriately with professionals from adult social care in order to access assistance as required.</p> <p>YP is able to interact effectively with others within a range of social situations, including online, in order to make and maintain appropriate reciprocal friendships and relationships.</p>	<p>YP is able to access information relating to relevant health services in order to maintain good health.</p> <p>YP is able to take responsibility for dental, medical and optical appointments; communicating their needs and interacting with appropriate staff to arrange these.</p> <p>YP will have the communication and interaction skills necessary (in the context of individual circumstances) to articulate health concerns/needs to relevant health professionals during appointments.</p>
<p>Provision</p>	<p>Clear information given to relevant others in relation to the preferred communication method of the YP.</p> <p>Provision of education/workplace information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.</p>	<p>Clear information given to relevant others in relation to the preferred communication method of the YP.</p> <p>Provision of information relating to local learning options, living provision and transport in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.</p>	<p>Clear information given to relevant others in relation to the preferred communication method of the YP.</p> <p>Provision of information relating to community-based activities in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.</p>	<p>Clear information given to relevant others in relation to the preferred communication method of the YP.</p> <p>Provision of health services information in a range of forms as may be appropriate to individual needs. This may include enlarged print, braille, audio, electronic and visual information as appropriate.</p> <p><i>Continued on next page</i></p>

Communication and Interaction: PFA Outcomes and Provision *continued*

Post 16

	Employability/Education	Independence	Community Participation	Health
Provision <i>continued</i>	<p>Access to appropriate strategies and resources to facilitate the YP’s communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate.</p> <p>Adult support to facilitate alternative/adapted forms of communication as required.</p> <p>Opportunities to interact with peers through supported social activities.</p> <p>Provision of information and instruction at a level appropriate to the needs of the YP. Repetition and reinforcement as required.</p> <p>Alterations may need to be made to the pace of delivery.</p> <p>Access to electronic forms of communication (phone, text, email), modified if necessary to assist workplace operation. This may include assistive technology.</p> <p>Advice and guidance from SALT, HI team/ToD, VI team as required.</p>	<p>Access to appropriate strategies and resources to facilitate the YP’s communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate.</p> <p>Adult support to facilitate alternative/adapted forms of communication as required.</p> <p>Adult support to facilitate independent living as required (transport, shopping, bills).</p> <p>Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology.</p> <p>Advice and guidance from SALT, HI team/ToD, VI team as required.</p>	<p>Access to appropriate strategies and resources to facilitate the YP’s communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate.</p> <p>Community based activities/groups appropriate to the YP’s age and developmental level designed to facilitate the development of friendships through communication, interaction and shared interests.</p> <p>Adult support to facilitate alternative/adapted forms of communication as required.</p> <p>Access to electronic forms of communication (phone, text, email, social media), modified if necessary to assist accessibility. This may include assistive technology.</p> <p>Advice and guidance from SALT, HI team/ToD, VI team as required.</p>	<p>Access to appropriate strategies and resources to facilitate the YP’s communication and interaction skills. This may include access to visual approaches, such as PECS; access to augmented and alternative communication; BSL or SSE; hearing aids/cochlear implants; radio aids; electronic voice output communication aids (VOCA) as appropriate.</p> <p>Adult support to facilitate alternative/adapted forms of communication as required.</p> <p>Access to electronic forms of communication (phone, text, email), modified if necessary, to assist with the making and checking of appointments. This may include assistive technology.</p> <p>Advice and guidance from SALT, HI team/ToD, VI team as required.</p>

Social, Emotional and Mental Health Needs

Threshold Descriptors Overview		Assessment, Intervention, Provision and Resources
<p>Threshold 1</p> <p>Mild</p>	<ul style="list-style-type: none"> • Presenting with some low-level features of behaviour, emotional, social difficulties. • Sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration. • Follows some but not all school rules/routines around behaviour in the school environment. • Some difficulties with social /interaction skills. • Signs of stress and anxiety and/or difficulties managing emotions on occasions. 	<p>Please refer to information contained within the Threshold 1 Social, Emotional and Mental Health section of the School Age Guidance.</p>
<p>Threshold 2</p> <p>Mild - Moderate</p>	<p>Difficulties identified at Threshold 1 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Threshold 1 interventions being in place.</p> <ul style="list-style-type: none"> • SEMH continues to interfere with young person’s social/learning development across a range of settings and young person does not follow routines in school consistently. • Becoming socially and emotionally vulnerable, withdrawn, isolated, and unpredictable patterns of behaviour that impact on learning may be beginning to emerge. • Shows patterns of stress/anxiety related to specific times of the day. • Preference for own agenda and be reluctant to follow instructions. • Begun to experience short term behavioural crises. 	<p>Please refer to information contained within the Threshold 2 Social, Emotional and Mental Health section of the School Age Guidance.</p>

Threshold 3	<p>Difficulties identified at Threshold 2 continue/worsen and there has been no significant measured change in the target behaviour/social skill despite quality first teaching and Threshold 1 and 2 interventions being in place.</p> <ul style="list-style-type: none"> • SEMH interferes more frequently with young person’s social/learning development across a range of settings and young person does not follow routines in school without adult support. • More sustained difficulties in social interactions/relationships with both adults and peers, including difficulties managing a range of emotions. • Remains socially and emotionally vulnerable, withdrawn, isolated, and susceptible to unpredictable patterns of behaviour that impact on learning. • Patterns of stress/anxiety related to specific times of the day have become more common. • Preference for own agenda and may be reluctant to follow instructions. • Short-term behavioural crises have become more frequent and are more intense. 	<p>Please refer to information contained within the Threshold 3 Social, Emotional and Mental Health section of the School Age Guidance.</p>
Moderate	<p>Continues to present with significant and persistent levels of behaviour, emotional, social difficulties which are now more complex, and which necessitate a multi-agency response.</p> <ul style="list-style-type: none"> • Does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day. • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. • Increasingly isolated and struggles to maintain positive relationships with adults or peers. • Careful social and emotional differentiation of the curriculum essential to ensure access to the curriculum and progress with learning. 	<p>Please refer to information contained within the Threshold 4a Social, Emotional and Mental Health section of the School Age Guidance.</p>
Threshold 4a		
Significant		

<p>Threshold 4b</p> <p>Significant</p>	<p>Continues to present with severe and persistent levels of behaviour, emotional, social difficulties which continue to be complex and long term, and which necessitate a continued multi-agency response.</p> <ul style="list-style-type: none"> • Does not have the social and emotional skills needed to cope in a mainstream environment without adult support for a significant proportion of the school day. • Significant and increasing difficulties with social interaction, social communication and social understanding which regularly impact on classroom performance. • Increasingly isolated and struggles to maintain positive relationships with adults or peers. • Careful social and emotional differentiation of the curriculum essential to ensure progress with learning. • Complex Needs identified. 	<p>Please refer to information contained within the Threshold 4b Social, Emotional and Mental Health section of the School Age Guidance.</p>
<p>Threshold 5</p> <p>Severe</p>	<p>Severe and increasing dysregulated behaviour, often compounded by additional needs and requiring provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> • Moderate/ severe learning difficulties, mental health difficulties, acute anxiety, attachment issues. • Patterns of regular school absence. • Incidents of absconding behaviour. • Disengaged from learning, significant under-performance. • Verbally and physically aggressive. • Reliant on adult support to remain on task. • Struggles with change – both to routines and relationships. • Regular use of foul and abusive language. • Engaging in high-risk activities both at school and within the community. • Difficulties expressing empathy, emotionally detached, could have tendency to hurt others, self or animals. • Issues around identity and belonging. • Needing to be in control, bullying behaviours (victim & perpetrator). • Difficulties sustaining relationships. • Over-friendly or withdrawn with strangers, at risk of exploitation. • Provocative in appearance and behaviour, evidence of sexualised language or behaviours. • Slow to develop age-appropriate self-care skills due to levels of maturity or degree of Learning Difficulties. • Physical, sensory and medical needs that require medication and regular review. • Complex needs identified. 	<p>Please refer to information contained within the Threshold 5 Social, Emotional and Mental Health section of the School Age Guidance.</p>

<p>Threshold 6</p>	<p>Continuing profound and increasing dysregulated behaviour, often compounded by additional needs and requiring continued provision outside the mainstream environment, including:</p> <ul style="list-style-type: none"> • Significant challenging behaviour. • Requiring a range of therapeutic interventions or referral to specialist support services (CAMHS, YOS). • Unable to manage self in group without dedicated support. • Subject to neglect, basic needs unmet or preoccupied with hunger, illness, lack of sleep, acute anxiety, fear, isolation, bullying, harassment, controlling behaviours. • Consistent use of foul and abusive language. • Involved in substance misuse either as a user or exploited into distribution/selling. • Poor attendance requires high level of adult intervention to bring into school, even with transport provided. <ul style="list-style-type: none"> • Refusal to engage, extreme abuse towards staff and peers, disengaged, wilfully disruptive. • Regular absconding behaviour. • Significant damage to property. • Requiring targeted teaching in order to access learning in dedicated space away from others. • Health and safety risk to self and others due to increased levels of agitation and presenting risks. • Sexualised language and behaviour, identified at risk of Child Sexual Exploitation (CSE). • Complex needs identified. 	<p>Please refer to information contained within the Threshold 6 Social, Emotional and Mental Health section of the School Age Guidance.</p>
<p>Threshold 7</p>	<p>Continued long term and complex behavioural, emotional, and social difficulties, necessitating a continued multi-agency response coordinated as annual, interim or emergency SEND review and met in specialist provision. Needs likely to include:</p> <ul style="list-style-type: none"> • Self-harming behaviour. • Attempted suicide. • Persistent substance abuse. • Extreme sexualised language and behaviour, sexually exploited. • Extreme violent/aggressive behaviour. • Serious mental health issues. • Long term non-attendance and disaffection. • Regular appearance in court for anti-social behaviour/criminal activity. <ul style="list-style-type: none"> • Puts self and others in danger. • Frequently missing for long periods. • Extreme vulnerability due to MLD/SLD. • Medical conditions that are potentially life threatening and cannot be managed without dedicated support. • Complex needs identified. 	<p>Please refer to information contained within the Threshold 7 Social, Emotional and Mental Health section of the School Age Guidance.</p>

Social Emotional and Mental Health: PFA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Post 16/19	<p>YP is able to have acquired the necessary social skills to interact with employers and clients in order to function effectively in apprenticeships, internships and traineeships as required.</p> <p>YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing.</p> <p>YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.</p>	<p>YP is able to understand their right to make choices, and to exercise decision making in relationships with others with emphasis on best interests and informed consent.</p> <p>YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online).</p> <p>YP is able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.</p> <p>YP is able to understand different types of living arrangements and those which are positive and possible in relation to their own circumstances.</p>	<p>YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to facilitate/mediate interactions with others.</p> <p>YP will have developed appropriate social skills in order to establish new friendships in the context of community involvement.</p> <p>YP is able to demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community.</p> <p>YP is able to have an awareness of boundaries and social conventions with respect to a threshold of relationships and social situations (including online).</p> <p>YP is able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.</p> <p>YP is able to understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances.</p>	<p>YP is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment.</p> <p>YP is able to make safe choices in relation to sexual health.</p> <p>YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required to maintain emotional wellbeing.</p> <p>YP is able to employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.</p>

Social Emotional and Mental Health: PfA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Post 19	<p>YP will have acquired the necessary social skills to interact with employers and clients or academic staff in order to function effectively in voluntary work, paid work or Higher Education as required.</p> <p>YP will have appropriate communication and interaction skills to facilitate the development of relationships with peers within the workplace/education environments to promote emotional wellbeing.</p> <p>YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.</p>	<p>YP is able to make positive choices in relation to their own living arrangements considering circumstances and possible options best suited to facilitate social and emotional wellbeing.</p>	<p>YP will have developed appropriate social skills in order to maintain friendships in the context of community involvement.</p> <p>YP is able to demonstrate awareness of social conventions and boundaries and will be able to negotiate these to maintain personal safety while in the community.</p> <p>YP will have an awareness of boundaries and social conventions with respect to a range of relationships and social situations (including online).</p> <p>YP is able to recognise potential abusive and exploitative behaviour in others and will be able to make safe choices.</p> <p>YP is able to understand risks associated with drugs and alcohol and will adhere to legal restrictions with regard to these substances.</p>	<p>YP is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene. To include their environment...</p> <p>YP is able to make safe choices in relation to sexual health.</p> <p>YP is able to understand and manage their feelings and emotions, accessing appropriate strategies or assistance as required.</p> <p>YP is able to employ strategies to maintain good mental health. To include recognition of times when they are not coping and being able to seek assistance as required.</p>

Social Emotional and Mental Health: PfA Outcomes and Provision

Post 16

	Employability/Education	Independence	Community Participation	Health
Provision	<p>Highly supported work experience placements and short-term training opportunities with specific teaching in relation to interactions with employers, peers and clients in preparation for access to longer term learning provision and/or employment.</p> <p>An adapted curriculum/work-based training programme to consider the YP's emotional/mental health needs and appropriate provision to ensure the promotion of positive mental health and wellbeing.</p> <p>Regular monitoring of the YP's workload, behaviour patterns, interactions with others to identify early indications of stress, anxiety, depression etc. ensuring that appropriate steps are taken to support the YP to manage this as required.</p> <p>Adult guidance and support to apply my regulatory or coping strategies and provision within the workplace or education setting to accommodate these.</p> <p>Access to agencies/organisations who provide mental health and emotional support within the workplace or education setting as appropriate.</p>	<p>Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships.</p> <p>Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community.</p> <p>Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety.</p>	<p>Access to programmes designed to support and develop the YP's awareness of social boundaries and conventions in relation to a range of social situations and relationships.</p> <p>Adult support and guidance to ensure that the YP is able to apply taught knowledge and skills to enable them to make safe choices within the community.</p> <p>Community based activities/groups appropriate to the YP's age and developmental level designed to facilitate socialisation and the development of friendships.</p> <p>Links to organisations who provide social and emotional support as required.</p> <p>Specific teaching in relation to risks associated with drugs, alcohol, criminal activity, social vulnerability and provision of information to support the YP's understanding of these and ability to make safe choices.</p> <p>Specific teaching in relation to risks associated with social media/online communities and guidance and support to apply protocol relating to e-safety.</p>	<p>Programmes of activities designed to promote positive self-care routines (relating to personal care and the home/work environment) and support to apply and embed these within daily routines.</p> <p>Programmes of activities and provision of information relating to sexual health and associated risks and support and guidance as required to enable the YP to make positive relationship choices and remain safe.</p> <p>Information and guidance to positive mental health and wellbeing and individual programmes of activities to identify coping strategies and mechanisms in accordance with the YP's circumstances and emotional/mental health needs.</p> <p>Links to agencies /organisations who provide mental health and emotional support as required.</p> <p>Access to emotional support workers as required.</p>

Sensory Impairment and/or Physical and Medical Needs (0-25 years)

For young people with sensory impairment or physical and/or medical needs, please liaise with a specialist teacher from the Low Incidence Needs Team to assist with Threshold identification for:

- **Vision Impairment**
- **Hearing Impairment**
- **Multi-Sensory Impairment**
- **Physical and/or Medical needs**

For more information on sensory impairment or physical and/or medical needs, see the relevant sections in the Primary/Secondary sections of the Threshold document.

The following provision **may be** available, dependent upon the setting the young person is accessing.

Sensory and/or Physical and Medical Needs - Vision Impairment

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).

- The young person does not require any active involvement or further assessments from LINT-VI. The young person remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The young person's LINT-VI Low Vision Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related CFVI Areas.
- The young person either does not require or requires minimal LINT-VI liaison with multi-agencies.
- The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.
- The young person has a knowledgeable and empowered family around them due to information shared by LINT-VI.
- The young person has knowledgeable and empowered educators around them due to information shared by LINT-VI.
- All key persons involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-VI which has been cascaded to relevant staff after their initial or last LINT-VI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.

Threshold 2

(Eligibility Criteria D)

The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).

- The young person does not require any active intervention based on the specialist curriculum from LINT-VI following assessment and provision of strategies. The young person remains on caseload and LINT-VI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The young person's LINT-VI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related CFVI Areas.
- The young person requires minimal LINT-VI liaison with multi-agencies as they need the LINT-VI annual assessment shared as appropriate.
- The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching VI Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching VI Friendly strategies.
- The young person has a knowledgeable and empowered family around them due to information shared by LINT-VI.
- The young person has knowledgeable and empowered educators around them due to information shared by LINT-VI.
- All key persons involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-VI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3

(Eligibility Criteria C)

The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols).

- The young person remains on caseload and LINT-VI provides a short-term block from one Area of the CFVI (up to 6 visits).
- The young person may need a low level of intervention to successfully transition between different settings.
- The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas.
- The young person requires minimal or short-term LINT-VI liaison with multi-agencies.
- The young person requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.
- The young person requires LINT-VI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching VI Friendly strategies.
- The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require timely LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

Threshold 4

(Eligibility Criteria B)

The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e. large and modified print and tactile).

- The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.
- The young person requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home.
- The young person's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., CCTV, iPad, hand-held magnifiers.
- The young person may need a medium level of intervention to successfully transition between different settings.
- The young person requires a low/medium level of LINT-VI liaison with multi-agencies.
- The young person requires LINT-VI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies.
- The young person requires LINT-VI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person require at least termly LINT-VI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 5

(Eligibility Criteria A)

The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., print and tactile).

- The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
- The young person requires specialist teaching in at least 4 areas from the CFVI.
- The young person's Low Vision Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e. CCTV, iPad, hand-held magnifiers.
- The young person may need a high level of intervention to successfully transition between different settings.
- The young person requires a medium/high level of LINT-VI liaison with multi-agencies.
- The young person requires LINT-VI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require at least half-termly LINT-VI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The young person meets criteria for vision impairment with assessed need identifying a young person with auditory/tactile approaches as their primary access to information around them.

- The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.
- The young person requires long-term intervention based on at least 6 Areas of the CFVI in addition to Facilitating an Inclusive World (Areas to be determined by QTVI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The young person receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist.
- The young person will need a high level of intervention to successfully transition between different settings.
- The young person requires a high level of LINT-VI liaison with multi-agencies.
- The young person requires LINT-VI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI strategies.
- The young person's family requires frequent communication (minimal of weekly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies with LINT-VI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed needs identifying a young person with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is E (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 1 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-VI. The young person remains on caseload and LINT-VI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as hand-held magnifiers if previously put into place are applied. • The young person understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. 	<ul style="list-style-type: none"> • Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Tutor verbalising work on the board and all written information within the learning environment. • Consideration of seating position – young person positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning and not facing a window. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. • Cue and reinforce young person's listening and attention. • Implement visual fatigue rest breaks within the setting day. • Attention to speed of lesson delivery and speed of working. • Differentiated questioning and explicit language used to explain whole class responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Tutors to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans. 	<ul style="list-style-type: none"> • Appropriate resources made available from within setting. • Some in-class support provided by setting – especially in lessons where health and safety require consideration. • Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. 	<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids) by LINT following LINT-VI Low Vision Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Vision Impairment (QTVI) around individual young person's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of specialist equipment e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/ dark leaded pencils, use of a sloping desk or board. • Provision of additional quiet workspace for 1:1 and small group work • Appropriate levels of support on trips.

Threshold 1 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Educators, parent/ carer and/or other key professionals can request updated advice if needed or visual functioning changes. 	<ul style="list-style-type: none"> • Tutors to ensure young people can access work displayed on interactive white boards in the method identified by the QTVI e.g., handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software. • Tutors to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Provide additional transition visits for young person into a new environment. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life and at busier times of the day i.e. in a café. • Say the young person's name first to gain their attention. • Describe events that are going on around them if required e.g. spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks in a range of settings. • Ensuring any AAC are accessible e.g. symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the young person can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the young person and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. 	<ul style="list-style-type: none"> • Exam access arrangements may allow 25% additional time. 	<ul style="list-style-type: none"> • Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely. • Provision of additional workspace/storage for specialist equipment. • Identification of a key member of staff for the young person to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org). • Known to Vision and Hearing Support (adult-based Gateshead service) if appropriate.

Threshold 2 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for VI equivalent is D (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 2 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person does not require any active intervention based on the CFVI from LINT-VI following assessment and provision of strategies. The young person remains on caseload and LINT-VI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-VI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). LINT-VI provides an Annual Assessment Report or letter, Specialist Strategies and links shared within Report to visual conditions. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The young person understands their vision impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> The setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Setting will facilitate monitoring and assessment visit from LINT-VI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by vision impairment and provide support to enable staff to plan appropriately. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	<p>As Threshold 1</p>

Threshold 2 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Settings take on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. 			

Threshold 3 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for VI equivalent is C (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 3 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-VI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The young person requires active intervention based on a short-term block from the CFVI provided by LINT-VI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires a short-term block from one Area of the CFVI (up to 6 visits) provided by LINT-VI. LINT-VI provides an Annual Assessment Report, Specialist Strategies and links shared within Report to visual conditions. The Low Vision Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related CFVI Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have a minimum of termly liaison with QTVI to support the young person and themselves in understanding the impact of vision loss and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-VI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the CYP is safe. Risk assessments supplemented by LINT. Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by cues, e.g., objects of reference, auditory timetables. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate access to curriculum. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the young person can still sit next to/near their peers. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions. QTVI supports educators in developing the young person's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators support LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day. Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Training offered re the needs of the young person to raise awareness of different types of vision impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 3 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Educators identify times within the day to deliver training programmes as appropriate. • Communication between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. • Communication between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 			

Threshold 4 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for VI equivalent is B (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 4 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires block/s of intervention based on at least 2 Areas of the CFVI in addition to Facilitating an Inclusive World (Area/s to be determined by QTVI) which are expected to take up to a year to embed across setting and home. LINT-VI provides an Annual Assessment Report, Specialist Strategies links shared within Report to visual conditions. The Low Vision Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used. The young person working with tactile learning resources that will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are needed to facilitate learning. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and rest breaks. QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators supports LINT-VI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual training as appropriate which is embedded within the day. Setting supports the provision of special examination arrangements and allows pupils time to develop the discreet skills associated with their use. Weekly teaching from QTVI to teach specialist curriculum that enables access and progress within setting curriculum. Advice on sourcing large print or tactile materials and production of accessible materials (transcription). 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Peer awareness training. Bespoke training offered around creating Vision Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the young person to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-VI i.e., RSBC.

Threshold 4 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Area 2-11: The young person requires active intervention based on block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-VI, family, the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. • Setting takes on CAF Lead Practitioner role where appropriate. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. • Communication between LINT-VI and settings is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the young person. • Outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the young person to learn to access. • Setting provides time within the week for direct specialist teaching from LINT-VI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. 	<ul style="list-style-type: none"> • Suitable peers and adults scaffolding the young person's environment e.g., facilitate interaction with others. • Suitable peers and adults facilitate interaction in less structured environments e.g., in a café. • Direct teaching of emotional literacy; how emotions appear (applying multi-sensory approach) across a range of people/ occasions. • Sharing experiences and having discussions on how other people are feeling. 	<ul style="list-style-type: none"> • Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the vision impairment - reinforce work and prepare the young person for an activity/ learning experience (pre- and post- teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside setting. • Settings support involvement of other agencies e.g., Guide Dogs. • Assess and deliver discreet teaching relevant to the young person which will be generalised and used within the day. • CFVI is running alongside setting curriculum with up to at least 3 areas to be embedded within setting and home environment. • Exam access arrangements may allow up to 50% additional time. • QTVI works with setting to facilitate interaction and communication with other young people with a VI within or external of setting. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Peer awareness training. • Bespoke training offered around creating Vision Friendly Classroom with CPD offer extended to whole setting as appropriate. • LINT-VI signpost and/or facilitate educators and parents/carers to external training opportunities. • CPD training offered to SENDCOs to ensure collaboration and understanding of how LINT-VI and settings can support the young person to progress and develop efficient ways of working. • Charities working in collaboration with the family and LINT-VI i.e., RSBC.

Threshold 4 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Area 2-11: The young person requires active intervention based on block/s of intervention from the CFVI provided by LINT-VI following assessment and provision of strategies.</p>	<ul style="list-style-type: none"> • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family. • Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 			

Threshold 5 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for VI equivalent is A (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 5 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p> <p>Area 2-11: The young person requires active and ongoing intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • The young person requires specialist teaching at least 4 areas from the CFVI. • The young person is known to LINT's Habilitation Specialist and has been assessed using LINT's Habilitation Eligibility Criteria. • LINT-VI provides an Annual Assessment Report, Specialist Strategies and links shared within Report to visual conditions. • A Low Vision Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related CFVI Areas. • A high level of intervention may be needed for the young person to successfully transition into adult services. • Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. • Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. • Teaching methods based on experiential and tactile learning with a strong verbal emphasis, and which facilitate access to the curriculum and participation. • Marking and recording of work reflects unique access needs of the young person e.g., use of Penfriend stickers. • Communication between the young person and others in a variety of forms which can be high tech is used e.g., on-body signing. • Use of support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or sequencing. 	<ul style="list-style-type: none"> • IF VI is primary need, Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. • SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. • SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials (transcription). • SSTA/QTVI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. • Timetable adjustments to accommodate specialist interventions and rest breaks. • QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. • Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> • Bespoke training at a significant level offered to setting offered around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate. • Setting have regular liaison with QTVI to support the young person and themselves in understanding the impact of vision loss, promote independent use of specialist equipment through training, • Advice is given to providers of 'out of setting' clubs.

Threshold 5 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-VI, family, the young person and other agencies. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. • Setting takes on CAF Lead Practitioner role where appropriate. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. • Communication between LINT-VI and setting is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Functional Vision Assessment Report. • All outcomes from EHCP (if appropriate) reflect the CFVI 'above and additional to' interventions for the young person to learn to access. • Setting provides time within the week for direct specialist teaching from LINT-VI. • Opportunities in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-VI. • Setting engages in joint planning/target setting. 			

Threshold 5 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Good communication needed on lesson planning and assessment between educators and QTVI to ensure access to learning in a way that does not disadvantage the young person. • Educators work with LINT-VI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-VI to identify when the young person accesses their specialist interventions with adaptations to the curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the pupil to be disseminated to all staff by the SENDCO. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. • Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family. • Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 			

Threshold 6 - Sensory Impairment: Vision

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for vision impairment with assessed need identifying a young person with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for VI equivalent is A* (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 6 require the following from the CFVI:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-VI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-VI liaison meetings which occur either weekly or fortnightly.</p>	<p>Assessment</p> <p>Functional Vision Assessment (the frequency of which Functional Vision Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires long-term intervention based on at least 6 Areas of CFVI in addition to Area 1 (Area/s to be determined by QTVI) which are expected to take at least a year to embed across setting and home. LINT-VI provides an Annual Assessment Report, Specialist Strategies links shared within Report to visual conditions. Direct intervention and ongoing assessment based on Habilitation Areas of the CFVI (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the young person to successfully transition between different settings. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and activities are accessible in addition to appropriate Quality First Teaching VI Friendly strategies. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Presentation of learning materials in alternative formats, including Braille/Moon/tactile diagrams, audio/speech. Tactile methods of communication relevant for the young person is presented within and beyond the class environment e.g. Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the pupil to engage and socialise with their peers. A high level of scaffolding is required throughout the day in order enable the young person to engage and socialise with th 	<ul style="list-style-type: none"> LINT SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). SSTA/QTVI/SSLM identified as key individual identified to support the young person's emotional and mental wellbeing. LINT-VI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the CFVI. QTVI supports educators in developing pupil's personal understanding of their vision impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-VI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level offered to setting around creating a Vision Friendly setting with CPD offer extended to whole setting as appropriate.

Threshold 6 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Area 2-11: The young person requires active, ongoing and a significant level of intervention based on the CFVI from LINT-VI following assessment and provision of strategies.</p>	<ul style="list-style-type: none"> Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when a pupil has transitioned. An environmental assessment is often necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting and QTVI work very closely to identify, assess and meet EHCP outcomes. QTVI ensures that specialist planning based on CFVI is shared with all key educators including parents/carers and other agencies as appropriate. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTVI prior to meetings in line with LA SEND timescales. Communication between LINT-VI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. All outcomes from EHCP reflect the CFVI 'above and additional to' interventions for the young person to learn to access. Setting works closely with QTVI to create a bespoke education offer to meet unique needs based on setting curriculum and CFVI. 		<ul style="list-style-type: none"> Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the vision impairment the young person for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Setting works closely with LINT-VI to facilitate the involvement of other specialist agencies e.g., Guide Dogs. Regular consultation with QTVI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

Threshold 6 - Sensory Impairment: Vision *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Assessment and monitoring will be bespoke between setting and LINT-VI across the curriculum. • Educators and LINT-VI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the CFVI. • Policies reflect reasonable adjustments and are written in collaboration with QTVI. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-VI and SaLT to identify appropriate use of communication methods e.g. AAC. • Co-ordination between setting, LINT-VI and adult services (including Vision & Hearing Support if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their family. • Precise planning between educators, the young person, their family, LINT-VI and adult services (including Vision & Hearing Support if appropriate) required to enable successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing vision impairment and preparing for interviews. 		<ul style="list-style-type: none"> • CFVI is seamless within the young person's curriculum offer, embedded within setting and home environment. • Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. • Close liaison with QTVI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-VI must administer these. • LINT-VI responsible for all specialist skills training, full levels of support, modelling and coaching. • Exam access arrangements may allow up to 100% additional time. • QTVI works with setting to facilitate interaction and communication with other young people with a VI within or external of setting. 	

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Young person is able to successfully access work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices.</p> <p>Young person is able to successfully access further education provision in order to progress with future career choices.</p> <p>Young person is able to maintain their low vision aids, making applications to manufacturers to purchase their own aids if required.</p> <p>Young person is able to confidently ask for help when there are barriers to accessing educational resources.</p> <p>Young person is able to search for and apply for jobs, including knowing how to disclose their vision impairment, prepare for interviews and access work experience placements.</p> <p>Young person is able to understand the basic principles of wages, National Insurance, pension contributions, tax and employment rights as well as the principle of 'reasonable adjustments'.</p> <p>Young person is able to begin to understand the purpose and criteria for funding such as Access to Work.</p> <p>Young person is able to request support to obtain and manage specialist equipment and/or support for job applications and funding.</p> <p>Young person is able to begin to identify their personal skills, strengths, and interests regarding employment.</p>	<p>Young person is able to apply life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their VI needs.</p> <p>Young person is able to engage with self-care routines to maintain low vision aids as appropriate.</p> <p>Young person is able to demonstrate awareness of risk within the home context and will manage this appropriately in order to remain safe. Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.</p> <p>Young person is able to use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments.</p> <p>Young person is able to use a wide range of pre-cane and sighted guide techniques to travel safely through familiar and unfamiliar environments.</p> <p>Young person is able to explain and demonstrate how to provide sighted-guide assistance.</p> <p>Young person is able to adapt their mobility and orientation skills to navigate a variety of familiar and unfamiliar environments.</p>	<p>Young person is able to access and knows how to get involved in community, leisure and social activities by finding out what is available to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access social venues including restaurants, cafes, bars, clubs, theatres, and cinemas as independently as possible.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>Young person is able to demonstrate confident skills and knowledge involved in accessing key community services such as banks, libraries, and doctors' surgery.</p> <p>Young person is able to begin to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.</p> <p>Young person is able to begin to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services.</p> <p>Young person is able to confidently express their own needs and make clear requests of members of the public and professionals (bus driver, shop assistant etc.).</p>	<p>Young person is able to transfer to adult services and attend regular Ophthalmology/Optomestrist appointments, taking responsibility for making these themselves.</p> <p>Young person is able to participate in health-related appointments as independently as possible.</p> <p>Young person is able to access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.</p> <p>Young person is able to demonstrate an acceptance of vision impairment, establishing their own identity in relation vision impairment and disability.</p> <p>Young person is able to confidently self-advocate in a wide range of situations.</p>

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.</p> <p>Young person is able to successfully access further/higher education provision in order to progress with future career choices.</p> <p>Young person is able to confidently liaise with specialist VI 3rd sector providers in order to highlight their access needs.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options.</p> <p>Young person is able to access job centre provision to support pathways into employment post education.</p> <p>Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.</p>	<p>Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.</p> <p>Young person is able to confidently use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe i.e., utilise taxis.</p> <p>Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing.</p> <p>Young person is able to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services.</p>	<p>Young person is able to transfer to adult services and attend regular Ophthalmology/ Optometrist appointments, taking responsibility for making their own appointments.</p> <p>Young person is able to identify, organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Vision Impairment.

Sensory and/or Physical and Medical Needs - Hearing Impairment

Threshold Descriptors Overview

<p>Threshold 1</p> <p>(Eligibility Criteria E)</p> <p>The young person meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are in place.</p>	<ul style="list-style-type: none"> • The young person does not require any active involvement or further assessments from LINT-HI. The young person remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns. • The young person’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas. • The young person either does not require or requires minimal LINT-HI liaison with multi-agencies. • The young person’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The young person’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The young person has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The young person has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-HI which has been cascaded to relevant staff after their initial or last LINT-HI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.
<p>Threshold 2</p> <p>(Eligibility Criteria D)</p> <p>The young person meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p>	<ul style="list-style-type: none"> • The young person does not require any active intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies. The young person remains on caseload and LINT-HI provides an annual assessment including a monitoring visit with updated strategies (as appropriate). • The young person’s LINT-HI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas. • The young person requires minimal LINT-HI liaison with multi-agencies as they need the LINT-HI annual assessment shared as appropriate. • The young person’s learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching Deaf Friendly strategies. • The young person’s social environment is accessible with appropriate Quality First Teaching Deaf Friendly strategies. • The young person has a knowledgeable and empowered family around them due to information shared by LINT-HI. • The young person has knowledgeable and empowered educators around them due to information shared by LINT-HI. • All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-HI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3

(Eligibility Criteria C)

The young person meets criteria for hearing impairment with assessed needs that are met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT-HI.

- The young person remains on caseload and LINT-HI provides a short-term block from one Area of the specialist curriculum (up to 6 visits).
- The young person may need a low level of intervention to successfully transition between different settings.
- The LINT-HI Auxiliary Aid assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA etc.
- The young person requires minimal or short-term LINT-HI liaison with multi-agencies.
- The young person requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person requires LINT-HI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require timely LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

Threshold 4

(Eligibility Criteria B)

The young person meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The young person will require formal ongoing intervention from LINT to be as independent as possible.

- The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.
- The young person requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home.
- The young person's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device.
- The young person may need a medium level of intervention to successfully transition between different settings.
- The young person requires a low/medium level of LINT-HI liaison with multi-agencies.
- The young person requires LINT-HI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person requires LINT-HI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require at least termly LINT-HI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 5

(Eligibility Criteria A)

The young person meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.

- The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
- The young person requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication.
- The young person's LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA via related specialist curriculum Areas.
- The young person may need a high level of intervention to successfully transition between different settings.
- The young person requires a medium/high level of LINT-HI liaison with multi-agencies.
- The young person requires LINT-HI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person require at least half-termly LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The young person meets criteria for hearing impairment with assessed need identifying a young person as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) as their primary access to information around them.

- The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.
- The young person requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The young person has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People.
- The young person will need a high level of intervention to successfully transition between different settings.
- The young person requires a high level of LINT-HI liaison with multi-agencies.
- The young person requires LINT-HI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies.
- The young person's family requires frequent communication (minimal of weekly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies with LINT-HI liaison meetings occurring either weekly or fortnightly.

Threshold 1 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed needs being met through Quality First Teaching strategies and any previous strategies/aids are embedded in day-to-day practice.</p> <p>Eligibility Criteria for HI equivalent is E (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 1 require the following from the specialist HI curriculum:</p> <p>Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-HI. The young person remains on caseload and LINT-HI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary Aids such as listening equipment if previously put into place are used and daily listening checks are completed for any audiological equipment. • The young person understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by hearing impairment and provide support to enable teachers to plan appropriately. • Settings take on CAF Lead practitioner role. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed of needs at the planning stage of activities. • Procedures in place for audiological aids as well as implementing the wearing and cleaning of them. • Consideration of seating position – young person positioned in optimal location in relation to interactive white board/learning facilitator/ point of learning and not facing a window to facilitate access to lip patterns if required. • Cue and reinforce the young person's listening and attention. • Implement sensory rest breaks within the setting day. • Attention to speed of lesson delivery and speed of working. • Differentiated questioning and explicit language used to explain whole class responses. • Provide a consistent routine. 	<ul style="list-style-type: none"> • Appropriate resources made available from within setting. • Some in-class support provided by setting – especially in lessons where health and safety require consideration. • Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. 	<ul style="list-style-type: none"> • Provision of auxiliary aids including technology by LINT i.e., audiological equipment following LINT-HI Auxiliary Aid assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of the Deaf (QToD) around individual young person's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids i.e., hearing aids. • Provision of consumables by setting, e.g., cleaning kits, whiteboards etc. • Provision of additional quiet workspace for 1:1, small group work. • Appropriate levels of support on trips. • Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.

Threshold 1 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last Assessment Report. • Educators, parent/ carer and/or other key professionals can request updated advice if needed if hearing functioning changes. 	<ul style="list-style-type: none"> • Speaker stays still when talking. • Support for inclusion with extra-curricular activities, homework and newsletters. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting. • Say the young person's name first to gain their attention. • Use facial expressions and/or body language to emphasise key language. • Provide opportunities to take responsibility for helpful tasks. • Provide of a 'can do' environment where the young person can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the young person and develop their self-advocacy skills. • Ensure balance between intervention and independence is understood by all professionals. 		<ul style="list-style-type: none"> • Provision of additional workspace/ storage for specialist equipment. • Identification of a key member of staff for the young person to support emotional and mental wellbeing. • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org). • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf

Threshold 2 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed need being met through Quality First Teaching strategies. They may require a low level of modification to the presentation of materials. Environmental considerations may also need to be considered.</p> <p>Eligibility Criteria for HI equivalent is D (subject to additional funding per young person for those attending college provision).</p> <p>The young person within Threshold 2 requires the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person does not require any active intervention LINT-HI following assessment and provision of strategies. The young person remains on caseload and LINT-HI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>Annual LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-HI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). LINT-HI provides an Annual Assessment Report or letter, Specialist Strategies, and links shared within Report to auditory conditions. Auxiliary aids are suitably removing barriers to access. The young person understands their hearing impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> The setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids throughout the year. Setting will facilitate monitoring and assessment visit from LINT-HI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by a hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-HI Assessment Report. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed need that is met through Quality First Teaching strategies with some modifications needed to presentation of materials and use of resources as directed by LINT-HI.</p> <p>Eligibility Criteria for HI equivalent is C (subject to additional funding per young person for those attending college provision).</p> <p>The young person within Threshold 3 requires the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-HI provides an annual assessment with updated strategies as appropriate.</p> <p>Specialist Teaching Areas: The young person requires active intervention based on a short-term block from the specialist provided by LINT-HI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>Annual LINT-HI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires a short-term block from one Area of the specialist HI curriculum (up to 6 visits) provided by LINT-HI. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. The LINT-HI Auxiliary Aid Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum area/s. <p>Planning</p> <ul style="list-style-type: none"> Educators have minimum of termly liaison with QToD to support the young person and themselves in understanding the impact of the hearing impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-HI to monitor and manage the use of auxiliary aids (i.e., radio aids) throughout the year if required by the young person. Settings take on CAF Lead Practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). Educators identify times within the day to deliver training programmes as appropriate. Communication between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for young people and their families. Communication between setting, LINT-HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear routines supported by visual cues, e.g., pictures/symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion as appropriate. Ensure the learning environment is responsive. New vocabulary in introduced in context and is meaningful i.e., from the young person's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the young person can still sit next to/near their peers. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions. QToD supports educators in developing CYP's personal understanding of their hearing impairment and developing their confidence and independence. Educators support LINT-HI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day. Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Training offered re the needs of the young person to raise awareness of HI impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 4 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed need identifying significant adaptations are required. The young person will require formal ongoing intervention from LINT-HI to be as independent as possible.</p> <p>Eligibility Criteria for HI equivalent is B (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 4 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.</p>	<p>Assessment</p> <p>LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires block/s of intervention based on at least 2 Areas of the HI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QToD) which are expected to take up to a year to embed across setting and home. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. The LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on the use of aids via related specialist curriculum Areas i.e., hearing aids, cochlear implant, BAHA and may have an assistive listening device. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Visual, tactile, olfactory and gustatory approaches to learning and teaching may supplement the auditory stimuli used. Young people relying on signing will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be supplemented. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are now key to facilitate learning. Link learning opportunities to support the generalisation of concepts. Suitable peers and adults to scaffold the young person's environment e.g., facilitate interaction with others. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and sensory breaks. QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators support LINT-HI in practising and consolidating skills taught discreetly within specialist curriculum as appropriate which is embedded within the day. Setting supports the provision of special examination arrangements and allows the young person time to develop the discreet skills associated with their use. Teaching from QToD to teach specialist curriculum that enables access and progress within mainstream curriculum. Advice on sourcing accessible materials. Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the hearing impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post-teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Peer awareness training. Bespoke training offered around creating a Deaf Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-HI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-HI and settings can support young people to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-HI i.e. NDCS.

Threshold 4 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Specialist Teaching Areas: The young person requires active intervention based on block/s of intervention from the specialist curriculum provided by LINT-HI following assessment and provision of strategies.</p>	<ul style="list-style-type: none"> • Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. • An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-HI, family, the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. • Settings take on CAF Lead Practitioner role. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. 			

Threshold 4 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Communication between LINT-HI and settings is frequent (minimal of half-termly) ensure that there are knowledgeable and empowered educators around the young person. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. • Setting provides time within the week for direct specialist teaching from LINT-HI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL, SSE, AAC. • Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families. • Co-ordination between setting, LINT-HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews. 			

Threshold 5 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed need identifying a young person who requires access to a specialist curriculum with multi-sensory resources to teach curriculum subjects.</p> <p>Eligibility Criteria for HI equivalent is A (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 5 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p>	<p>Assessment</p> <p>Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires specialist teaching in at least 4 areas from the HI specialist curriculum. At least one of these will include Communication. LINT-HI provides an Annual Assessment Report, Specialist Strategies, and links shared within Report to auditory conditions. The young person is known to and has been assessed by and/or known to a Speech & Language Therapist for Deaf Children and Young People. The LINT-HI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of aids i.e., hearing aids, cochlear implant, BAHA, assistive listening device via related specialist curriculum Areas. A high level of intervention may be needed for the young person to successfully transition into adult services. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post- lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. Teaching methods based on experiential learning with a strong visual emphasis, and which facilitate access to the curriculum and class participation. Recording of work reflects unique access needs. Consistent, well-cued routines. Materials are presented slowly and clearly to the young person, in familiar, quiet environments. 	<ul style="list-style-type: none"> IF HI is primary need, LINT Specialist Sensory Teaching Assistant (SSTA) provides intervention across the week to facilitate access, inclusion and independent learning opportunities. SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning and works in conjunction with educators for adaptations. SSTA/QToD/SSLM identified as key individual to support the young person's emotional and mental wellbeing. Timetable adjustments to accommodate specialist interventions and sensory breaks QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QToD to support the young person and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment through training, Advice is given to providers of 'out of setting' clubs.

Threshold 5 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Specialist Teaching Areas: The young person requires active and ongoing intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> Setting manages SEND support and engages in joint planning with LINT-HI, family, the young person and other agencies. QToD ensures that specialist planning based on the HI specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. Communication between LINT-HI and settings is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. Settings take on CAF Lead practitioner role. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. Setting provides time within the week for direct specialist teaching from LINT-HI. Opportunities in place for regular reviews of planning in line with LA. Assessment and monitoring will be collaborative between setting and LINT-HI. Setting engages in joint planning/target setting. 	<ul style="list-style-type: none"> Embrace communication between the young person and others in a variety of forms e.g., BSL. Use support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., co-active exploration. The young person may require a Total Communication Approach. 	<ul style="list-style-type: none"> Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the hearing impairment reinforce work and prepare young people for a class activity/learning experience (pre- and post- teaching) provide additional hands-on experience of materials or presentations provide additional experiences of the environment to support gaps in learning including real-life experience Advice to access leisure and sports clubs outside setting. Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS. Regular consultation with QToD about delivery of curriculum to ensure the young person can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. Specialist curriculum is merging within the young person's curriculum offer within setting with up to at least 5 areas to be embedded within setting and home environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level to setting offered around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QToD to support the young person and themselves in understanding the impact of hearing loss, promote independent use of specialist equipment through training, Advice is given to providers of 'out of setting' clubs.

Threshold 5 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Good communication needed on lesson planning and assessment between educators and QToD to ensure access to learning in a way that does not disadvantage the young person. • Educators work with LINT-HI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-HI to identify when the young person accesses their specialist interventions with adaptations to the setting's curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QToD. • Educators facilitate working between themselves, the family, LINT-HI and SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. • Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families. • Co-ordination between setting, LINT-HI and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing hearing impairment and preparing for interviews. 		<ul style="list-style-type: none"> • QToD may liaise with and/or refer to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. • Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/ assessments. LINT-HI may help with the administration of these. • LINT-HI responsible for all specialist skills training, higher levels of support, modelling and coaching. • Exam access arrangements may allow at least 50% additional time. • QToD works with setting to facilitate interaction and communication with other young people with a HI within or external of setting. 	

Threshold 6 - Sensory Impairment: Hearing

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets criteria for hearing impairment with assessed need identifying a young person as having a significant difficulty accessing the spoken word and requiring British Sign Language (BSL), Sign Supported English (SSE) or Augmentative and Alternative Communication (AAC) are their primary access to information around them.</p> <p>Eligibility Criteria for HI equivalent is A* (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 6 require the following from the HI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-HI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-HI liaison meetings which occur either weekly or fortnightly.</p>	<p>Assessment</p> <p>LINT-HI Assessment (the frequency of which is determined by the CYP's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The CYP requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QToD) which are expected to take at least a year to embed across setting and home. LINT-HI provides an Annual Assessment Report, Specialist Strategies, CYP Passport (Y6-Y11) a LINT-HI Poster 'Helping Pupils with a Hearing Impairment in Your Class' and links shared within Report to conditions. Direct intervention and ongoing assessment based on Communication. The CYP has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People. Very high level of intervention may be needed for the CYP to successfully transition between different settings. Advice, guidance and direct support (minimum of 25 hours per week) is required in line with the CYP's specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching Deaf Friendly strategies. Timely LINT-HI monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during transition. An environmental assessment is often necessary to assess accessibility of the setting environment. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the use of sign e.g., BSL/SSE. A high level of scaffolding is required throughout the day in order enable the young person to engage and socialise with their peers and adults. 	<ul style="list-style-type: none"> SSTA provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. SSTA provides critical role in enabling access to learning via effective communication. SSTA/QToD/SSLM identified as key individual to support the young person's emotional and mental wellbeing. LINT-HI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the specialist curriculum. QToD supports educators in developing the young person's personal understanding of their hearing impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-HI to ensure that specialist skills are practised and consolidated within the day. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level offered to the setting around creating a Deaf Friendly setting with CPD offer extended to whole setting as appropriate.

Threshold 6 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Specialist Teaching Areas: The young person requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-HI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting and QToD work very closely to identify, assess and meet EHCP outcomes. QToD ensures that specialist planning is shared with all key educators including parents/carers and other agencies as appropriate. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QToD prior to meetings in line with LA SEND timescales. • Communication between LINT-HI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. • Settings take on CAF Lead Practitioner role • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. • Setting works closely with QToD to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • Assessment and monitoring will be bespoke between setting and LINT-HI across the curriculum. • Educators and LINT-HI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the specialist curriculum. 		<ul style="list-style-type: none"> • Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> - complete tasks made slower by the hearing impairment - reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside setting. • Settings work closely with LINT-HI to facilitate the involvement of other specialist agencies e.g., NDCS. • Regular consultation with QToD about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. 	

Threshold 6 - Sensory Impairment: Hearing *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Policies reflect reasonable adjustments and are written in collaboration with QToD. • Educators facilitate working between themselves, the family, LINT-HI and Specialist SaLT to identify appropriate use of communication methods e.g., BSL/SSE/AAC. • Co-ordination between setting, LINT-HI and adult services is required to provide successful Careers Advice and Guidance for the young person and their families. • Precise planning between educators, the young person, their family, LINT-HI and adult services is required to enable successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing the hearing impairment and preparing for interviews. 		<ul style="list-style-type: none"> • The specialist curriculum is seamless within the young person's curriculum offer, embedded within the setting and home. • QToD has liaised with and/or referred to a Speech & Language Therapist for Deaf Children and Young People to ensure age-related levels of language are maintained. • Close liaison with QToD to receive advice and support on access arrangements will be required for internal and external examinations/assessments. LINT-HI must administer these. • LINT-HI responsible for all specialist skills training, full levels of support, modelling and coaching. • Exam access arrangements may allow up to 100% additional time. • QToD works with setting to facilitate interaction and communication with other young people with a HI within or external of setting. 	

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices.</p> <p>Young person is able to access and function within further education provision in order to progress with future career choices.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them.</p> <p>N.B. For some young people with a profound/severe hearing loss, they will require signed support.</p>	<p>Young person is able to demonstrate the life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their hearing needs.</p> <p>Young person is able to engage with self-care routines to maintain hearing equipment and assistive listening devices as appropriate.</p> <p>Young person will have an awareness of risk within the home context and will manage this appropriately in order to remain safe. PIP and assistive listening devices such as pager/flashing fire alarms may need to be sourced to support independent living.</p> <p>Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person will be able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person will show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>N.B. for some learners with a profound/severe hearing loss, they will require signed support.</p>	<p>Young person is able to transfer to adult services and attend regular audiology/ ENT/SaLT to with independence and take responsibility for making their own appointments.</p> <p>Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required.</p>

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Young person is able to access and function within work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.</p> <p>Young person is able to access and function within further/ higher education provision in order to progress with future career choices.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. Young person may require support with specific language choices to be explicitly explained and taught to them.</p> <p>Young person is able to access job centre provision to support pathways into employment post education.</p> <p>N.B. for some young people with a profound/severe hearing loss, they will require signed support.</p>	<p>Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing. PIP and assistive listening devices such as pager/flashing fire alarms may need to be sourced to support independent living.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>N.B. for some young people with a profound/severe hearing loss, they will require signed support.</p>	<p>Young person is able to transfer to adult services and attend regular audiology/ENT/SaLT to with independence and take responsibility for making their own appointments.</p> <p>Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Hearing Impairment.

Sensory and/or Physical and Medical Needs

Multi-Sensory Impairment

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).

- The young person does not require any active involvement or further assessments from LINT-MSI. The young person remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The young person's LINT-MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas.
- The young person either does not require or requires minimal LINT-MSI liaison with multi-agencies.
- The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.
- The young person has a knowledgeable and empowered family around them due to information shared by LINT-MSI.
- The young person has knowledgeable and empowered educators around them due to information shared by LINT-MSI.
- All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-MSI which have been cascaded to relevant staff after their initial or last LINT-MSI specialist assessment and passed to relevant staff year by year i.e. from one class teacher to the next.

Threshold 2

(Eligibility Criteria D)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e. print or symbols).

- The young person does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The young person remains on caseload and LINT-MSI provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The young person's LINT MSI Auxiliary Aid Assessment has identified no requirement for additional equipment or technology and therefore the young person does not require access to related specialist curriculum Areas.
- The young person requires minimal LINT-MSI liaison with multi-agencies after receiving the LINT-MSI Annual Assessment and strategies.
- The young person's learning environment is accessible (availability of accessible and appropriate learning materials in place) with appropriate Quality First Teaching MSI Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching MSI Friendly strategies.
- The young person has a knowledgeable and empowered family around them due to information shared by LINT-MSI.
- The young person has knowledgeable and empowered educators around them due to information shared by LINT-MSI.
- All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person based on information shared to date by LINT-MSI which have been cascaded to relevant staff on a yearly basis in line with transitions.

Threshold 3

(Eligibility Criteria C)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols).

- The young person remains on caseload and LINT-MSI provides a short-term block from one Area of the MSI specialist curriculum (up to 6 visits).
- The young person may need a low level of intervention to successfully transition between different settings.
- The young person's LINT MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum Areas i.e. hearing aids, mini mic, CCTV, iPad, hand-held magnifier etc.
- The young person requires minimal or short-term LINT-MSI liaison with multi-agencies.
- The young person requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.
- The young person requires LINT-MSI to provide time-limited advice and guidance in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.
- The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require timely LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.

Threshold 4

(Eligibility Criteria B)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (e.g., print and tactile).

- The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and provided on at least a termly basis.
- The young person requires block/s of intervention based on at least 2 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Area/s to be determined by QTMSI) which are expected to take up to a year to embed across setting and home.
- The young person's LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers etc.
- The young person may need a medium level of intervention to successfully transition between different settings.
- The young person requires a low/medium level of LINT-MSI liaison with multi-agencies.
- The young person requires LINT-MSI to provide advice, guidance and direct support over the year as required in line with their specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI strategies.
- The young person requires LINT-MSI to provide advice, guidance and direct support in line with their specialist intervention to ensure that their social environment is accessible in addition to appropriate Quality First Teaching MSI Friendly strategies.
- The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them.
- All key person/s involved with the young person require at least termly LINT-MSI monitoring to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 5

(Eligibility Criteria A)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (e.g. print and tactile).

- The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.
- The young person requires specialist teaching in at least 4 areas from the MSI specialist curriculum.
- The young person's LINT MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention in the use of aids related to specialist curriculum Areas i.e., hearing aids, mini mic, CCTV, iPad, hand-held magnifiers.
- The young person may need a high level of intervention to successfully transition between different settings.
- The young person requires a medium/high level of LINT-MSI liaison with multi-agencies.
- The young person requires LINT-MSI to provide advice, guidance and direct support (minimum of 10 hours per week) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies.
- The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (at least twice a week) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person require at least half-termly LINT-MSI monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 6

(Eligibility Criteria A*)

The young person meets criteria for multi-sensory impairment with assessed need identifying a young person with auditory/tactile/signing approaches as their primary access to information around them.

- The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.
- The young person requires long-term intervention based on at least 6 Areas of the MSI specialist curriculum in addition to Facilitating an Inclusive World (Areas to be determined by QTMSI) which are expected to take at least a year to embed across setting and home following assessment and provision of strategies.
- The young person receives training and assessment in the areas of Independent Living Skills and Orientation and Mobility from the LINT Paediatric Habilitation Specialist.
- The young person has been assessed by and/or is known to a Speech & Language Therapist for Deaf Children and Young People.
- The young person will need a high level of intervention to successfully transition between different settings.
- The young person requires a high level of LINT-MSI liaison with multi-agencies.
- The young person requires LINT-MSI to provide advice, guidance and full-time support in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching MSI strategies.
- The young person's family requires frequent communication (minimal of weekly) to ensure that the young person has a knowledgeable and empowered family around them.
- The young person's educators require frequent communication (daily as applicable) to ensure that the young person has knowledgeable and empowered educators around them.
- All key persons involved with the young person require tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.

Threshold 1 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is E (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 1 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person does not require any active involvement or further assessments from LINT-MSI. The young person remains on caseload and LINT-MSI can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.</p>	<p>Assessment</p> <p>Initial/last LINT-MSI assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> • Auxiliary aids such as hand-held magnifiers if previously put into place are used and daily listening checks are completed for any audiological equipment. • The young person understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. • Settings take on CAF Lead Practitioner role where appropriate. 	<ul style="list-style-type: none"> • All staff and supply staff, visiting speakers, sport, drama groups etc. to be informed needs at the planning stage of activities. • Procedures for contact lens wearers (for young people who are aphakic) and audiological aids as well as implementing the wearing and cleaning of them. • Adherence to Reasonable Adjustments i.e., exemption from learning a cursive script. • Tutor verbalises work on the board (ensuring they are facing the young person) and all written information within the teaching environment. • Consideration of seating position – young person positioned in optimal location in relation to interactive white board/ learning facilitator/ point of learning and not facing a window to facilitate attention and access to lip patterns if required. • Provision of a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. • Implementation sensory rest breaks within the setting day. • Attention to speed of lesson delivery and speed of working. 	<ul style="list-style-type: none"> • Appropriate resources made available from within setting. • Some in-class support provided by setting – especially in lessons where health and safety require consideration. • Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post- teaching for consolidation and generalisation of skills. • Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. • Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. • Exam access arrangements may allow 25% additional time. 	<ul style="list-style-type: none"> • Provision of auxiliary aids (low vision aids and technology) by LINT following LINT-MSI Auxiliary Aid Assessment. • Key person/s to take responsibility for acting upon personalised educational advice supplied by specialist Qualified Teacher of Multi-Sensory Impairment (QTMSI) around individual young person's needs (adaptations and curriculum delivery to facilitate access). • A designated member of setting staff to monitor and manage the use of auxiliary aids e.g., CCTV, iPad, magnifiers. • Provision of consumables by setting e.g., specialist paper, matt laminates, appropriate black fibre tipped pens/ dark leaded pencils, use of a sloping desk, cleaning kits etc. • Provision of additional quiet workspace for 1:1 and small group work • Appropriate levels of support on trips.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) to ensure the young person is safe. • Risk assessments supplemented by LINT. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • Educators, parent/carer and/ or other key professionals can request updated advice if needed or visual/hearing functioning changes. 	<ul style="list-style-type: none"> • Differentiated questioning and explicit language used to explain whole class responses. • Setting staff give careful consideration to the accessibility of learning materials in terms of readability, density of text, size and choice of font (use a simple font such as Comic Sans or Sassoon), layout, overlays, coloured paper, appropriate use of illustrations, clutter-free diagrams, all modified resources onto A4 paper only/or use of LVAs. • Tutors to ensure presentations delivered on interactive white boards have a high contrast between the text and background. Any text displayed is in a clear font such as Arial or Comic Sans . • Tutors ensure young people can access work displayed on interactive white boards in the method identified by the QTMSI e.g., handouts, e-mailing presentations to be accessed on iPad or laptop or by use of mirroring software. • Tutors to use dark coloured white board pens and avoid light colours or pens which are running out. • Provide a consistent routine. • Speaker stays still when talking. • Provide additional transition visits for the young person between rooms. 		<ul style="list-style-type: none"> • Setting will ensure the young person has all the curriculum materials and equipment required to hand and that the materials are organised and contained consistently and securely.

Threshold 1 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
		<ul style="list-style-type: none"> • Encouragement of social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life i.e., in the café. • Say the young person's name first to gain their attention. • Describe events that are going on around them if required e.g., spontaneous laughter caused by an event at the other side of the room. • Verbal description alongside facial expressions or body language. • Provide opportunities to take responsibility for helpful tasks. • Ensuring any AAC are accessible e.g., symbols aren't laminated on shiny laminate. • Provide a 'can do' environment where the young person can succeed and achieve. • Offer opportunities to take controlled risks in a safe environment. • Listen to the voice of the young person and developing their self-advocacy skills. • Ensure there is a balance between intervention and independence is understood by all professionals. 		

Threshold 2 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is D (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 2 require the following from the MSI specialist curriculum:</p> <p>Facilitating and Inclusive World: The young person does not require any active intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies. The young person remains on caseload and LINT-MSI provides an annual assessment with updated strategies (as appropriate).</p>	<p>Assessment</p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> LINT-MSI provides an annual assessment including up to 3 visits with updated strategies (as appropriate i.e., troubleshooting for specialist equipment may generate additional visits). LINT-MSI provides an Annual Assessment Report or letter, Specialist Strategies, and links shared within report to cause of MSI. Auxiliary aids e.g., hand-held magnifiers are suitably removing barriers to access. The young person understands their multi-sensory impairment including barriers and strategies to overcome these as appropriate to age and stage of development. <p>Planning</p> <ul style="list-style-type: none"> Setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids throughout the year. Setting will facilitate monitoring and assessment visit from LINT-MSI. The setting must ensure that all staff are aware that the young person will be experiencing barriers caused by combination of a vision and hearing impairment and provide support to enable teachers to plan appropriately. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO (with parental permission). Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. 	<p>As Threshold 1</p>	<ul style="list-style-type: none"> Appropriate resources made available from within setting. Some in-class support provided by setting – especially in lessons where health and safety require consideration. Setting staff provide some individual teaching/ teaching assistant support (or a mix of the two as appropriate) for pre- and post-teaching for consolidation and generalisation of skills. Setting considers timetabling and location of rooms for the young person and/or appropriate workstation for 1:1 intervention. Setting is responsible for baselines and subsequent monitoring of progress and provision is regularly reviewed. Exam access arrangements may allow 25% additional time. 	<p>As Threshold 1</p>

Threshold 3 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person with one approach required to access information around them (i.e., modified and enlarged print or symbols).</p> <p>Eligibility Criteria for MSI equivalent is C.</p> <p>Young people within Threshold 3 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-MSI provides an annual assessment with updated strategies as appropriate.</p> <p>Areas 2-11: The young person requires active intervention based on a short-term block from the specialist provided by LINT-MSI following assessment and provision of strategies. Intervention will be reviewed on a termly basis.</p>	<p>Assessment</p> <p>LINT-MSI Annual Assessment (the frequency of which is determined by the young person's Eligibility Criteria) has identified that:</p> <ul style="list-style-type: none"> The young person requires a short-term block from one Area of the specialist MSI curriculum (up to 6 visits) provided by LINT-MSI. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The LINT-MSI Auxiliary Aid Assessment has identified that there may be a requirement for a short 'course' or 'refresher' based on use of auxiliary aids via related specialist curriculum Areas. <p>Planning</p> <ul style="list-style-type: none"> Educators have regular liaison with QTMSI to support the young person and themselves in understanding the impact of the multi-sensory impairment and promote independent use of auxiliary aids. Setting identifies a key member of staff to work in partnership with LINT-MSI to monitor and manage the use of auxiliary aids (low vision aids) throughout the year. Settings take on CAF Lead Practitioner role as appropriate. A PEEP (Personal Emergency Evacuation Plan) to ensure the young person is safe. Risk assessments supplemented by LINT. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Clear classroom routines supported by cues, e.g., objects of reference, auditory timetables, tactile symbols. Some additional group and individual work to meet identified needs and to facilitate learning and inclusion, as appropriate to access to curriculum. Ensure the learning environment is responsive. New vocabulary is introduced in context and is meaningful i.e., from the pupil's perspective. Use natural rhythm, intonation, stress and lip movements. Groups and layout of tables will need to be adjusted to ensure access to all auxiliary aids whilst ensuring the pupil can still sit next to/near their peers. Opportunities are sought within PSHE to discuss MSI and role models within society. Behaviour management systems motivate the pupil and set clear expectations. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators supports LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual and/or communication training as appropriate which is embedded within the day. Exam access arrangements may allow 25% additional time. 	<p>As Thresholds 1 and 2 plus:</p> <ul style="list-style-type: none"> Training offered to meet the needs of the young person to raise awareness of multi-sensory impairment and strategies to reduce barriers to learning and ensures all relevant staff attend.

Threshold 3 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if appropriate). • Educators identify times within the day to deliver training programmes as appropriate. • Communication between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). • Communication between setting, LINT-MSI and Vision & hearing Support is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 			

Threshold 4 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., large and modified print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is B (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 4 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate.</p> <p>Area 2-11: The young person requires active intervention based on block/s of intervention from the specialist curriculum provided by LINT-MSI following assessment and provision of strategies.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> The young person requires specialist teaching in up to 2 areas from the LINT specialist curriculum. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. LINT-MSI Auxiliary Aid assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. Advice, guidance and direct support over the year is required in line with the young person's specialist intervention to ensure that all learning and assessment activities are accessible in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring is required to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. <p>Planning</p> <ul style="list-style-type: none"> Setting manages SEND support and engages in joint planning with LINT-MSI, family (if appropriate), the young person and other agencies. Common targets are distributed to all educators and reviewed regularly. Settings take on CAF Lead Practitioner role where appropriate. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. Risk assessments supplemented by LINT. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Tactile, olfactory, gustatory, haptic (touch), proprioceptive and vestibular approaches to learning and teaching may supplement the visual and auditory stimuli used. Young people working with tactile learning resources that will need additional differentiation to take into account pace of learning. Setting provides materials in advance of lesson so that materials can be presented in an appropriate format e.g., modified print. Language needs to become clearer, concise and meaningful. Auditory clutter and less busy learning environments are now key to facilitate learning. 	<ul style="list-style-type: none"> Timetable adjustments to accommodate specialist interventions and rest breaks QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators support LINT-MSI in practising and consolidating skills taught discreetly within specialist curriculum as well as delivering visual/communication training as appropriate which is embedded within the day. Setting supports the provision of special examination arrangements and allows the young person time to develop the discreet skills associated with their use. Weekly teaching from QTMSI to teach specialist curriculum that enables access and progress within curriculum. Advice on sourcing accessible materials. Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the multi-sensory impairment 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> Peer awareness training. Bespoke training offered around creating a Multi-Sensory Impaired Friendly Classroom with CPD offer extended to whole setting as appropriate. LINT-MSI signpost and/or facilitate educators and parents/carers to external training opportunities. CPD training offered to SENCOs to ensure collaboration and understanding of how LINT-MSI and settings can support to progress and develop efficient ways of working. Charities working in collaboration with the family and LINT-MSI i.e., SENSE.

Threshold 4 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. • Communication between LINT-MSI and the setting is frequent (minimal of half-termly) to ensure that there are knowledgeable and empowered educators around the young person. • Outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • Setting provides time within the week for direct specialist teaching from LINT-MSI. • Educators identify times within the day to deliver training programmes as appropriate. • Policies reflect reasonable adjustments. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment report. • Co-ordination between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. • Co-ordination between setting, LINT-MSI and Vision & Hearing Support (if appropriate) is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 		<ul style="list-style-type: none"> - reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside setting. • Settings support involvement of other agencies e.g., SENSE. • Environmental assessment is completed and recommendations made to ensure access and the safety of the young person is safety made. • Assess and deliver discreet teaching relevant to the young person which will be generalised and used within the day. • Specialist curriculum is running alongside setting curriculum with up to at least 3 areas to be embedded within setting and home environment. • Exam access arrangements may allow up to 50% additional time. • QTMSI works with setting to facilitate interaction and communication with other young people with MSI within or external of setting. 	

Threshold 5 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person requiring at least two different approaches to access information around them (i.e., print and tactile).</p> <p>Eligibility Criteria for MSI equivalent is A (subject to additional funding per young person for those attending college provision).</p> <p>The young person within Threshold 5 requires the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and are provided at least half-termly.</p>	<p>Assessment</p> <p>LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> The young person requires specialist teaching at least 4 areas from the specialist curriculum. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The young person is known to LINT's Paediatric Habilitation Specialist and Specialist SaLT and has been assessed using their criteria. LINT-MSI Auxiliary Aid Assessment has identified there is a requirement for specialist intervention based on use of auxiliary aids via related specialist curriculum Areas. High level of intervention may be needed for the young person to successfully transition between different rooms. Advice, guidance and direct support (minimum of 10 hours per week) is required in line with the young person's specialist intervention to ensure that all learning, assessment and social activities are in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies e.g., during transition. An environmental assessment may be necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Setting supports the provision of different types of learning experience i.e., individual, small group, pre- and post-lesson tutoring etc. to ensure curriculum access and discreet skills teaching can take place. Teaching methods based on experiential and tactile learning with a strong verbal emphasis required, and which facilitate access to the curriculum and class participation. Marking and recording of work reflects unique access needs. Utilise textures to support recognition. Consistent, well-cued routines. 	<ul style="list-style-type: none"> IF MSI is primary need, LINT Intervenor provides intervention within the day to facilitate access, inclusion and independent learning opportunities. Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. Intervenor provides critical role in enabling access to learning and works in conjunction with educators for adaptation and sourcing of learning materials. Intervenor/QTMSI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. Timetable adjustments to accommodate specialist interventions and rest breaks. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. Time away from main cohort of young people for individual or small group work may be necessary to: <ul style="list-style-type: none"> complete tasks made slower by the multi-sensory impairment reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) 	<ul style="list-style-type: none"> Bespoke training at a significant level to the setting offered around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate. Setting have regular liaison with QTMSI to support the young person and themselves in understanding the impact of vision loss, promote independent use of specialist equipment and through training, Advice is given to providers of 'out of setting' clubs.

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Area 2-11: The young person requires active and ongoing intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting manages SEND support and engages in joint planning with LINT-MSI, family (if appropriate), the young person and other agencies. QTMSI ensures that specialist planning based on specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • Communication between LINT-MSI and settings is frequent (at least twice a week) to ensure that there are knowledgeable and empowered educators around the young person. • Settings take on CAF Lead Practitioner role where appropriate. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCO. • All outcomes from EHCP (if appropriate) reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • Setting provides time within the week for direct specialist teaching from LINT-MSI. • Opportunities in place for regular reviews of planning in line with LA. • Assessment and monitoring will be collaborative between setting and LINT-MSI. • Setting engages in joint planning/target setting. 	<ul style="list-style-type: none"> • People and items are presented slowly and clearly to the young person, in familiar, quiet environments. • Communication between the young person and others in a variety of forms which can be high tech e.g., on-body signing. • Using support techniques to experiment with autonomy and curiosity to develop problem-solving skills, e.g., a hand-under-hand technique, co-active exploration or Intensive Interaction. • The young person may require an intensive interaction approach. • The young person may require a Total Communication Approach. • Use of personal identifiers. 	<ul style="list-style-type: none"> - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside setting. • Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. • Regular consultation with QTMSI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Personalised differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • Specialist curriculum is merging within the young person's curriculum offer within setting with up to at least 5 areas to be embedded within setting and home environment. • Assessment and Habilitation training in the Area of Independent Living Skills and/or Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and/or Orientation and Mobility. • Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI may help with the administration of these. 	

Threshold 5 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Good communication needed on lesson planning and assessment between educators and QTMSI to ensure access to learning in a way that does not disadvantage the young person. • Educators must work with LINT-MSI to facilitate assessment and planning across the curriculum. • Educators work closely with LINT-MSI to identify when the young person accesses their specialist interventions with adaptations to the setting's curriculum required. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and SaLT to identify appropriate use of communication methods e.g., AAC. • Co-ordination between setting, Vision & Hearing Support and LINT-MSI is required to provide successful Careers Advice and Guidance for the young person and their families. • Co-ordination between setting, LINT-MSI and Vision & Hearing Support is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing multi-sensory impairment and preparing for interviews. 		<ul style="list-style-type: none"> • LINT-MSI responsible for all specialist skills training, higher levels of support, modelling and coaching. • Exam access arrangements may allow at least 50% additional time. • QTMSI works with setting to facilitate interaction and communication with other young people with a MSI within or external of setting. 	

Threshold 6 - Sensory Impairment: Multi-Sensory

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person meets the criteria for multi-sensory impairment with assessed need identifying a young person with auditory/tactile approaches as their primary access to information around them.</p> <p>Eligibility Criteria for MSI equivalent is A* (subject to additional funding per young person for those attending college provision).</p> <p>Young people within Threshold 6 require the following from the MSI specialist curriculum:</p> <p>Facilitating an Inclusive World: The young person remains on caseload and LINT-MSI provides assessment determined by need (e.g. ongoing assessment and intervention with assessment report when requested by Health) with updated strategies as appropriate. Monitoring arrangements are in place and carried out via LINT-MSI liaison meetings which occur either weekly or fortnightly.</p>	<p>Assessments</p> <p>LINT-MSI Assessment (the frequency of which is determined by the young person's Eligibility Criteria) including a Learning Media Assessment if required has identified that:</p> <ul style="list-style-type: none"> The young person requires long-term intervention based on at least 6 Areas of the specialist curriculum in addition to Area 1 (Area/s to be determined by QTMSI) which are expected to take at least a year to embed across setting and home. LINT-MSI provides an Annual Assessment Report, Specialist Strategies, and links shared within report to cause of MSI. The direct intervention and ongoing assessment based on Habilitation Areas of the specialist curriculum (Areas 5 and 6) provided by LINT's Habilitation Specialist. Very high level of intervention may be needed for the young person to successfully transition between different settings. Advice, guidance and direct support is required in line with the young person's specialist intervention to ensure that all learning, social and assessment activities are in addition to appropriate Quality First Teaching MSI Friendly strategies. Timely LINT monitoring with tailored training packages (offered across Health, Education and Social Care as appropriate) to ensure that all key person/s can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during transition. An environmental assessment is often necessary to assess accessibility of setting environment. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Access to learning is only possible with the presentation of learning materials in alternative formats including Braille/Moon, tactile diagrams and/or the use of sign e.g., BSL. Tactile methods of communication relevant for the young person is presented within and beyond the classroom environment e.g., Braille labels and signage. A high level of scaffolding is required throughout the day in order enable the young person to engage and socialise with their peers and adults. 	<ul style="list-style-type: none"> The young person has full-time support provided by a LINT Intervenor. Intervenor provides critical role in embedding the specialist curriculum within the day whilst facilitating independence. Intervenor provides critical role in enabling access to learning and is primarily responsible for the adaptation and sourcing of learning materials (transcription). Intervenor/QTMSI/SSLM identified as key individual to support the young person's emotional and mental wellbeing. LINT-MSI will provide specialist skills training, intensive levels of support, modelling and coaching. The curriculum offer for the young person is seamless between the setting's curriculum and the specialist curriculum. QTMSI supports educators in developing the young person's personal understanding of their multi-sensory impairment and developing their confidence and independence into adulthood. Educators directly plan with LINT-MSI to ensure that specialist skills are practised and consolidated within the day. Time away from main cohort of young people for individual or small group work may be necessary to: 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Bespoke training at a significant level offered to setting around creating a Multi-Sensory Impaired Friendly setting with CPD offer extended to whole setting as appropriate.

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>Area 2-11: The young person requires active, ongoing and a significant level of intervention based on the specialist curriculum from LINT-MSI following assessment and provision of strategies.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Setting and QTMSI work very closely to identify, assess and meet EHCP outcomes. QTMSI ensures that specialist planning based on the specialist curriculum is shared with all key educators including parents/carers and other agencies as appropriate. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by QTMSI prior to meetings in line with LA SEND timescales. • Communication between LINT-MSI and settings is frequent (daily as appropriate) to ensure that there are knowledgeable and empowered educators around the young person. • All outcomes from EHCP reflect the specialist curriculum 'above and additional to' interventions for the young person to learn to access. • Setting works closely with QTMSI to create a bespoke education offer to meet unique needs based on setting curriculum and LINT specialist curriculum. • Assessment and monitoring will be bespoke between setting and LINT-MSI across the curriculum. • Educators and LINT-MSI precisely plan to provide seamless lessons offering access to an appropriate curriculum embedded with the specialist curriculum. • Policies reflect reasonable adjustments and are written in collaboration with QTMSI. • The setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-MSI Assessment Report. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. 		<ul style="list-style-type: none"> - complete tasks made slower by the multi-sensory impairment - reinforce work and prepare the young person for a class activity/learning experience (pre- and post- teaching) - provide additional hands-on experience of materials or presentations - provide additional experiences of the environment to support gaps in learning including real-life experience • Advice to access leisure and sports clubs outside setting. • Settings work closely with LINT-MSI to facilitate the involvement of other specialist agencies e.g., SENSE. • Regular consultation with QTMSI about delivery of curriculum to ensure the young person can fully access all curriculum areas. Bespoke differentiation and adaptation to all areas of curriculum, with high levels of specialist teaching and support. • The specialist curriculum is seamless within the young person's curriculum offer within setting with up to at least 7 areas to be embedded within setting and home environment. • Habilitation training and regular assessment in the areas of Independent Living Skills and Orientation and Mobility to ensure age-related levels of independence are maintained in Independent Living Skills and Orientation and Mobility. 	

Threshold 6 - Sensory Impairment: Multi-Sensory *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
	<ul style="list-style-type: none"> • Risk assessments supplemented by LINT. • Educators facilitate working between themselves, the family, LINT-MSI and Specialist SaLT to identify appropriate use of communication methods e.g., AAC. • Co-ordination between setting, LINT-MSI and Vision & hearing Support (if appropriate) is required to provide successful Careers Advice and Guidance for the young person and their families. 		<ul style="list-style-type: none"> • Specialist SaLT training and regular assessment in Communication to ensure age-related levels of language and communication. • Close liaison with QTMSI to receive advice and support on access arrangements will be required for internal and external examinations. LINT-MSI must administer these. • LINT-MSI responsible for all specialist skills training, full levels of support, modelling and coaching. • Exam access arrangements may allow up to 100% additional time. • QTMSI works with setting to facilitate interaction and communication with other young people with a MSI within or external of setting. 	

PfA Outcomes and Provision

Employability/ Education	Independence	Community Participation	Health
<p>Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them.</p>	<p>Young person is able to demonstrate life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances and know how to seek support from both familiar and unfamiliar people if they require assistance with their hearing needs.</p> <p>Young person is able to engage with self-care routines to maintain hearing equipment and assistive listening devices as appropriate.</p> <p>Young person is able to have an awareness of risk within the home context and will manage this appropriately in order to remain safe. Specialist equipment may need to be sourced to support independent living.</p> <p>Young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p>	<p>Young person is able to transfer to adult services and attend regular audiology/ ENT to support good access to sound with independence and take responsibility for making their own appointments.</p> <p>Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required.</p> <p>Young person is able to organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.</p>

Pfa Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.</p> <p>Young person is able to successfully access further/higher education provision in order to progress with future career choices.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options. They may require support with specific language choices to be explicitly explained and taught to them.</p> <p>Young person is able to access job centre provision to support pathways into employment post education.</p> <p>Young person is able to confidently liaise with specialist 3rd sector providers in order to highlight their access needs if appropriate.</p> <p>Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.</p>	<p>Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.</p> <p>Young person is able to make informed choices on specialist equipment they may need to support independent living.</p> <p>Young person is able to confidently use their mobility aid/cane/wheelchair with proficiency, to support safe travel in familiar and unfamiliar environments.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing.</p> <p>Young person is able to directly engage between health professionals, social services personnel and local specialist adult sensory impairment services.</p>	<p>Young person is able to transfer to adult services and attend regular audiology/ENT/SaLT/Ophthalmology/Optomtrist appointments, taking responsibility for making their own appointments.</p> <p>Young person is able to keep equipment in good condition and applications will be made to manufacturers to purchase their own assistive listening devices if required.</p> <p>Young person is able to identify, organise and access specialist support, such as mentoring or counselling as appropriate from appropriate 3rd sector.</p>

Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Multi-Sensory Impairment.

Physical and/or Medical Needs (PMN)

Threshold Descriptors Overview

Threshold 1

(Eligibility Criteria E)

The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching.

- The young person does not require any active involvement or further assessments from LINT-PMN if involved. The young person remains on caseload and LINT-PMN can be contacted at any time by parents/carers, Health, Social and/or Education professionals with any queries or concerns.
- The young person either does not require or requires minimal LINT-PMN liaison with multi-agencies if involved.
- The young person's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The young person has a knowledgeable and empowered family around them in relation to PMN.
- The young person has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person with PMN.
- The young person requires no or minimal treatment/medication.
- The young person requires no or minimal therapy intervention.
- The young person can move around their environment without adult support.
- The young person can manage their physical and personal care needs i.e., dressing, personal hygiene.
- The young person is meeting age-related expectations and does not need additional input.
- The young person does not need specialist equipment/aids to produce written work.
- The young person have appropriately trained staff employed in setting (i.e., moving & Handling, medical procedures, catheter trained etc).

Threshold 2

(Eligibility Criteria D)

The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.

- The young person does not require any active intervention based on the specialist curriculum from LINT-PMN if involved following assessment and provision of strategies. The young person remains on caseload and LINT-PMN provides an annual assessment including a monitoring visit with updated strategies (as appropriate).
- The young person requires minimal LINT-PMN liaison with multi-agencies if involved after receiving the LINT-PMN annual assessment as appropriate.
- The young person's learning environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The young person's social environment is accessible with appropriate Quality First Teaching PMN Friendly strategies.
- The young person has a knowledgeable and empowered family around them in relation to PMN.
- The young person has knowledgeable and empowered educators around them in relation to PMN.
- All key person/s involved with the young person can identify, recognise, and understand the specific and holistic needs and rights of the young person.
- The young person may have infrequent or historical involvement from health.
- The young person has prescribed medication which requires management by adults/staff.
- The young person requires little or no assistance to access the curriculum.
- The young person needs little or no supervision/monitoring during physical activities such as P.E.
- The young person has limited involvement with therapists.
- The young person has been assessed by a therapist/health professional and the school/setting have been advised of appropriate measures needed to ensure the young person's safety, and/or a programme put into the school/setting for staff to use.
- The young person wears orthotics such as PEDRO boots, shoe inserts and/or splints.
- The young person has the appropriate posture/seating/physical aids available and these are regularly monitored by the appropriate therapist.
- The young person requires minimal support with their communication i.e., mild speech difficulties, use of sign/symbols, can communicate sufficiently to be able to express/understand views.
- The young person needs specialist equipment/aids that do not require operational assistance/preparation.

Threshold 3

(Eligibility Criteria C)

The young person has a physical and/or medical need that may impair their ability to participate in many aspects of education and social life/leisure activities. The young person's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice / support from health professionals as appropriate.

- The young person remains on caseload and LINT-PMN provides an annual assessment with updated strategies as appropriate as well as active intervention based on a short-term block (up to 4 visits) based on the young person needs.
- All key person/s involved with the young person require timely LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies i.e., during the autumn term when the young person has transitioned.
- The young person may need a low level of intervention to successfully transition between different settings.
- The young person requires minimal or short-term LINT-PMN liaison with multi-agencies if involved.
- The young person's family require additional time-limited advice and guidance to ensure that the young person has a knowledgeable and empowered family around them in relation to their PMN.
- The young person's educators require additional time-limited advice and guidance to ensure that the young person has knowledgeable and empowered educators around them in relation to their PMN.
- The young person has continuing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which impacts on access to the curriculum.
- The young person has ongoing difficulties with continence/ toileting and other aspects of self-help and independence.
- The young person requires assessment for equipment and resources.
- The young person may need specialist input to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs, at break and lunch times etc.
- The young person has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.
- The young person has increased dependence on mobility aids i.e., wheelchair or walking aid.
- The young person has increased use of alternative methods for extended recording e.g., scribe, ICT etc.
- The young person may have medical condition that impacts on time in school and requires a medical/care/ specialist support plan for seating and specialist equipment via the educational OT.
- The young person may require their school/setting to have moving and handling training.

Threshold 4

(Eligibility Criteria B)

The young person has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach

- The young person remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
 - The young person requires active intervention from LINT-PMN receiving a minimum of 6 visits per year with programmes which are expected to take up to a year to embed across setting and home provided by LINT-PMN following assessment and provision of strategies (if involved).
 - The young person requires a low/medium level of LINT-PMN liaison with multi-agencies (if involved).
 - The young person requires LINT-PMN to provide advice, guidance and direct support over the year as required (if involved) in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
 - The young person's family requires frequent communication (minimal of termly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
 - The young person's educators require frequent communication (minimal of half-termly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
 - All key person/s involved with the young person require at least termly LINT-PMN monitoring (if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.
 - The young person may need a medium level of intervention to successfully transition between different settings.
- The young person requires specialist equipment (medical/ educational) that requires operational assistance.
 - The young person is not reaching age related expectations in all areas of the curriculum.
 - The young person requires assistance during lunchtimes i.e., help to move tray/feeding etc.
 - The young person requires aid/s such as rolator, sticks, to move around their environment. Minor adaptations are required to ensure full access to all areas of the setting i.e., handrails, ramps etc.
 - The young person needs some assistance with their personal care needs i.e., dressing/undressing, toileting, hygiene. and access to an appropriate accessible hygiene area.
 - The young person needs a therapist/therapy assistant to attend the school/setting to carry out an appropriate programme.
 - The young person has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.
 - The young person's disability/condition affects their speech and has an impact on their verbal communication and ability to express views.
 - The young person is unable to or has difficulty in using verbal and/or signing to communicate and may use specialist communication/aids/ICT that require training and/or operational assistance/preparation.
 - The young person requires assessment and/or provision of programme from Therapists (OT/Physiotherapy).
 - The young person requires assistance to participate in physical activities i.e., PE and requires a modified physical curriculum.
 - The young person experiences unstable health which impacts on their everyday life/ability to access curriculum.

Threshold 5

(Eligibility Criteria A)

The young person has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.

- The young person remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
 - The young person requires active and ongoing intervention throughout the year based on the specialist LINT-PMN curriculum from LINT-PMN following assessment and provision of strategies (if involved).
 - The young person requires a medium/high level of LINT-PMN liaison with multi-agencies (if involved).
 - The young person requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
 - The young person's family requires frequent communication (minimal of half-termly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
 - The young person's educators require frequent communication (minimal of fortnightly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
 - All key person/s involved with the young person require at least half-termly LINT-PMN monitoring (if involved) with tailored training packages (offered across Health, Education and Social Care) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.
 - The young person may need a high level of intervention to successfully transition between different settings.
- Requires intervention from specialist nursing teams, health professionals and/or Therapy services.
 - The young person may need a planned programme of therapy/intervention.
 - The young person uses specialist equipment on a daily basis that requires operational assistance or preparation in order to access all areas of the curriculum.
 - The young person's physical and/or medical needs means that they require the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks.
 - The young person has limited access to the appropriate posture/seating/physical aids and may need an urgent assessment of need to be carried out by the appropriate therapist.
 - The young person requires support at lunchtime.
 - The young person's setting needs significant adaptations to ensure that the young person has full access to their learning environment.
 - The young person has regular/weekly/daily involvement with a therapist/health professional.
 - The young person may be an Augmentative Alternative Communication (AAC) user.
 - The young person may have a degenerative condition which impacts on independence.

Threshold 6

(Eligibility Criteria A*)

The young person has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.

- The young person remains on LINT-PMN caseload (if involved) and LINT-PMN provides assessment determined by need (e.g., ongoing assessment and intervention with assessment report when requested by Health) with updated strategies and monitoring as appropriate.
 - The young person requires long-term intervention based on the LINT-PMN specialist curriculum (if involved) which is expected to take at least a year to embed across setting and home following assessment and provision of strategies.
 - The young person requires a high level of LINT-PMN liaison with multi-agencies (if involved).
 - The young person requires LINT-PMN (if involved) to provide advice and guidance in line with their specialist intervention to ensure that all learning, assessment and social activities are accessible in addition to appropriate Quality First Teaching PMN strategies.
 - The young person's family requires frequent communication (minimal of fortnightly) to ensure that the young person has a knowledgeable and empowered family around them in relation to PMN.
 - The young person's educators require frequent communication (weekly) to ensure that the young person has knowledgeable and empowered educators around them in relation to PMN.
 - All key person/s involved with the young person require tailored training packages (offered across Health, Education and Social Care by LINT-PMN if involved) to ensure that they can identify, recognise, and understand the specific and holistic needs and rights of the young person in addition to LINT reports and strategies.
 - The young person will need a high level of intervention to successfully transition between different settings.
 - The young person's medical needs demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.
- The young person's behaviour demonstrates serious risk of harm to self/others i.e., tonic clonic seizures, choking, self-harming etc. (Consider onward referral to behaviour/health services).
 - The young person may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).
 - The young person requires regular/daily intervention from specialist nursing teams or health professionals.
 - The young person needs a skilled or familiar person to assist in communicating their expressive and receptive needs.
 - The young person's physical/medical needs directly affects their ability to communicate verbally and/or record work/ideas.
 - The young person uses specialist equipment/aids that require daily operational assistance or preparation.
 - The young person requires regular or daily intervention from therapists/health professionals.
 - The young person spends a significant part, or all of their day using a specialist aid such as a wheelchair, standing frame, walking sticks and/or rolator to move around their environment.
 - The young person is dependent on an adult to manage their everyday needs i.e., ensuring any aids provided are applied correctly and with personal care needs.
 - The young person needs a specialist/differentiated physical curriculum.
 - The young person requires a daily or intensive therapy programme.
 - The young person has a medical/medication regime that requires adult assistance e.g., changing catheter, tube medication/feeding, epilepsy management etc.
 - The young person has a life threatening/limiting or degenerative condition.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching.</p> <p>Eligibility Criteria for PMN is E (if the young person has been assessed by LINT-PMN specialist teacher).</p> <p>The young person can move around the environment with no additional aids and adaptations.</p> <p>The young person requires no/minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The young person does not need equipment which requires operational assistance.</p> <p>The young person can manage their physical and personal care needs i.e., dressing, personal hygiene.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is accessible and inclusive for a young person with PMN including the use of any aids or adaptations. The young person understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. <p>IF Involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The young person does not require any active interventions following specialist assessment. <p>Planning</p> <ul style="list-style-type: none"> The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. Universal provision can meet need. Usual curriculum planning including group or individual targets is required. 	<ul style="list-style-type: none"> Inform all staff and supply staff, sport or drama groups etc. of PMN needs at the planning stage of activities. Consider seating position – young person positioned in optimal position to make entry and exit from rooms as clear as possible. Consider accessibility to the smartboard/ whiteboard i.e. that the young person can physically interact with the board. Provide a range of multi-sensory tasks, ensuring that teaching styles are matched to the young person's style of learning and support alternative ways of accessing and recording work. Cue and reinforce the young person's listening and attention. Implement fatigue rest breaks within the setting day if appropriate. Implement sensory breaks within the setting day if appropriate. Consider timetabling arrangements i.e., consider the young person accessing physical activities earlier in the day. Consider accessibility to learning materials in terms of height of resources, at eye level with the young person, use of sloped baskets or containers, reasonable height shelves, resources are within reach etc. 	<ul style="list-style-type: none"> Quality First Teaching. Some support provided by the setting i.e. with physical activities if required. Setting considers timetabling and location of rooms for the young person for ease of access. An educational occupational therapist may see the young person which may include assessment for equipment/ adaptations. The NHS occupational therapist can only be accessed by a Paediatric Consultant referral. 	<ul style="list-style-type: none"> Appropriate support and transport for trips. Identification of a key member of staff for the young person to support emotional and mental wellbeing. Supportive / correctly sized standard setting chair and table i.e., a chair and table surface that fit the young person with feet supported and table at the correct height etc. Pupils in this category may require specialist equipment via physio/OT services. i.e., specialist seating for science labs. Access to appropriate ICT provision i.e., accessibility options on Windows. Where appropriate a 2:1 staffing ratio required for positional changes the young person and/or transitioning between areas. Access to a disabled toilet. Access to the environment via ramps or lift where appropriate.

Threshold 1 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<ul style="list-style-type: none"> • Trips out of the setting to be planned in advance. • Educators, parent/carer and/ or other key professionals can request updated advice if needed or if physical/medical needs change. • Risk assessments carried out by setting if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). • School takes responsibility for the organisation of access arrangements for statutory assessments based on the last. LINT-PMN Assessment Report if appropriate. 	<ul style="list-style-type: none"> • Consider accessibility of AAC i.e., that the young person can easily access their switches. • Ensure all pathways are clear. • All resources needed for activities are within reach. • All medical information is recorded and emergency procedures are known to all staff. • Provide additional transition visits for the young person between rooms. • Encourage social interaction through sensitive seating arrangements, provision of a mentor/buddy and fully including the young person in the wider setting life. • Provide opportunities to take responsibility for helpful tasks. • Provide of a 'can do' environment where the young person can succeed and achieve. • Provide opportunities to take controlled risks in a safe environment. • Ensure a balance between intervention and independence that is understood by all professionals. • Listen to the voice of the young person and develop 		<ul style="list-style-type: none"> • Access to SEND-Support-and-Guidance-Document-2021.pdf (gateshead-localoffer.org) • Access to 3701-JH-Accessibility-STRATEGY-2021-24.pdf (gateshead-localoffer.org)

Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need with minimal impact on daily functioning. The young person's needs can be met through Quality First Teaching as well as targeted strategies and setting-led interventions.</p> <p>Eligibility Criteria for PMN is D (if the young person has been assessed by LINT PMN specialist teacher).</p> <p>The young person can move around the environment independently with or without specialist equipment.</p> <p>The young person requires no or minimal intervention from specialist nursing teams or health professionals (including therapists).</p> <p>The young person may need specialist positional equipment, equipment for which the young person requires operational assistance and/or wears orthotics such as PEDRO boots, splints, shoe inserts etc.</p>	<p>Assessment</p> <ul style="list-style-type: none"> The learning environment is partially accessible and inclusive for a young person with PMN and which will require some reasonable adjustments in relation to adaptations and specialist equipment. The young person understands their PMN including barriers and strategies to overcome these as appropriate to age and stage of development. The young person may require referral by the setting to OT for advice re fine/gross motor assessment. <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The young person does not require any active interventions following specialist assessment. A LINT- PMN Assessment Report or letter with links shared within report to physical and/or medical conditions. <p>Planning</p> <ul style="list-style-type: none"> Usual curriculum planning including group or individual targets. The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> Flexible use of resources and staffing available in the learning environment to assist with recording work, accessing text, pre-teaching vocabulary, modifying tutor talk, modelling responses, focusing listening and attention. The setting may require moving and handling training. First line strategies, based on advice and strategies given in training packages delivered by OT and via drop-in sessions / telephone consultations with health professionals. 	<ul style="list-style-type: none"> Quality First Teaching Some differentiation to physical activities if appropriate. Main provision by staff with some age-appropriate programmes delivered one-to-one or in small groups. Physiotherapy may intervene with young people who have mild physical issues to prevent further deterioration/reduce impact of condition / early intervention to achieve more successful outcomes. 	<p>As Threshold 1 plus:</p> <ul style="list-style-type: none"> Differentiated writing materials and equipment. Non-slip mat (Dycem), adapted pencils, pens, scissors, foot stool, writing slope, cutlery via educational OT assessment. Staff awareness training of relevant medical conditions on a 'need to know' basis. Refer to LINT-PMN information on the website on adapted equipment/aids if necessary.

Threshold 2 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person can manage their physical and personal care needs i.e. dressing, personal hygiene.</p> <p>The young person needs little or no supervision/monitoring during physical activities.</p>	<ul style="list-style-type: none"> • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if required). • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). • The young person is involved in monitoring and setting targets. • SENDCO awareness if no progress apparent after targeted teaching approach. 			

Threshold 3 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need that may impair their ability to participate in many aspects education and social life/leisure activities. The young person's needs are met through a combination of approaches including small group interventions and 1-1 individualised support following advice/support from health professionals as appropriate.</p> <p>Eligibility Criteria for PMN is C (if the young person has been assessed by LINT PMN specialist teacher).</p> <p>The young person has ongoing mild to moderate problems with hand/eye co-ordination, fine/gross motor skills and recording which is impacting on access to curriculum.</p> <p>The young person is making slow or little progress despite provision of targeted teaching approaches.</p> <p>The young person has continuing difficulties with self-help and independence i.e. with continence/ toileting.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The young person may require a short block (equating to up to 4 visits) of intervention/termly visit in order to comply with health and safety legislation, e.g., to access learning in the classroom, for personal care needs. The young person remains on caseload and the LINT PMN QT provides an annual assessment with links shared within report to physical and/or medical conditions and updated strategies. The young person may have a condition that requires assessment for equipment and resources. <p>Planning</p> <ul style="list-style-type: none"> Educators identify times within the day to deliver training programmes as appropriate. Parents are involved regularly (if appropriate) to support targets at home. The young person is involved in monitoring and setting targets. The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable teachers to plan appropriately. Risk assessments carried out by setting if necessary with referral to Health & Safety if required. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> Small group or one-to-one adult input to practice skills. Clear routines within the learning environment. Alternative ways of recording to minimise handwriting. Groups and layouts of tables will need to be adjusted to ensure access for the young person and any specialist equipment they are using i.e., wheelchair, standing frame etc. This will allow them to be at the same level and sit next to their peers. Opportunities are sought within the curriculum discuss PMN and role models within society. 	<ul style="list-style-type: none"> Quality First Teaching Some differentiation to physical activities if required. Opportunities to practice dressing and undressing skills. Access to appropriate ICT provision. Occasional input from additional adult to provide targeted support under the direction of tutor. Minimal support/ supervision may be needed to meet hygiene needs and/or sporting activities. Advice to be sought from Health Professionals e.g., Physiotherapist, Occupational Therapist etc. Physiotherapists may intervene with young people who have mild - moderate physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes. 	<p>As Threshold 1 and 2 plus:</p> <ul style="list-style-type: none"> Provision expected from setting. <p>IF involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> Training offered re: the needs of the young person to raise awareness of types of PMN and to reduce any further barriers to learning. Manual handling training may be offered bespoke to the needs of the young person.

Threshold 3 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person is having ongoing difficulties with gross motor skills and coordination often seen in physical activities.</p> <p>The young person may have medical condition that impacts on time in school and requires a medical care plan.</p> <p>The young person has increased dependence on seating to promote appropriate posture for fine motor activities/feeding.</p> <p>The young person has increased dependence on mobility aids i.e., wheelchair or walking aid.</p> <p>The young person has increased use of alternative methods for extended recording e.g., scribe, ICT.</p> <p>NC Level Across expected range with an unusual profile showing relative strengths and weaknesses.</p>	<ul style="list-style-type: none"> • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission if required). • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). 	<p>As Threshold 1 and 2</p>		

Threshold 4 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need that requires a highly personalised timetable and the use of specialist equipment and training, planned in conjunction with appropriate multi-agency approach.</p> <p>Eligibility Criteria for PMN is B (if the young person has been assessed by LINT PMN specialist teacher).</p> <p>The young person requires specialist equipment (medical/ educational) that requires operational assistance.</p> <p>The young person is not reaching age related expectations in all areas of the curriculum.</p> <p>The young person requires assistance during mealtimes i.e. help to move tray/feeding etc.</p> <p>The young person requires aid/s such as rolator, sticks, to move around their environment.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> • The young person remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring as appropriate. • A LINT- PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies is required. • The young person requires block/s of intervention (equating to a minimum of 6 visits per year) with programmes which are expected to take up to a year to embed across setting and home and may include: <ul style="list-style-type: none"> - Minor adaptations to ensure full access to all areas of the setting (handrails, ramps etc). - An assessment of assistive technology - Intensive modelling, coaching and training by Teacher for PMN and/or relevant therapists/ medical professional to enable setting to support and identify general/specific PMN needs. - An environmental assessment. - A personal care and manual handling assessment in conjunction with the LINT-PMN, Occupational Therapy, Physiotherapy and Health Professionals. - An environmental assessment re accessibility. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Individual skills-based work may need to take place. • Nurture group input may be necessary to help with low self-esteem. • A buddy system may benefit the young person. • Attention needed to position in rooms. • ICT equipment to aid recording. • Suitable peers and adults scaffolding the young person's environment e.g., facilitating interaction with others. • Suitable peers and adults facilitating interaction in less structured environments e.g., in a café. • Sharing experiences and having discussions on how other people are feeling. 	<ul style="list-style-type: none"> • Assistive technology may be in use to aid recording work i.e., laptop, iPad etc. • Further differentiation to physical activities if required in conjunction with Physiotherapy (physio needs would be based on assessment on a case-by-case basis). • Referral to OT by setting if first line strategies / advice and programmes have been trialled and evidenced but achievement is limited. • Main provision from setting staff with support from SENDCO and/or the LINT-PMN QT (if involved). • Flexible use of support to access curriculum and develop skills in recording. • Furniture and equipment assessed jointly by the LINT-PMN QT (if involved) and Occupational Therapy • Need handwriting/ fine motor advice from OT. 	<p>As Thresholds 1 to 3 plus:</p> <ul style="list-style-type: none"> • Disability/condition requires the intervention of an appropriately trained adult to support within the setting during specific times/ tasks. • Hygiene /medical room may be necessary. • Adapted site may be necessary to physically access the building (assessment by OT will be required). <p>IF involvement from LINT PMN QT:</p> <ul style="list-style-type: none"> • Bespoke training may be offered around creating a PMN Friendly Environment with CPD offer extended to whole setting as appropriate.

Threshold 4 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person is more dependent on appropriate ICT for recording.</p> <p>The young person needs some assistance with their personal care needs i.e., dressing/undressing, toileting and hygiene.</p> <p>A therapist/therapy assistant attends the setting to carry out an appropriate programme.</p> <p>The young person has some of the necessary appropriate posture/seating/physical aids available and needs an up-to-date assessment of need to be carried out by the appropriate therapist.</p> <p>The young person requires some monitoring/supervision by staff/adults.</p> <p>The disability/condition affects speech and has an impact on verbal communication and ability to express views.</p> <p>The young person is unable to or has difficulty in using verbal and/or signing to communicate.</p>	<p>Planning</p> <ul style="list-style-type: none"> • Curriculum planning including group or individual targets differentiated as appropriate to the NC level. • SENDCO seeks advice from LINT-PMN QT and health care professionals in order to discuss next steps. • Setting manages SEND support and engages in joint planning with the LINT-PMN QT, family, the young person and other agencies. • Common targets are distributed to all educators and reviewed regularly. • The young person can contribute to their EHC Plan and/setting targets. • Communication between the LINT-PMN QT and settings is regular (at least half termly if involved). • Setting policies reflect reasonable adjustments made to ensure inclusion • Timetabling of specialist equipment use to have the least impact on classroom time. • Individual targets on support plan following advice from the LINT PMN QT, and health professionals/therapists • Modified planning for outdoor activities is likely to be needed. 			

Threshold 4 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person requires assessment and/or provision of programme from Therapists (OT/Physio).</p> <p>The young person needs assistance to participate in physical activities and requires a modified access to these.</p> <p>The young person's health is unstable which impacts on everyday life/ability to access curriculum.</p> <p>NC Level Depending on the identified nature of the difficulty, their NC level range may vary between 'well above average' to 'well below average'.</p>	<ul style="list-style-type: none"> • The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. • Risk assessments carried out by setting if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • An Emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Care plan in place, if appropriate, written in conjunction with specialist nurse and LINT-PMN (if involved). • Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). • Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 			

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/ Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need that requires a significant level of support to access the curriculum with specialist equipment resources to break down barriers to learning.</p> <p>Eligibility Criteria for PMN is A (if the young person has been assessed by LINT PMN specialist teacher).</p> <p>Health care inputs and therapies are intensive and on a regular basis i.e., weekly/daily.</p> <p>The young person requires daily use of specialist equipment that require operational assistance or preparation in order to access all areas of the curriculum.</p> <p>The young person requires support during mealtimes.</p> <p>The young person may be an Augmentative Alternative Communication (AAC) user.</p> <p>The young person may have a degenerative condition which impacts on independence.</p>	<p>Assessment</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The young person remains on active caseload and the LINT-PMN QT provides assessment determined by need i.e., progressive or fluctuating condition requiring more regular assessment with updated strategies and monitoring which is provided on at least a half-termly basis. A LINT- PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies is required. The young person requires specialist intervention throughout the year (equating to a minimum of monthly visits) to embed across setting and home and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. The development of mobility and independent living skills. A Personal Care Assessment. A Manual Handling Assessment. The young person may require an environmental assessment re accessibility. <p>Planning</p> <ul style="list-style-type: none"> involved) continually monitor and evaluate the need for the increased intensity of input from Speech and Language, Occupational Therapy, Physiotherapy as appropriate. The young person can contribute to their EHC Plan and/ setting targets. Communication between the setting and the LINT-PMN (if involved) is frequent to ensure there are knowledgeable and empowered educators around the young person. 	<ul style="list-style-type: none"> Setting supports differed types of learning experience i.e., individual, small group, pre and post lesson tutoring etc. to ensure curriculum access and discreet skills and teaching can take place. Adult input to practice skills as advised by LINT/OT. Physiotherapy/ Occupational Therapy programme to be completed in setting. Individual and small group teaching as appropriate, carefully organised to ensure full access to the curriculum, which includes life and communication skills. Alternative ways of recording are used to minimise handwriting. 	<ul style="list-style-type: none"> Specialist programmes are integrated within the day i.e., gross and fine motor, dressing and undressing, independent life skills. ICT utilised most of the time for recording purposes. Differentiated writing materials and equipment. Timetable adjustments to accommodate specialist interventions and sensory and/or fatigue rest breaks. Differentiation to physical activities if required. Delivery of physiotherapy programme/postural management by trained staff. The curriculum is modified in some or all areas. 	<p>As Thresholds 1 to 4 plus:</p> <ul style="list-style-type: none"> Condition/disability requires the intervention of an appropriately trained adult to support within the setting during all or the majority of tasks. The setting needs significant adaptations to ensure that full access to the curriculum is achieved. Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. Site adaptations to be considered in consultation with the Local Authority and OT environmental assessment. May need a suitable space or room(s) in which therapies can be carried out with appropriate hoisting facilities, therapy bench, parallel bars, and height adjustable writing table.

Threshold 5 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>NC Level</p> <p>Significant physical/medical difficulties affect access to many parts of the curriculum but performance on non-physical based tasks may be age appropriate.</p> <p>Where there is a diagnosis of a physical disability or medical condition, the individual's academic potential should not be underestimated.</p>	<ul style="list-style-type: none"> • Opportunities are in place for regular reviews of planning in line with LA. • Individual targets on support plan following advice from OT and health professionals. • The setting must ensure that all staff are aware that the young person is experiencing barriers related to their PMN and provide support to enable tutors to plan appropriately. • Risk assessments carried out by setting if necessary with referral to Health & Safety if required. • A PEEP (Personal Emergency Evacuation Plan) is in place to ensure the young person is safe. • An emergency Health Care Plan and Emergency Call Sheet with all key information available is in place. • Relevant information and strategies relating to learning and access needs of the young person to be disseminated to all staff by the SENDCo (with parental permission). • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report if appropriate. • Emergency Health Care Plan in place, if appropriate, written in conjunction with nurses/ school nurse, LINT-PMN (if involved) and parents/carers. • Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). • Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 	<ul style="list-style-type: none"> • Attention is given to persistent difficulties in mobility around the building. • An environment is provided to support self-esteem and positive self-image. • Accessibility of the whole site, with facilities and practices that maintain the dignity of each young person. • Some young people are likely to require specialist support in communication with peers with an emphasis on developing the young person's independent use of ICT, recording skills and communication through AAC as appropriate. • Communication is embraced between the young person and others. 	<ul style="list-style-type: none"> • Settings have regular liaison with the LINT-PMN QT (if involved) to support young person and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. • Interventions should be incorporated across all activities throughout the day. 	<ul style="list-style-type: none"> • May need a suitable space where specialist resources such as seating, standing frames, walkers, physiotherapy equipment can be stored. • The facility to recharge powered wheelchairs and mobile hoists/slings when necessary. • May need a rest area for periods where pupils can spend time out of their wheelchairs i.e., away from other activities whilst having regard for their dignity. • Access to specialist resources including specific teaching programmes and systems. These might include appropriate technological aids, ICT programmes, AAC or an amanuensis to aid independent learning and assist communication, recording skills etc.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN)

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person has a physical and/or medical need/s (multiple and complex) and requires access to a significant level of support to access the curriculum.</p> <p>Eligibility Criteria for PMN is A* (if the young person has been assessed by LINT-PMN specialist teacher).</p> <p>The young person needs access to multiple pieces of personal specialist equipment, resources and technology to break down barriers to learning.</p> <p>The disability/condition demonstrates moderate risk to self or others i.e., petit-mal seizures/spasms.</p> <p>The young person's behaviour demonstrates serious risk of harm to self/others – tonic clonic seizures, choking, self-harming. (Consider onward referral to behaviour/health services).</p> <p>The young person may require regular/daily/24-hour supervision/monitoring (continuing care due to intrusive procedures).</p>	<p>Assessments</p> <p>IF involvement from LINT PMN QT the LINT-PMN Assessment has identified that:</p> <ul style="list-style-type: none"> The young person requires long-term, significant and intensive intervention from the LINT-PMN QT (equating to a minimum of fortnightly visits) which is expected to take at least a year to embed across setting and home and may include: <ul style="list-style-type: none"> Ongoing formal instruction in the use of specialist equipment and devices. Ongoing development of mobility and independent living skills. An Environmental Assessment carried out by the LINT-PMN QT alongside OT An environmental assessment re accessibility. The young person requires an Annual PMN Assessment Report with links shared within report to physical and/or medical conditions and Specialist Strategies. <p>Planning</p> <ul style="list-style-type: none"> Risk assessments for: moving and handling, movement around the setting and outside to be in place. An Emergency Health Care Plan is in place as appropriate. A PEEP (Pupil Emergency Evacuation Process) is in place collaboration with the LINT PMN QT (if involved). 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Support may be needed with difficulties in making and sustaining peer relationships leading to concerns about social isolation and vulnerability within the setting and wider environment. Opportunities to interact with others as an Augmentative Alternative Communication (AAC) user. Constant reinforcement and generalisation of skills is an essential priority. Use of adapted teaching resources and materials to support teaching and learning for those with sensory, physical, and medical needs. A specialist learning environment that supports the young person's need to accept and develop pre-requisite skills required to access communication and learning. 	<ul style="list-style-type: none"> There is a highly individualised multi-agency working approach. Individual specialist support for mobility and personal care needs. High staffing ratio with specialist teaching and specialist non-teaching support to facilitate the young person's access to the curriculum. Staff trained and 'signed off' in medical / physical interventions, postural management, and strategies as appropriate. OT intervention will be based on functional needs and not necessarily on diagnosis or medical condition. A skilled or familiar person to assist in supporting the young person to communicate their expressive and receptive needs. A specialist/differentiated physical curriculum, if appropriate, to ensure that they can access this aspect of learning. 	<p>As Thresholds 1 to 5 plus:</p> <ul style="list-style-type: none"> Fully equipped hygiene facilities to meet the needs of those who require hoisting for all transfers. A suitably equipped room(s) in which therapies can be carried out including a height adjustable therapy bench and hoist and slings. An equipment room where specialist resources such as seating, wheelchairs, walkers, physiotherapy equipment can be stored. The facility to recharge powered wheelchairs. May have access to specialist hydrotherapy/ water-based activities with advice and guidance from the physiotherapist.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person has a physical The young person requires regular/daily intervention from specialist nursing teams or health professionals.</p> <p>The young person's disability/condition directly affects the ability to communicate verbally and/or record work/ideas.</p> <p>The young person uses specialist equipment/aids that require daily operational assistance or preparation.</p> <p>The young person requires a high level of support from specialist health professionals.</p> <p>The young person spends a significant part, or all of the day using a specialist aid such as a wheelchair, standing frame, walking sticks, rolator to move around their environment.</p> <p>The young person is dependent on an adult to manage their everyday needs in terms of ensuring any aids provided are applied correctly and also help with personal care needs.</p>	<ul style="list-style-type: none"> • OT assessment for postural management, feeding, toileting, fine/gross motor needs in collaboration with LINT-PMN QT (if involved). • Setting and LINT-PMN QT (if involved) work very closely to identify, assess and meet EHCP outcomes. LINT PMN QT ensures that specialist planning is shared with all key educators including parents/carers (if appropriate) and other agencies as appropriate. • The young person can contribute to their EHC Plan with additional adaptations and modifications recommended by LINT-PMN QT (if involved) prior to meetings in line with LA SEND timescales. • Communication between LINT-PMN (if involved) and settings is frequent (minimal of fortnightly) to ensure that there are knowledgeable and empowered educators around the young person. • All outcomes from EHCP reflect the PMN specialist curriculum 'above and additional to' interventions for the young person to learn to access (if LINT-PMN is involved). • Setting works closely with LINT PMN QT (if involved) to create a bespoke education offer to meet unique needs based on setting curriculum and specialist curriculum. • Assessment and monitoring will be bespoke. • Policies reflect reasonable adjustments and are written in collaboration with LINT PMN QT (if involved). 		<ul style="list-style-type: none"> • A daily or intensive therapy programme integrated within the day. • Postural management to be regularly reviewed. • Curriculum planning closely tracks levels of achievement. • and incorporates individual targets, self-help and therapy programmes. • Communication skills are an essential priority with the use of total communication environment to facilitate access to the curriculum e.g., PECS, Makaton, objects of reference, situational and sensory clues, simple voice output devices (Big Macs). • Settings have regular liaison with the LINT-PMN QT (if involved) to support the young person and themselves in understanding the impact of the PMN, promote independence and specialist equipment training. 	<ul style="list-style-type: none"> • May have access to sensory room. • A suitable space may be needed for young people with emotional and/or behavioural difficulties including regular periods of withdrawal, disaffection and ongoing reluctance to attend the setting. • Access to regular nursing support and advice • Access to specialist services e.g., educational psychologists, SEN services and health professionals • Staff trained in the use of a range of specialist ICT and AAC equipment and software to support access to learning. • Specialist resources provided by Health to meet the personal care and mobility needs of each young person.

Threshold 6 - Sensory Impairment: Physical/Medical Needs (PMN) *continued*

Young Person's Presentation (Following specialist assessments by LINT)	Assessment and Planning	Teaching and Learning Strategies	Curriculum/Intervention	Resources and Staffing
<p>The young person has a medical/medication regime that requires adult assistance e.g. changing catheter, tube medication/feeding, epilepsy management etc.</p> <p>The young person has a life threatening/limiting or degenerative condition.</p> <p>NC Level Attainment levels will range from P scales in Primary to NC levels in Secondary.</p>	<ul style="list-style-type: none"> • Educators facilitate working between themselves, the family, LINT-PMN (if involved) and SaLT to identify appropriate use of communication methods e.g. AAC. • Individual care plan/ protocol to be in place. • Behaviour care plans in place if appropriate • Plans in place for Egress, moving and handling. • The young person requires a high level of support from a multi-disciplinary team to make successful transitions between rooms. • Setting takes responsibility for the organisation of access arrangements for statutory assessments based on the last LINT-PMN Assessment Report (if applicable). • Co-ordination between setting, Health, LINT-PMN (if involved) is required and adult services to provide successful Careers Advice and Guidance for the young person and their families (if appropriate). • Co-ordination between setting, Health, LINT-PMN (if involved) and adult services is required to provide successful volunteering/work experience opportunities, searching for and applying for jobs, disclosing disabilities and preparing for interviews. 			

PfA Outcomes and Provision			
Employability/ Education	Independence	Community Participation	Health
<p>Young person is able to access and function within work-based environments in relation to apprenticeships, supported internships and traineeships in order to progress with future career choices.</p> <p>Young person is able to confidently ask for help when there are barriers to accessing educational resources.</p> <p>Young person is able to be supported educationally to engage in missed work due to absences through illness, appointments or therapy time/ medication needs that take them out of class.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options.</p> <p>The young person is able to utilise specialist input into careers education, information and guidance, including supporting volunteering/work experience opportunities.</p> <p>The young person is able to understand the essential benefits of employment (salary, sense of worth etc.).</p> <p>Young person is able to understand the basic principles of wages, National Insurance, pension contributions, tax and employment rights as well as the principle of ‘reasonable adjustments’.</p> <p>Young person is able to begin to understand the purpose and criteria for funding such as Access to Work.</p> <p>Young person is able to request support to obtain and manage specialist equipment and/or support for job applications and funding.</p> <p>Young person is able to begin to identify their personal skills, strengths, and interests regarding employment.</p>	<p>The young person is able to demonstrate the life skills necessary (cooking, cleaning, shopping etc.) to facilitate independent living in the context of individual circumstances.</p> <p>The young person is able to engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.</p> <p>The young person is able to confidently negotiate indoor and outdoor environments independently, understanding their own limitations physically.</p> <p>The young person is able to have an awareness of risk within the home context and will manage this appropriately in order to remain safe.</p> <p>The young person is able to plan for future living arrangements, recognising what is positive and possible to promote independence and wellbeing.</p>	<p>The young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>The young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>The young person is able to analyse risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>The young person is able to safely access online communities.</p> <p>The young person is able to express own needs and make clear requests of members of the public and professionals (bus driver, shop assistant etc.).</p> <p>The young person is able to give their carer instructions.</p> <p>The young person is able to make informed decisions when refusing assistance appropriately, both verbally and non-verbally.</p>	<p>The young person is able to recognise the need for dental, medical and optical health and will take responsibility for making appointments as required.</p> <p>The young person is able to take steps to remain physically active and healthy in the context of their individual circumstances.</p> <p>The young person is able to make healthy eating choices in order to promote physical wellbeing.</p> <p>The young person is able to maintain any physiotherapy regimes necessary to ensure physical health and optimum mobility in the context of their individual circumstances.</p> <p>The young person is able to confidently engage with self-care routines in order to maintain appropriate levels of personal hygiene in the context of their individual circumstances.</p> <p>The young person is able to confidently attend their annual health check with their GP if registered as having a learning disability.</p> <p>The young person is able to access specialist support, such as mentoring or counselling as appropriate.</p>

PfA Outcomes and Provision

Employability/Education	Independence	Community Participation	Health
<p>Young person is able to access and function within work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.</p> <p>Young person is able to access and function within further/higher education provision in order to progress with future career choices.</p> <p>Young person is able to present their skills in written form (C.V) to help secure future education and work-based options.</p> <p>Young person is able to access job centre provision to support pathways into employment post education.</p> <p>Young person is able to successfully access work-based environments in relation to voluntary work, community-based projects and paid work in order to progress with future career choices.</p> <p>Young person is able to take personal responsibility for themselves including recognising their rights and responsibilities, entitlement and benefits.</p>	<p>Young person is able to access living arrangements appropriate to individual circumstances (including residential arrangements for education), that are positive in promoting independence and wellbeing.</p>	<p>Young person is able to access community, leisure and social facilities to enable participation within the local community in accordance with their preference.</p> <p>Young person is able to access appropriate transport in order to facilitate participation within community, leisure and social activities.</p> <p>Young person is able to show awareness of risk (travel, road safety, personal safety) in the context of community participation in order to remain safe.</p> <p>Young person is able to maintain wider relationships: house sharing, romantic relationships, preparing for parenthood, housing.</p> <p>Young person is able to directly engage between health professionals and social services personnel.</p>	<p>Young person is able to transfer to adult services and attend regular medical appointments to with independence and take responsibility for making their own appointments.</p> <p>The young person is able to access specialist support, such as mentoring or counselling as appropriate.</p>
<p>Provision: Please refer to detail provided within the Teaching and Learning Strategies and Curriculum/Interventions sections of the Post 16 Thresholds Guidance: Physical and/or Medical Needs.</p>			

WELCOME TO GATESHEAD COLLEGE

**Useful Information
and Resources**

Preparation for Adulthood Useful Information and Resources:

Two main websites that will be useful in terms of resources, information and writing individualised PfA outcomes are: www.preparingforadulthood.org.uk and The National Development Team for Inclusion (NDTI) www.ndti.org.uk

More specific links which will also be useful are as below:

<https://www.disabilityrightsuk.org/how-we-can-help/benefits-information/factsheets>

<https://www.preparingforadulthood.org.uk/downloads/supported-internships>

<https://www.preparingforadulthood.org.uk/downloads/employment/apprenticeships-for-young-people-a-good-practice-report.htm>

<https://www.preparingforadulthood.org.uk/downloads/supported-internships/fact-sheet-study-programmes.htm>

<https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-children-and-families-act-and-the-care-act.htm>

<https://www.preparingforadulthood.org.uk/downloads/young-people-and-family-participation/factsheet-the-mental-capacity-act-2005-and-supported-decision-making.htm>

<https://www.preparingforadulthood.org.uk/downloads/education-health-and-care-planning/building-independence-through-planning-for-transition.htm>

<https://www.scie.org.uk/care-act-2014/transition-from-childhood-to-adulthood>

<https://www.kids.org.uk/pages/search.aspx?q=keeping%20it%20personal>

<https://www.england.nhs.uk/ipc/>

There will be more examples regularly updated on the Gateshead Local Offer.

Gateshead Health, Social Care and Educational services

Educational Services

Early Years Area SENDCOs

Gateshead Council is committed to providing effective early identification and intervention for children with SEND. It is essential that all children with SEND have their needs identified as early as possible with the aim of providing early intervention to help remove barriers to learning. The service promotes inclusive practice for children aged from birth to five and those children with Special Educational Needs and Disabilities (SEND) in order to ensure that all children are fully included within the setting. We work with settings to create a common understanding of the Code of Practice to help secure the best possible outcomes for children in their care.

Settings are supported in the context that they adhere to:

- The Equality Act 2010
- The EYFS Statutory Framework
- The Special Educational Needs Code of Practice, with reference to chapters 5 and 6
- Working positively to ensure that they are offering fully inclusive services which meet the needs of all children.

Role of the service:

- Providing day to day support to practitioners and early years SENDCOs in the implementation of the Code of Practice for SEND.
- Empowering all those working in early years settings to respond to and meet the diverse needs of children in their care.
- Helping early years settings to meet the needs of children with SEND as quickly as possible through advice and support.
- Disseminating high quality, inclusive practice across early years settings.
- Facilitating multi-agency working between the setting and other professionals involved in supporting children with SEND.
- Supporting the successful admission and inclusion of children with SEND.
- Providing a high quality, continuous and relevant SENDCO training programme.
- Promoting effective communication, ensuring a shared dialogue between professionals and parents.
- Providing guidance and support for referrals to additional services.
- Monitoring and reviewing progress including supporting successful transitions between settings and schools.

Education Support Service

There are a number of services that are overseen by the Education Support Service, including the Fair Access Support Team, the Education Welfare Service and Traveller Achievement Service (EMTAS), as well as the ones detailed below.

Gateshead Homes and Hospital provision

The service provides education for children of compulsory school age, who, because of their health are hospitalised or unable to attend mainstream school for a period of time.

They engage tutors for 1:1 work with children. The Education Support Service and tutors liaise with parents or carers and schools. They may also liaise with other professionals working with the child. However, this remains a key duty of the CYP's school.

Referrals to Education Inclusion Panel are made by the child's home school and must be accompanied by a medical letter from a GP, hospital or designated agency.

Emotionally Based School Avoidance Team

The Emotionally Based School Avoidance (EBSA) learning mentors work in partnership with young people, families, and schools to support children and young people who are struggling to attend school.

Referrals are made by the CYP's school with the support of parents/carers and health professionals.

For children and young people who experience Emotionally Based School Avoidance, please refer to [Emotionally Based School Avoidance Strategy \(EBSA\) 2020-2025](#).

Gateshead Psychological Service

Gateshead Psychological Service has a dedicated team of Educational Psychologists, Trainee and Assistant Educational Psychologists and administrative staff. The service supports schools and families to ensure that all children, including

those with special educational needs and disabilities, have the opportunity to fulfil their potential. The Educational Psychologists aim to raise attainment, promote emotional well-being and achieve positive outcomes through the application of psychology to teaching, learning and behaviour.

Core Activities (Free)

- We provide high quality assessment leading to outcome-driven Psychological Advice towards Education Health and Care Plans
- We offer rapid support for critical incidents and bereavement

Traded Services

- We assess the needs of children with SEND and help school staff to formulate effective evidence-based interventions
- We deliver bespoke training for school staff, parents and carers
- We offer consultation, group work and therapeutic interventions

Gateshead Virtual School

The Virtual School monitors and supports looked after children's (LAC) educational attainment and attendance including reviewing Personal Education Plans (PEPs), supporting transitions between educational settings and/or alternative provision, provide training to schools and offer advice when an alternative placement is required for a LAC.

High Incidence Needs Team (HINT)

The High Incidence Needs Team (HINT) is part of the Special Educational Needs Inclusion Team (SENIT) within the Education, Schools and Inclusion Service. The team provides advice, guidance and support to preschool settings, primary schools and secondary schools across Gateshead to meet the needs of children and young people with Special Educational Needs and Disabilities (SEND).

HINT has five specialist teams which cover three of the four broad areas of need in the SEND Code of Practice: Communication and Interaction; Cognition and Learning; Social, Emotional and Mental Health Needs.

Early Years Team

The Early Years Team provides advice, guidance and intervention for pre-school settings, including PVI's (private, voluntary and independent) as well as school nurseries, to support the needs of children who have a significantly greater difficulty in learning than the majority of others of the same age. The team supports settings in delivering on the four overarching principles shaping practice in Early Years settings within the EYFS statutory framework to promote the delivery of child-specific inclusive practice.

Complex Social Communication Team

The Complex Social Communication Team provides support to meet the needs of children and young people who have Autism, including Asperger's Syndrome. The team also provides support for children and young people who do not have a diagnosis but who have difficulties with aspects of social interaction or who experience difficulties with language, communication and imagination which can impact on how they relate to others. Children and young people with Pathological Demand Avoidance (PDA) also come under the remit of the Complex Social Communication Team.

Speech Language and Communication Needs Team

The Speech Language and Communication Needs Team specialises in providing support for children and young people who have difficulty saying what they want to and/or have difficulties in understanding what is being said to them. Children and young people who have Developmental Language Disorder (DLD) also receive support from this team.

Specific Learning Difficulties Team

The Specific Learning Difficulties Team works with schools to help identify children and young people who have cognition and learning difficulties and to develop and deliver strategies to support them in their learning. These include pupils who experience difficulties in reading, writing and spelling, numerosity, working memory, processing difficulties such as sequencing, inference, coherence and elaboration and some other types of executive function difficulties.

Social Emotional and Mental Health Needs Team

The SEMH Team provides support to settings experiencing challenging, disruptive or disturbing behaviour and support children and young people who have attention deficit disorder, attention deficit hyperactivity disorder or attachment disorder. The SEMH Team does not work specifically in the fields of anxiety, low self-esteem or self-harm. Settings are able to refer to the Single Point of Access via ntawnt.ngspa@nhs.net for children and young people with these needs.

Children and young people do not need to have a diagnosis to receive support from any of the teams in HINT.



Learning and Skills

Learning and skills is for young people aged 16-25 and adults who have a learning difficulty and/or disability. They offer a range of courses within the curriculum based around the Preparing for Adulthood outcomes (PfA).

In addition to Preparing for Adulthood courses, learners also have access to a range of personal development courses, to support learners to explore their hobbies and interests and gain new skills and knowledge.

With the Supported Internship Programme learners will have a personalised study programme where they will develop new skills and, if applicable gain qualifications, they will also have access to a work placement with the aim of achieving paid employment after a year. To be eligible learners must have an Education, Health and Care Plan (EHCP).

For further information regarding all of these services and referral pathways please visit the [Gateshead Local Offer Gateshead Local Offer SEND 0 to 25 Years - Gateshead Local Offer SEND 0 to 25 years \(gateshead-localoffer.org\)](https://gateshead-localoffer.org)



Low Incidence Needs Team (LINT)

The Low Incidence Needs Team (LINT) is part of the SEN Inclusion Team (SENIT) and includes the areas of hearing, vision, multi-sensory impairment and physical/medical needs all of which provide support to pre-school children and young people aged 0-25 in education in Gateshead. Specialist teachers and support staff hold the necessary mandatory qualifications in the areas of:

- Hearing impairment (HI)
- Vision impairment (VI)
- Multi-sensory impairment (MSI)
- Physical/medical needs (PMN)



They provide services which may include home teaching for pre-school children and teaching support for school-age children and young people, information and advice on a child or young person's sensory impairment, physical/medical needs and its implications, support with assessments and technologies, assistance with access to specialist equipment, teaching in sign language and Braille, if appropriate, and supporting access to participation in leisure and social activities outside of school.

In line with NatSIP national guidance, the team maintains and follows their Eligibility Criteria. This is a tool to guide decision-making and to ensure the fair allocation of support through systematic consideration of a wide range of relevant factors.

Portage Service

Portage is primarily a home visiting, educational pre-school service for families with babies and young children who have Special Educational Needs and Disabilities (SEND).

The service is accessed through the Gateshead 0-4 referral process. The majority of referrals are made by health visitors, however other colleagues within Health, Social Care, pre-school settings and parents/carers themselves can also refer.

The referral form can be found on the SENIT Portage page of the educationGateshead website using the link below:

<https://educationgateshead.org/wp-content/uploads/2023/08/4359b-JH-0-4-Referral-form-July23.pdf>

Portage aims to:

- work with families to help them develop a quality of life and experience, for themselves and their young children, in which they can learn together, play together, participate and be included in their community in their own right.
- play a part in minimising the disabling barriers that confront young children in accessing mainstream early years settings.
- support the national and local development of inclusive services for children.

Who we will work with (Portage Criteria)

- Pre-school children who have a significant delay in two or more areas of their development (or a diagnosis which may predict such difficulties.)
- Pre-school children with the most significant developmental difficulties not accessing other pre-school provision will be given priority.
- Pre-school children who are experiencing difficulty with social communication and interaction.

School Improvement Team

The School Improvement Team work with schools to provide **responsive, flexible, high quality support, challenge and advice**. This work includes:

- supporting school improvement based on individual schools' performance and context, including in the areas of SEND and teaching and learning
- appropriate body work (quality assurance of statutory teacher induction)
- Continuous Professional Development (CPD) including the Early Career Teachers (ECT) programme
- Early Years improvement





SENDIASS

SENDIASS is a free and confidential service for parents, carers, and young people with SEND. It helps them to understand and exercise their rights, and to access the right provision for their needs. SENDIASS can help parents/carers to compile a contribution to a statutory assessment or voice any concerns they may have at school or college or about an assessment on your CYP. It also supports them with SEND Tribunal appeals.

To contact SENDIASS call 0191 478 4667 or email BarnardosDisabilityandInclusionSupportService@barnardos.org.uk

Special Educational Needs and Disabilities (SEND) Team

Gateshead's SEND Team coordinate the assessment and annual review process in relation to Education, Health and Care plans (EHCP) 0-25. They are also responsible for SEND panels, where plans and placement of CYP are agreed. They work with CYP 0-25 and their families to capture their views and experiences and ensure they are listened to, heard and reflected in policy.

To contact the SEND Team call 0191 433 3626 or email senteam@gateshead.gov.uk

Health Services

Bladder and Bowel Service

The Children's Service (0-19 years old) will undertake a comprehensive bladder and bowel assessment and provide a treatment programme which is tailored to suit an individual's needs. To access the service children and young people must be registered with a Gateshead GP and require level 2 bladder and bowel support. Referrals can be made by Health Visitors, Community Nursing Team, GP's or any other professionals involved in their care.

Children's Community Nursing Team

The Children's Community Nursing Team aim to prevent and shorten hospital admissions for all children aged 0-19 years of age who have a Gateshead GP by promoting Family Centred Care. They provide nursing care to children within Gateshead aged between 0-19 years for children who may have acute or chronic health care needs which require a nursing assessment or intervention. Referrals can be made by health and education professionals.

Children and Young People's Service (CYPS)

Getting More Help Services (in which CYPS resides) are usually multidisciplinary teams (MDT) working in a community mental health setting providing a service for children and young people with more severe, complex and persistent disorders. Prior to referral to this Service, the client will have evidence of prior engagement with Getting Help services.

The Children and Young People's Service (CYPS) consists of the:

- Mental Health Team (MH Team)
- Neurodevelopmental Team (ND Team)
- Learning Disability/Positive Behaviour Support Team (LD Team)

Mental Health Team – Specialist children and young people's mental health services require a young person to have had a first line intervention prior to a referral being made. The MH Team within the CYPS service will work with young people who are experiencing moderate to severe mental health difficulties.

Neurodevelopmental Team – The ND Team is responsible for the Assessment Pathway for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Following an ASD diagnosis, the ND team are not commissioned to offer Post Diagnostic Support but can signpost you to services which may be able to offer this. Following an ADHD diagnosis, the ND team only offer a Post Diagnostic intervention for medication clinic. Post diagnostic services, commissioned to provide this work, will be discussed with families following a diagnosis.

Learning Disability Team - The LD Team requires a young person to have had a first line intervention prior to CYPS becoming involved (Input from specialist with school, paediatrics, skills for people). The LD Team provides assessment and treatment with children and young people with an LD who are presenting with mental health difficulties and/or behaviour that challenges. They also have an assessment pathway for ASD and ADHD.

The single point of access (SPA) is currently the referral process to access the CYPS services in the Gateshead area. Referrals can be made by schools, GPs, health professionals as well as self-referrals who will assess suitable services, based on presentation, within the commissioned partnership agencies.



Occupational therapy services

Occupational Therapists work with children to help them achieve their maximum level of function in all aspects of their daily life and help to promote health and wellbeing.

Occupational therapists will help children and young people build skills in:

- **Self-care skills** – Dressing, toileting, bathing, drinking, feeding
- **School activities** – handwriting, concentration in class and participation in the school day
- **Play and leisure activities** – playing with toys, cycling, playing outdoor games, using a computer

To be eligible you must be registered with a Gateshead GP. Referral can be made by GP's or other Health Professionals, education staff and social workers.

Paediatric services at the Queen Elizabeth Hospital, Gateshead

Referral to the Paediatric services will be made by a GP, another doctor or health professional and the child must have a Gateshead GP.

Children and young people up to the age of 16 (18+ with SEND) can be seen in the following clinics:

- General Paediatric clinics, where common childhood conditions are seen
- Specialist clinics, some with a multidisciplinary team available

The specialist clinics include:

- Epilepsy clinic
- Neurofibromatosis (NF1) clinics
- Gastroenterology, including coeliac disease and constipation
- Feeding clinics (hospital and special schools)
- Chronic Fatigue Syndrome and medical problems in eating disorders
- BCG clinic
- Neuro disability

Child Development clinic

Pre-school children with concerns regarding social communication, including autism and children with complex and multiple developmental needs (including genetic disorders), are referred to the Child Development Clinic (CDC). They are seen by a multidisciplinary team including a paediatrician, SALT and Physiotherapist. Referrals are made via the 0-4 panel and can be made by the 0-19 service, nursery or paediatrician. Whilst waiting children may access support from services outside of Pediatrics e.g. Education, 0-19, SALT, OT, Physio and other.

Physiotherapy

Children's (or paediatric) physiotherapy is the treatment and care of babies, children, and young people from birth to 19 years providing a programme of exercises, activities and other treatments to help improve movement, strength and co-ordination. Physiotherapists assess for, and recommend, specialist seating, stander and walkers to ensure effective postural management and allow children to enjoy their environment. The physiotherapy team also run regular orthotic clinics supported by an Orthotist. Children and young people must be registered with a Gateshead GP. Referrals can be made by Health Professionals.



Speech and language therapy services

The Speech and Language Therapy (SLT) service provides comprehensive services for children and young people (CYP) in Gateshead, who have difficulties with speech, language and communication (SLC) and/or eating, drinking or swallowing (EDS) difficulties.

There are 2 clinical teams within this service:

- The **community Paediatric Team** work with children and young people presenting with communication disorders including speech sound difficulties, the understanding and use of spoken language, stammering, social communication and voice disorders.
- The **Special Needs Team** work across four main areas; pre-school children with additional and complex needs, Gateshead Special School, Hearing Impairment and also provide assessment and intervention for children with feeding/ swallowing difficulties.

To access the service children and young people must reside in Gateshead. Referrals can be made by Health Visitors, Community Nursing Team, GP's, social workers and education staff.

Trusting Hands

Trusting Hands Gateshead ("THG") is a multidisciplinary team of mental health practitioners. The service aims to meet the needs of our 'high risk, high harm, high vulnerability' cohort through trauma informed approaches with care teams and systems. These are young people with multiple, pervasive, and complex needs, which are not easily or coherently met by traditional services. This includes young people who are:

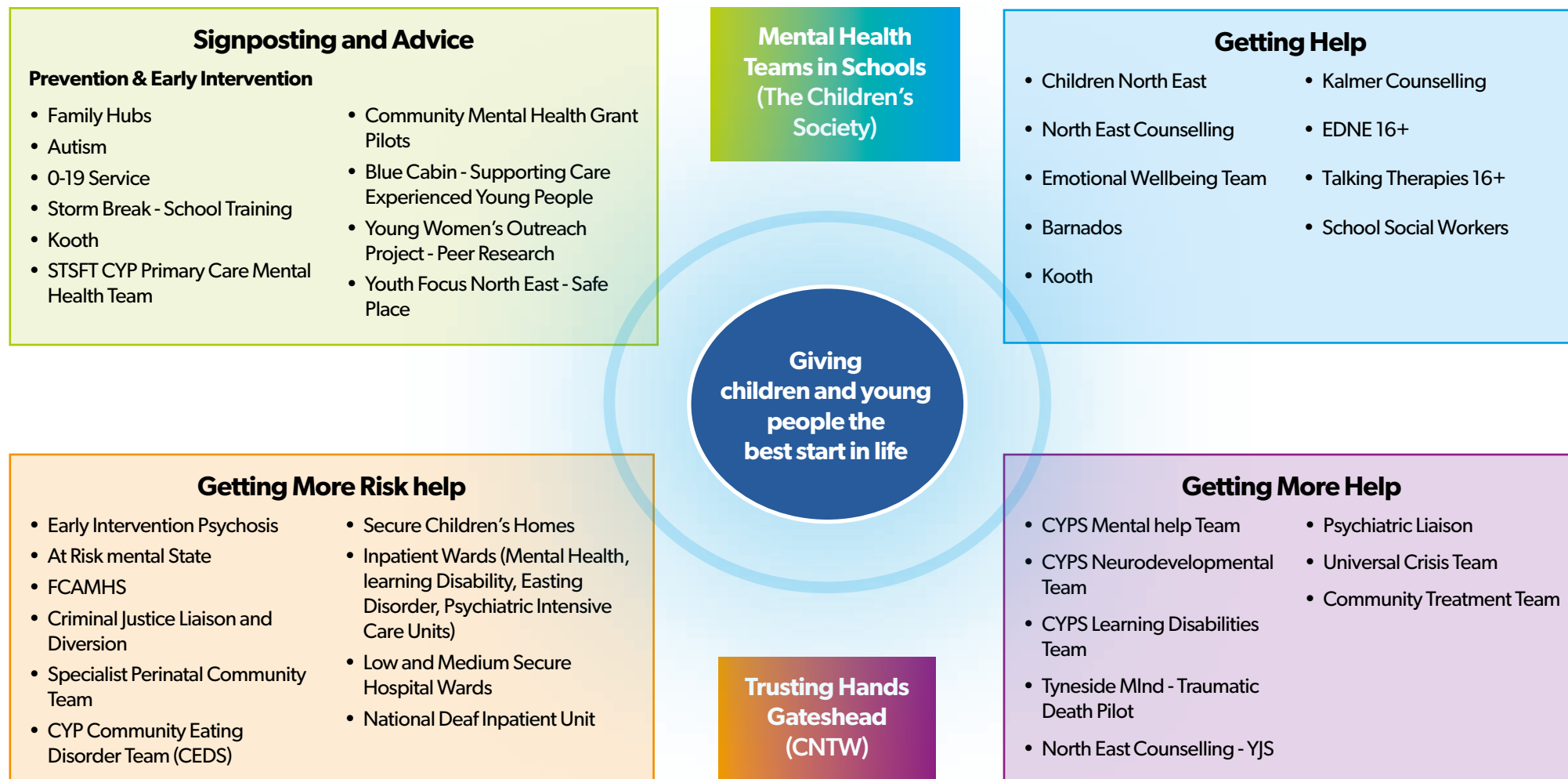
- Children in our care, in kinship care, or care leavers.
- Known to the Youth Justice Service (voluntarily or by virtue of a court disposal).
- Open to the contextual safeguarding / edge of care social work team.
- Currently or have previously been subject to an admission to a secure unit, or where admission is under consideration.
- Currently or have previously been subject to an inpatient admission (voluntarily or under Mental Health Act section), or where admission is under consideration.
- Currently or have previously been subject to a Deprivation of Liberty Safeguards order (DoLs), or where a DoLs is under consideration.

Where other local authority or external agencies are involved, the service will liaise with lead professionals to ensure a collaborative approach that best meets the young person's needs. Referrals can be made by social workers or social care practitioners.

The Designated Clinical Officer

The Designated Clinical Officer (DCO) acts as a point of contact parents/carers, partner agencies and professionals to raise queries and concerns related to the NHS health services and SEND services. To contact the DCO call 07342081199 or email dawn.robson4@nhs.net

Mental health support



The AFC-Tavistock Model for CAMHS, November 2014

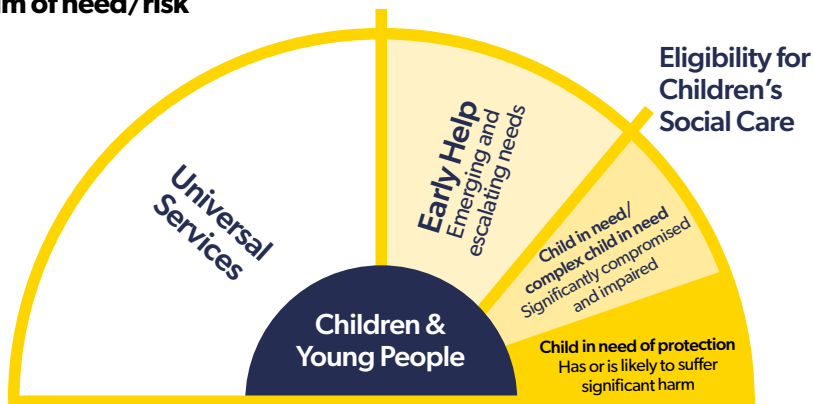
Social Care Services

The Gateshead SEND Thresholds should be read alongside the 'Multi-Agency Guide to our Thresholds of Need' below:

<https://www.gatesheadsafeguarding.org.uk/article/9185/GSCP-Policies-procedures-and-guidance>

Services for CYP and families in Gateshead are based on the recognition of a continuum of need (the "windscreen" model) where needs may move between levels:

Spectrum of need/risk



As far as possible, we have aligned the Thresholds to the multi-agency Thresholds of Need. However, just because a CYP may have been identified as having SEND at a Threshold this does not mean that an Early Help Assessment has to take place – the two are different processes. SENDCOs need to read and understand the Multi-Agency Guide to our Thresholds of Need and must make a judgement as to when an Early Help Assessment might be warranted.

A threshold is a point at which something happens, stops happening or changes for the child or family. Thresholds are a way of describing transitions between the levels of need and types of services and support. They are also ways of identifying the points at which professionals should engage in dialogue with each other and

with families to assess what has happened and what if anything needs to happen next or happen differently.

Professionals should refer to both documents at the same time where there is a need to support a CYP with SEND and his/her family. This is particularly relevant when:

- A child in the Early Years has a recognised disability that will require ongoing support; the Early Years SEND pathway should be followed: <https://gateshead-localoffer.org/nurseries-and-early-years-providers/>
- A CYP has a substantial or life-limiting disability which may require the support of the Disabled Children's Team (DCT) Team
- A CYP and their family are likely to require support from a multi-agency Team Around the Family as referred to in the SEND Thresholds; an Early Help Assessment should be completed.
- A child or young person is being considered for a neurological pathway referral (e.g. ASD, ADHD); these pathways require a parenting assessment and/or intervention to be completed first and this will almost always be part of an Early Help Plan.
- A child or young person has identified SEMH or dysregulated behaviour and may require alternative educational provision; consideration should always be given to a multi-agency approach via an Early Help Assessment.
- A child or young person is at risk of abuse due to their level of vulnerability or disability; the Thresholds of Need should be used to determine the level of risk and a safeguarding referral made if appropriate.

These examples are not exclusive and there will be other situations which require professionals to consider the SEND Thresholds alongside the Thresholds of Need.

For advice in relation to carrying out an Early Help Assessment, please contact the Early Help Service Duty Team on 0191 433 3319 or 5019 (Mon-Fri) or email earlyhelpservice@gateshead.gov.uk

The Disabled Children's Team

The Disabled Children's Team (DCT) provides emotional and practical social care support to meet the needs of children who have substantial, long-term disabilities which have a profound impact on their lives. The aim is for families with disabled children to have the support they need to live ordinary lives as a matter of course.

The service may provide to families of children and young people with disabilities:

- short breaks - during the day or overnight
- support to enable a disabled child to access community-based leisure activities
- support in the home with the care of a disabled child
- support to access adaptations and special equipment
- personal budgets
- parent carer needs assessments

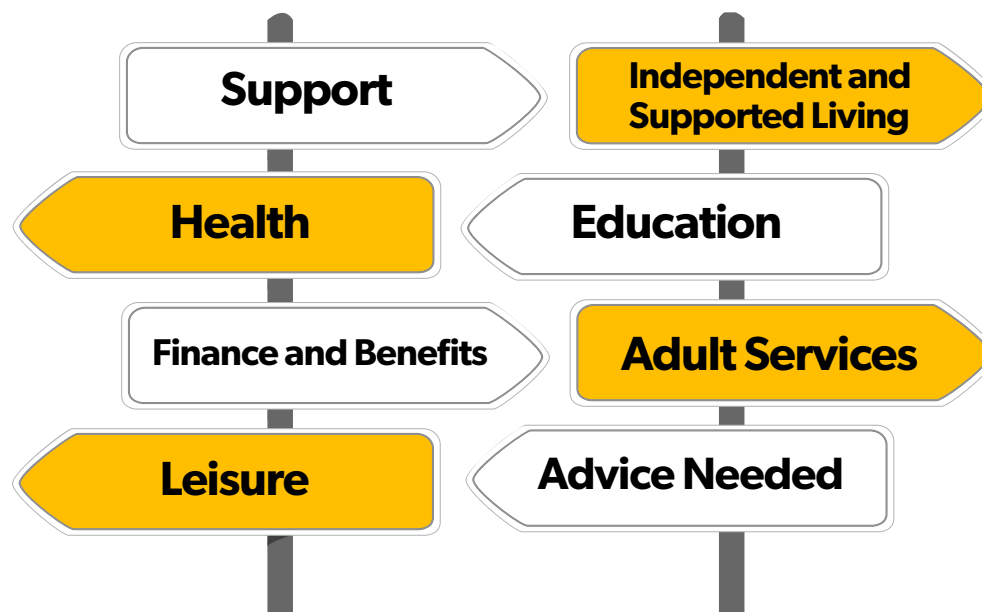
The team works closely with other services for disabled children to ensure families experience a joined up service.

Referrals

A referral to the team can be made by anyone, including the families, a GP or a Health Visitor. All initial enquiries and referrals should be made to the Integrated Referral Team on 0191 433 2653 and ask to speak to the duty social worker. All enquires related to open cases should be directed to your allocated social worker. The following links list the to the Eligibility Criteria for the Disabled Children's team.

[GSCP THRESHOLD DOCUMENT.May23_.pdf \(proceduresonline.com\)](#)

[Social care support for children with disabilities - Gateshead Council](#)



The Transitions team

The Transitions team works with young people and their carers who have received support from children's services and/or who are likely to need social care support after the young person reaches 18. There can be many changes in how services are provided when the young person reaches 18, so the Transition team work closely with other professionals and services such as Children's Services (Children with Disabilities team and Children in our Care), the Early Help team, Special Educational Needs team (SEND), Children and Young Peoples Service (CYPS), Adult Community Learning Disability team, and schools and colleges.

The aim of the transitions team is to support and prepare young people for life as they become an adult in line with the **Preparation for Adulthood** agenda. The aim of the team is to support young people to:

- access and gain paid employment
- achieve a healthy life
- access opportunities for further education, training and learning

- be as independent as possible - we provide guidance and support around independent living (including choice and control around housing options available)
- promote friendships, relationships and community participation
- raise aspirations and help them to reach their full potential

Referrals

If a young person is already receiving children’s services, their social worker will make a referral to the Transitions team following their 16th birthday. If they meet the criteria for adult services, we provide them and their parents/carers with general information and advice about adult services. We will work their children’s social worker to ensure that they have a smooth, well managed transition into adult services.

The children’s social worker will remain the young person’s allocated social worker until they turn 18 years old. They will continue to monitor, update and review their children’s support package and support plan. From the ages of 18 up to 25 the Transition worker will be the allocated worker should the person be eligible for services.

If the young person is not involved with Children’s Services, a transitions worker will be allocated to carry out a needs assessment when they reach 17 years old.

The Designated Social Care Officer

The Designated Social Care Officer (DCSO) acts as a point of contact parents/carers, partner agencies and professionals to support the resolution of queries and concerns related to the quality and interaction of Early Help, Social Care and SEND services. To contact the DCSO call 0191 433 3826 or email [taraodonnell@gateshead.gov.uk](mailto: taraodonnell@gateshead.gov.uk)

Acronyms

AAC	Augmentative Alternative Communication)
ALP	Alternative Learning Provision
ANSD	Auditory Neuropathy Spectrum Disorder
ARMS	Additionally, Resourced Mainstream School
ASD	Autism Spectrum Disorder
ATC	Assisted Technology Computer
AWPU	Age-weighted Pupil Unit or Basic Entitlement (funding)
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Service
CFVI	Curriculum Framework for Vision Impairment
CLDD	Complex Learning Difficulties and Disabilities
CSC	Complex Social Communication
CVI	Cerebral Visual Impairment
CYP	Child or Young Person
CYPS	Children and Young People’s Service
CSE	Child Sexual Exploitation
DAF	Disability Access Fund
dB HL	Decibels Hearing Level
DfE	Department for Education
EAL	English as an Additional Language
EBSA	Emotionally-based School Avoidance
ECAT	Every Child a Talker
EHA	Early Health Assessment

EHCP	Education, Health and Care Plan	QTMSI	Qualified Teacher of CYP with Multi-Sensory Impairment
ELKLAN	Training by Speech and Language Specialists to Education Staff	QToD	Qualified Teacher of the Deaf
ELSA	Emotional Literacy Support Assistant	QTVI	Qualified Teacher of CYP with Vision Impairment
EP	Educational Psychologist	SaLT	Speech and Language Therapy
EYFS	Early Years Foundation Stage	SEAL	Social and Emotional Aspects of Learning
FRIENDS	An intervention programme underpinned by the principles of Cognitive Behaviour Therapy with the primary aim of reducing participant anxiety levels.	SEMH	Social, Emotional and Mental Health
HI	Hearing Impairment	SENDSCO	Special Education Needs and Disabilities Co-ordinator
HINT	High Incidence Needs Team (CSC, SLCN, SpLD, SEMH)	SEND	Special Education Needs and Disabilities
LA	Local Authority	SLCN	Speech, Language and Communication Needs
LINT	Low Incidence Needs Team	SLD	Severe Learning Difficulties
LVA	Low Vision Aids	SLT	Speech and Language Therapist
MSA	Midday Supervisory Assistant	SMART	Specific, Measurable, Achievable, Relevant, Timebound (relating to targets)
MSI	Multi-Sensory Impairment	SRE	Sex and Relationship Education
MAPPA	Multi-Agency Public Protection Arrangements	SSE	Sign Supported English
NatSIP	National Sensory Impairment Partnership	TA	Teaching Assistant
NC	National Curriculum	TAF	Team Around the Family
NPA	National Portage Association	VI	Vision Impairment
NPSLBA	National Programme for Specialist Leaders of Behaviour and Attendance	VOCA	Voice Output Communication Aids
NVC	Non-Verbal Communication	YOT	Youth Offending Team
OT	Occupational Therapist		
PECs	Picture Exchange Communication System		
PMN	Physical and Medical Needs		
PSHEE	Personal, Social, Health and Economic Education		
QFT	Quality First Teaching		



