Guidance Criteria for Children and Young People with Special Educational Needs and Disabilities (SEND)

TORBAY COUNCIL

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1. Introduction

This document is a revision of Torbay's previous guidance criteria, which has been in place since 2006 for making decisions around whether to proceed with a statutory assessment of need in line with the Special Educational Needs and Disability (SEND) Code of Practice (0-25 years) 2015, and changes in SEND policy and practice at both national and local levels.

This document sets out Torbay Local Authority's expectations for a graduated response to children and young people with Special Educational Needs (SEN) and includes criteria for considering whether a child/young person's needs should be met from within the school/colleges resources for children/young people with additional needs, and/or whether the Local Authority should undertake a statutory Education Health and Care (EHC) needs assessment. The document includes guidance for making requests for EHC needs assessment for children and young people with SEN.

The guidance is based on the Children and Families Act, 2014, and the Special Educational Needs and Disability Code of Practice 0-25 years, 2015. It refers to the SEND Code of Practice and sets out the procedures that should be followed at SEN support. It gives information about process and threshold criteria on which decisions regarding Requests for Statutory Assessment (RSA) are made.

Local health, education and social care services share the responsibility to meet the requirements of the 2014 Children and Families Act, SEND Code of Practice and regulations 2015.

For clarity and ease of reading the term educational setting refers to preschool and early years settings, including child minders, school, academies and colleges, mainstream, specialist provisions and post 16 providers.

Definition of Special Educational Needs (SEN)

The SEND Code of Practice defines SEN as:

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

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

- has significantly greater difficulty in learning than the majority of others of the same age, or
- has a disability which prevents or hinders him/her from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post 16 institutions.

xv. For children aged two or more, special educational provision is educational or

training provision that is additional to or different from that made generally for other children and young people of the same age by mainstream school, maintained nursery schools, mainstream post 16 institutions or by relevant early years. For a child under two years of age, special educational provision means educational provision of any kind.

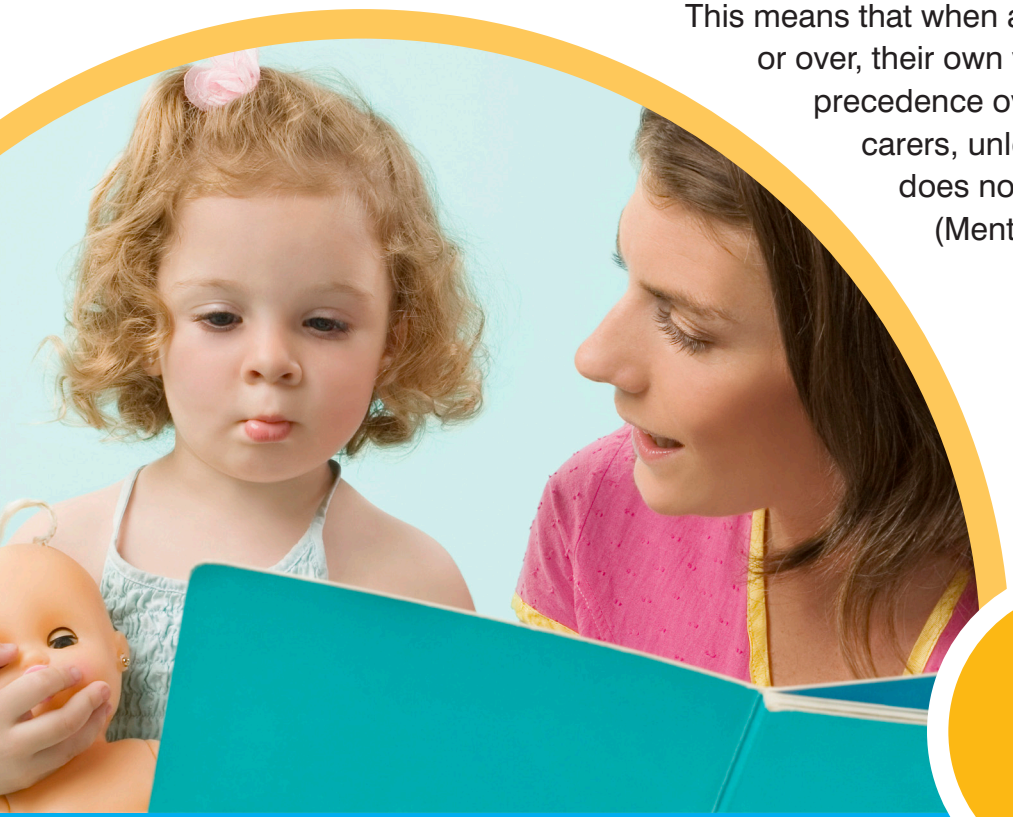
xvi. A child under compulsory school age has special educational needs if he or she is likely to fall within the definition in paragraph xiv. above when they reach compulsory school age or would do so is special educational provision was not made for them (Section 20 Children and Families Act 2014).

Definition of Disability

The Equality Act 2010 states that a disability is:

'a physical or mental impairment which has long-term and substantial adverse effect on their ability to carry out normal day to day activities'.

The new framework outlined in the Children and Families Act 2014 for meeting the needs of children and young people up to the age of 25 years, puts children and families at the centre of the process. Schools and Local Authorities must ensure that parents and carers have access to information about the support available to them through a published Local Offer, making the process more transparent and accessible. There is a strong focus on the participation of children and young people and parents in decision making at all levels. There is also a focus on identifying outcomes and co-ordinating support to meet those outcomes and on supporting young people through the transition to adulthood. Young people over the age of 16 have new rights to make decisions for themselves. This means that when a young person is aged 16 or over, their own views and opinions take precedence over those of their parents/ carers, unless the young person does not have the mental capacity, (Mental Capacity Act 2005).



2. SEN Support

Pre Education Health and Care Plan Process - Graduated Approach

The Schools' Funding Reform has changed funding arrangements for meeting the needs of children and young people with special educational needs and disabilities. Schools have an amount identified within their overall budget, called the notional SEN budget. This is not a ring-fenced amount, and it is for the school to provide high quality appropriate support from the whole of its budget. It is for schools, as part of their normal budget planning, to determine their approach to using their resources to support the progress of pupils with SEN.

Colleges and training providers are funded by the Educational Funding Agency (EFA), including for those who declare a learning difficulty or disability, and must use their best endeavours to secure the necessary special education provision the young person needs.

All schools have responsibility for making appropriate support arrangements and for welcoming all pupils into their school (Accessibility Planning). The Equality Act 2010 and Children and Families Act 2014 reinforce the right of all children to be educated in mainstream schools. The SEND Code of Practice (CoP) states *"Where a child or young person does not have an EHC plan they must be educated in a mainstream setting except in specific circumstances ...* (CoP 1.27). *All schools ..."must make reasonable adjustments, including the provision of auxiliary aids and services for disabled children, to prevent them being put at a substantial disadvantage."* (CoP 6.9).

Torbay Local Authority carries out its statutory responsibility for children and young people with special educational needs by applying the graduated response principle, described fully in the SEND Code of Practice. This is supported by effective working arrangements with schools, parents/carers, key partner agencies and the voluntary sector.

It is generally recognised that children/young people's needs are related to a range of factors including what the child brings to their education. It is the Authority's expectation that for all children/young people educational establishments will:

- set suitable learning challenges;
- respond appropriately to children/young people's diverse learning needs; and
- overcome barriers to assessment and learning for individuals and groups of young people.

In addition, where children/young people have special educational needs, educational establishments will:

- ensure decisions are informed by the insights of parents and those of children and young people themselves;
- make special provision to match those needs;
- ensure that the approaches used are based on the best possible evidence
- ensure approaches are having the required impact on progress;
- promote positive outcomes in the wider areas of personal and social development, and
- ensure regular recording of actions taken and the outcomes achieved.

In only a small number of cases, where a child/young person is experiencing particularly high levels of difficulty, and is unable to make adequate progress, will an EHC needs assessment be necessary.

School staff should plan to meet a child's educational needs from resources available within the school's Local Offer other than for exceptional levels of need. The provision schools make to enable them to meet the special educational needs of children and young people with special educational needs and disabilities, as well as those whose health is a barrier to learning, must be set out and published in their Local Offer, and updated at least annually.

Educational settings must ensure appropriate provision has been put in place and that this is carefully monitored, evaluated and reviewed through the graduated approach.

Under 'Changes from the SEN Code of Practice 2001', the SEND Code of Practice 2015 stipulates:

'There is new guidance for education and training settings on taking a graduated approach to identifying and supporting pupils and students with SEN'. (To replace school action and school action plans).

High quality teaching, differentiated for individual learners is the first step in responding to children/ young people who have, or may have SEN. Additional support cannot compensate for a lack of good quality teaching. (CoP 6.37)

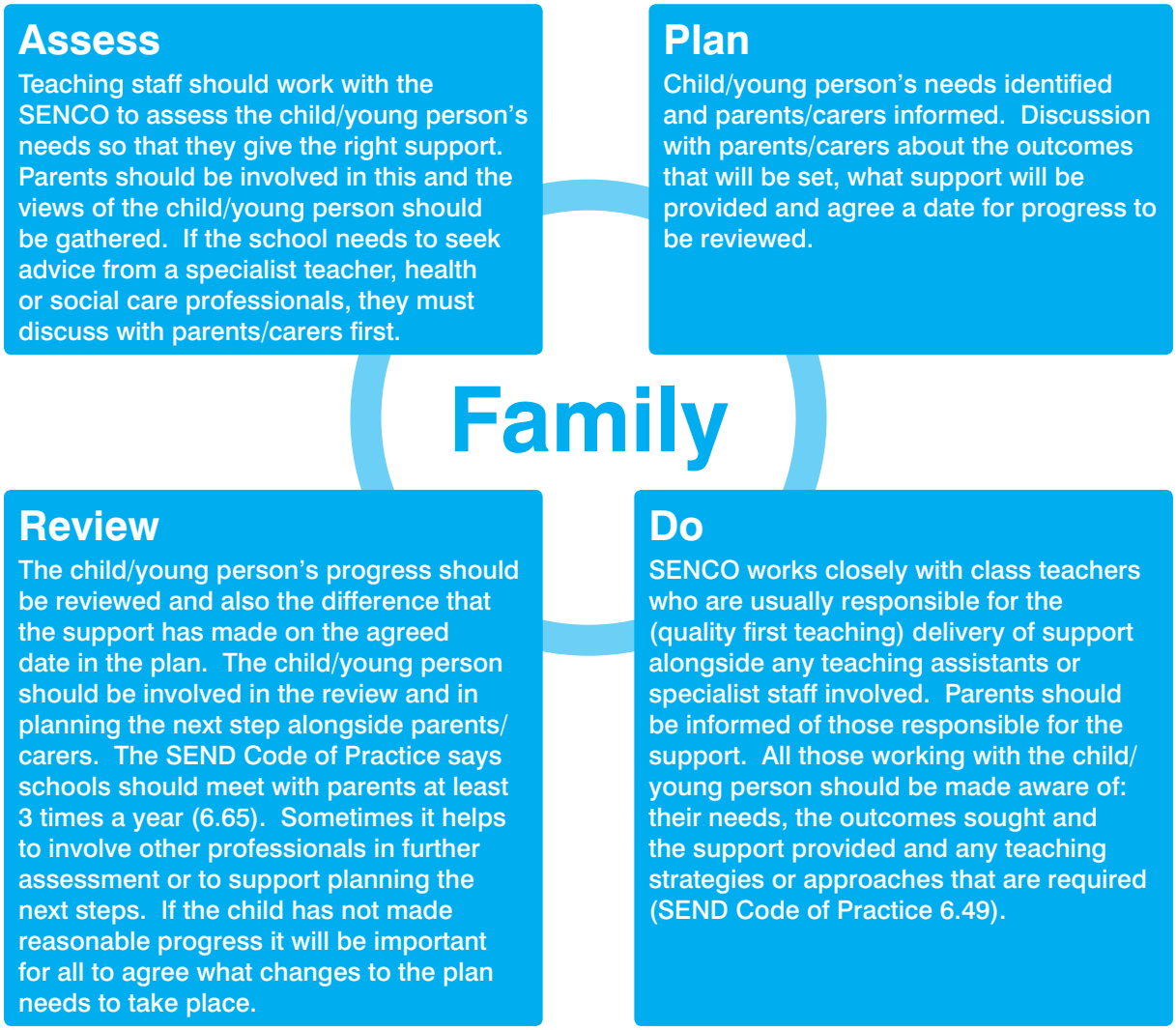
To ensure needs are identified early and support is put in place promptly, Torbay LA expect all settings to have an embedded graduated response approach. (see: Appendix A Torbay LA Pre Plan Process).

Assess – to establish a clear analysis of the child/young person's needs

Plan – to set out how the child/young person will be supported

Do – to provide the support (a plan)

Review – regular reviews to assess the effectiveness of the provision which will lead to changes where necessary



There is also an expectation that the school or setting regularly communicates with parents and pupils about progress, long term aspirations, outcomes and short term targets. Where a learner continues to make less than expected, despite evidence based support and interventions that are matched to the learner's area of need, the school or setting should consider involving specialists, including those secured by the school itself and/or from outside agencies. This could include, for example, Advisory Teachers, Educational Psychologists, Speech and Language Therapists, specialist teachers for the hearing or visually impaired, occupational therapists or physiotherapists. Schools may involve specialists at any point to advise them on early identification of special educational needs and effective support and interventions. The involvement of specialists and what was discussed or agreed should be recorded and shared with parents and teaching staff.

The SEND Code of Practice now covers the age range 0-25 years and there is an expectation of all providers to support long term aspirations in preparing for adulthood.

3. Request for Statutory Assessment

A college/school/pre-school setting must demonstrate that its actions have been purposeful, relevant and sustained prior to submitting a Request for Statutory Assessment (RSA). Children/young people eligible for an EHC needs assessment will usually have been supported from within the provisions Local Offer and with resources already available to them over a period of time, 2 – 3 assess/plan/review cycles, graduated approach.

Actions taken by college/school/pre-school setting to differentiate the curriculum, provide quality teaching and additional targeted intervention to meet the child/young person's need will be evident in provision maps, individual targets and evidence of having implemented advice from specialists.

There must be clear demonstration of identification of SEN, school based intervention and progress made.

The following evidence will be taken into account when a request for an EHC needs assessment is considered:

- The views of parents/carers and child/young person;
- Background information on child/young person and family;
- A holistic description of the child/young person's strengths, his/her learning difficulties, special educational needs (under 4 main areas of SEN) and the impact on the learning of others;
- Relevant and purposeful intervention from within school resources;
- Details of the 'Assess, Plan, Do, Review' process put in place to meet needs of the child/young person which include a clear description of progress made over a period of at least two terms. Plans should have clear outcomes and actions/interventions in place through the graduated response should have clear entry and exit criteria and success measures;
- Educational Psychology assessments must be included with evidence of implementation of advice to devise appropriate strategies and programmes with outcomes clearly recorded;
- Evidence of the implementation of advice, with outcomes, from specialist outside agencies;
- The checklist of evidence to evidence to be included (www.torbay/sen.co.uk)

The SEND Panel will generally only recommend that a full EHC needs assessment should be undertaken if they are satisfied the child/young person's difficulties are severe, complex and long standing and have not been resolved despite a range of well planned interventions.

4. Guidance Criteria for an Education Health and Care (EHC) needs assessment

Threshold criteria:

Only those with the most exceptional level of need will require an EHC plan. In line with national expectations approximately 2% of the pupil population whose needs are severe and complex will need the support of an EHC plan.

Overview

Although the four broad categories of need as set out in the SEND Code of Practice will form the basis for decision-making, the Local Authority recognises there is a wide spectrum of special educational needs which are frequently interrelated. While threshold criteria have been set for each category of need, reference may be made by the panel to more than one category of need.

In schools, account will be taken of the first £6,000 (Element 1 & 2) of additional support that the DFE expects to be made within the school special educational needs resources.

In some exceptional circumstances, it may be possible for a combination of less severe SEN needs to have a cumulative effect which may call for special provision which cannot reasonably be provided within the resources normally available to mainstream settings.

The LA should be expected to carry out an EHC needs assessment for a child/young person only when:

- The child/young persons SEND are long term, severe and complex.
- The child/young person has not responded to sustainable, relevant and purposeful measures taken by the educational establishment.
- The child/young person requires special educational provision that is additional to and different from provision normally available to mainstream maintained schools and settings in Torbay

The SEND Panel is a consultative moderation group. In the majority of cases, this Panel used to give considered recomendations to the LA officer responsible for making the final decision. The SEND Panel meet fortnightly (term time only). It is charied by the SEN LA officer responsible for making the decision and consists of representatives from Educational Psychology, Advisory Teaching, SENCO's, SENDIASS, health and social care.

In reviewing the evidence, the SEND Panel will consider if sustained, relevant and purposeful actions have been taken, in particular the educational establishment has:

- Analysed the nature of the child/young person's learning difficulties established his/her SEN, made appropriate provision over a sustained time (at least two terms), set and reviewed appropriate strategies, targets and outcomes.

- Taken necessary actions to secure and record the views of the child/young person and his/her parents/carers and actively encouraged their involvement at all stages.
- Sought advice from an Educational Psychologist and appropriate specialist teachers.
- Sought the advice of relevant professions i.e.; medical professionals, social care professionals

The final decision rests with the Chair of the SEND Panel who is the Local Authority Officer responsible for making such decisions. If a request is refused, written explanation will be provided to the referrer and discussed with parents within 6 weeks from when the Local Authority receives the request.

Areas of Need

The 2015 SEND Code of Practice (0-25 years), identifies four broad areas of need:

Cognition and Learning

- Moderate Learning Difficulties (MLD)
- Severe Learning Difficulties (SLD)
- Profound and Multiple Learning Difficulties (PMLD)
- Specific Learning Difficulties (SpLD)

Communication and Interaction

- Speech, Language and Communication Needs (SLCN)
- Autistic Spectrum Disorder (ASD) including Asperger's Syndrome (which is also described as high functioning Autism) and Autism

Social, Emotional and Mental Health Difficulties (SEMHD)

- A wide range of social and emotional difficulties which may reflect underlying mental health difficulties or conditions.

Sensory and/or Physical Needs

- Visual Impairment (VI)
- Hearing Impairment (HI)
- Multi Sensory Impairment (MSI)
- Physical Disability (PD)

Each of the following sections covers an area of learning difficulty of special educational needs. They contain a brief overview, followed by an indicative severity criteria and a further table describing the key factors used to determine whether or not the Authority should undertake an EHC needs assessment.

It should be noted that for most children who present with complex needs, more than one set of indicative severity criteria might be considered. The Panel will be mindful of all appropriate factors when advising the Authority whether or not to carry out an EHC needs assessment.

5. Cognition and Learning

Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including Moderate Learning Difficulties (MLD), Severe Learning Difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to Profound and Multiple Learning Difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Chronological age	Year group	Criteria for Learning Difficulties	Indicator that the child meets threshold criteria
Under 5 years	**Refer to the indicative severity criteria for Early Years in this document.**		
Rising 5 year olds	**Reception**	Two or more years below chronological age in more than one relevant EYFS curriculum area.	Within or below EYFS 16- 26 months in Literacy, Mathematics and/or Understanding of the World.
Rising 6 year old	**Year 1**	Two or more years below chronological age. Still working in EYFS curriculum areas	Within or below EYFS 30- 50 months in Literacy, Mathematics and/or Understanding of the World. Or working at P-Level 5 or below in core subjects.
Rising 7 year old	**Year 2**	A child working between three and four years behind their chronological age, as measured by standardised assessment.	P-level 6 or below in core subjects.
Rising 8 year old	**Year 3**	A child working four years below their chronological age, as measured by standardised assessment	P-level 7 or below in core subjects.

Rising 9 year old	**Year 4**	A child working four to five years their chronological age, as measured by standardised assessment.	P-level 8 or below in core subjects.
Rising 10 year old	**Year 5**	A child working five years behind their chronological age, as measured by standardised assessment.	Working on Year 1 objectives at developing /emerging level in all core subjects.
Rising 11 year old	**Year 6**	A child working five to six years behind their chronological age, as measured by standardised assessment.	Working on Year 1 objectives at emerging level in all core subjects.
Rising 12 year olds	**Year 7**	A child/ young person working 6 years behind their chronological age as measured by standardised assessments	Working within Key Stage 1. Will have a scaled score of less than 75.
Rising 13 year old	**Year 8**	A child/ young person working 6 years and 7 years behind their chronological age as measured by standardised assessments	Working within Key Stage 1. Will have a scaled score of less than 75.
Rising 14 year old	**Year 9**	A child/ young person working 7 years behind their chronological age as measured by standardised assessments	Working within Key Stage 1. Will have a scaled score of less than 75.

Rising 15 year old	**Year 10**	A child/ young person working 7 years and 8 years behind their chronological age as measured by standardised assessments	Working within Key Stage 2. Will Have a scaled score of less than 75.
Rising 16 year old	**Year 11**	A child/ young person working 8 years behind their chronological age as measured by standardised assessments	Working within Key Stage 2. Will Have a scaled score of less than 75.
16 years and above (to 25)		It should not be assumed that just because a young person has SEN at a particular level they will need an EHC Plan to access the course or placement of their choice. They may do, but it should be clearly demonstrated that existing resources available are not sufficient to support their individual needs.	A young person will require a significant level of additional support and time, in comparison to the majority of others the same age, to complete the learning elements within their chosen course or placement of choice.

6. Social, Emotional and Mental Health Difficulties (SEMHD)

In the SEND Code of Practice, “behaviour” is no longer a description of a special educational need. Concerns about behaviour should focus on the underlying causes that the school will recognise through knowing the child/young person well, e.g. literacy or speech and communication difficulties, mental health difficulties.

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging behaviours, disruptive or disturbing behaviours. These behaviours may reflect underlying mental health difficulties such as anxiety and depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder. (CoP 6.32)

For children/young people with significant social, emotional or mental health difficulties, there may be a marked discrepancy between their attainment in core subjects of the National Curriculum and the expectation for them to be assessed by teachers, specialist services. They may require a flexible approach to implementation of the curriculum including modification of content, materials and/or teaching approaches for substantial parts of the curriculum. (CoP 6.33)

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

A small proportion of children/young people will demonstrate severe and complex difficulties over time despite appropriate interventions. These children/young people will demonstrate a range of behaviours to a severe degree, which would include the following:

- very poor social skills, including interacting with peers;
- continual high-level disruptive behaviour in the classroom, conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour – the underlying causes of these behaviours must have been identified and targeted provision made to address the underlying causes;
- poor concentration and organisation/disturbance of activity and attention;
- evidence of mental health needs of a severe nature including, emotional disorders e.g. phobias, anxiety states and depression;
- attachment disorders, e.g. children who are markedly distressed or socially impaired as a result of extremely abnormal pattern of attachment to parents or major care givers; and
- other mental health problems including eating disorders, habit disorders, past-

traumatic stress syndromes, somatic disorders and psychotic disorders.

Before considering an EHC needs assessment, advice of supporting professionals such as a registered psychologist should be sought to understand and plan to meet needs through timely early intervention. This should include clear and detailed reference to and evidence of following the Behaviour Thresholds along with a chronology of events, actions taken and the impact of these.

Where the underlying needs have been addressed and appropriate interventions provided, the following will be considered as evidence of the severity of both the underlying need and impact on learning. There would also be evidence of the following over a sustained period of intervention.

- violent or severely disruptive behaviour which is not confined to a particular teacher, class task or set circumstances
- regular aggressive or violent acts against people and/or property
- self harming
- withdrawal, depressive or suicidal tendency
- hyperactive, inattentive or unpredictable behaviour
- socially immature, inappropriate or isolating behaviours

The degree and complexity of these behaviours for any child/young person will need to be assessed against:

- the inappropriateness of the behaviour - particularly with regard to the age of the child and to the context in which the behaviours occur
- the frequency – how often the behaviour occurs
- the intensity - the extent of disruption on others activities and learning
- its duration – the length of time the behaviour continues
- its persistence over time – the behaviour persists across different settings/ contexts/personnel
- reasonableness – how reasonable the behaviour is in a given situation
- the impact – interferes with work, relationships or social life and daily functioning.

The evidence submitted to the panel will need to demonstrate the degree to which a child/young person's social, emotional or mental health needs have an effect on:

- access to the curriculum and learning behaviour of the child/young person
- the safety or welfare of the child/young person on others
- impact on learning and progress
- impact on personal and social development

Indicative Severity Criteria for an EHC needs assessment (SEMHD)

Nature and severity of need with the evidence required to request an assessment	
Access to the curriculum and learning behaviour of the child/young person	
1. Severe impact on expected attainment and learning skills development. 2. Child/young person's pace of learning, or ability to sustain focus, is inadequate to meet the time and pace requirements of the normally differentiated curriculum. 3. Child/young person lacks effective learning habits needed to utilise and learn from typically used teaching methods, materials and equipment. 4. Necessary specialist inputs cause child/young person's regular absence from some class lessons. 5. Child/young person's difficulties impede their ability to fully participate in the wider life of the setting.	This will include evidence of specific highly individualised curriculum responses, for example: 1. reduced or alternative curricular content including teaching specific social/emotional skills programmes 2. increased emphasis on core curriculum 3. specialist teaching approaches 4. significantly adapted or alternative materials and equipment 5. therapeutic interventions

The safety or welfare of the child/young person and others	
The safety or welfare of the child/young person and others 1. Child/young person has a documented history of self harming behaviour 2. Child/ young person has a documented history of an eating disorder 3. Child/young person displays behaviours that place self and others at risk e.g. Lighting fires, misuse of safety equipment, running off site, inappropriate sexual behaviour 4. Child/young person shows frequent episodes of destructive behaviour when faced with failure e.g. Destroying own work, damaging setting property 5. Child/young person displays frequently aggressive verbal and physical behaviours in the learning environment that necessities removal of others from the environment and/ or use of positive handling techniques. 6. Child/young person has a documented history of being under the influence of alcohol or substances within the educational setting and/or bringing these substances on site. 7. Child/young person shows withdrawn and isolated behaviour which could include selective speaking, avoidance behaviours and extreme fearfulness. 8. Child/young person is frequently absent from the setting due to anxiety based disorders or other mental health difficulties. 9. Child/young person exhibits bullying and abusive behaviours towards others in the settings and/or is a victim of abusive or bullying behaviour.	This will include evidence of: 1. Setting based records, observations, assessments and judgments over time. 2. Specialist assessment from services such as: Child and Adolescent Mental Health Service, Educational Psychology, outreach teams, Attendance Improvement Officer, Police, Youth Offending teams, Social Worker and/or Family Support Worker and evidence of the impact of this. 3. Annotated risk assessments, positive handling plans and evidence of multi-agency meetings linked to this. 4. The views of the child/young person and parent/carer.

Impact on learning and progress	
1. Child/young person's achievements are severely below functional expectations (see cognition and learning criteria) 2. Child/young person's rate of progress is unsatisfactory. For example: • gap between child/young person and peers significantly widening beyond expectations • progress is slowing in relation to peers starting from the same baseline • progress is slowing in relation to child/ young person's own rate of progress previously. 3. Adequate progress has only been achieved because of consistently high levels of intervention beyond normally expected setting based responses.	This will include evidence of: 1. setting tracking data over time 2. curriculum and standardised assessments 3. professional and specialist judgments over time 4. annotated work samples, observations

Impact on personal and social development	
1. Child/young person's difficulties have prevented the development of functional independence skills which impedes child/young person's ability to manage the requirements of the setting. This requires planning, support and specific teaching around issues such as: • self care and personal safety awareness • remembering, recognising and adhering to rules routines and instructions • managing time, timetables, possessions and tasks • personal organisation. 2. Child/young person's difficulties affect the development of function social skills and relationships. This requires planning, support and specific teaching around issues such as: • inappropriate social behaviours • under/over-reliance on other(s) • making and maintaining peer relationships • anger management and emotional literacy. 3. Child/young person's difficulties adversely and severely affect development of confidence. This requires planning, support and specific inputs around issues such as: • withdrawal • work avoidance • changeable behaviours; • frustration • depression • attention seeking • anxiety.	This will include evidence of: 1. setting based records, observations, assessments and judgments over time 2. specialist assessment and advice, professionals assessments 3. the views of the child/young person and parent

Evidence must also demonstrate the degree to which risk and protective factors have been considered.

Behavioural difficulties do not necessarily mean that a child or young person has possible mental health difficulties or a special educational need (SEN). Consistent, disruptive or withdrawn behaviours can, however, be an underlying problem, and where there are concerns about behaviour, there should be an assessment to determine whether there are causal factors such as unidentified learning difficulties, difficulties with speech and language or mental health issues.

It is expected that the child/young person's targeted intervention programme will have been in place for a reasonable period of time and reviewed in consultation with all staff working with child/young person, as well as with his/her parents/carers

and the child/young person. The intervention will describe the underlying factors, how these have been addressed and the impact of actions taken. Individual support plans, provision maps and/or pastoral support plans with specific measurable targets that are outcome focused which show evidence of reviewing strategies and/or interventions relevant to the child/young person social, emotional and mental health difficulties over time must be provided. A list of incidents alone will not be sufficient to meet criteria. Evidence of a graduated response will be necessary. **Exclusions will not be considered an automatic 'trigger' for an EHC needs assessment.**

7. Communication and Interaction

Speech, Language and Communication Needs (SLCN)

Most speech and language difficulties will have been identified before school age. The vast majority of these children will have their needs met without requiring an education, health and care plan (EHCP). Some pupils, however, may have particular complex speech and language difficulties, which severely impair their ability to participate when they start school. This may, in turn, have serious consequences for the child's academic attainment and may, in some cases, give rise to significant emotional and mental health difficulties.

A speech and language difficulty will be evident is a child/young person has a marked impairment in one or more of the following communication skills:

- Phonology (sound processing element of speech and language) can be associated with a child's speech development, affecting the articulation of speech and thus the intelligibility
- Expressive language skills
- Comprehension of spoken language (receptive skills
- Capacity to use language for successful social communication and learning

Requests for an EHC needs assessment of children/young people with speech and language difficulties must be accompanied by clear evidence of multi-professional assessment, including speech and language therapy assessment, indicating the impact of the child's speech and language impairment on curriculum access, learning and developmental progress in general. The advice of the Speech and Language Therapist (SLT) must indicate the degree of difficulty a child is experiencing and/or indicate the child's developmental language and speech progress in relation to peers.

Evidence needs to demonstrate that:

- There is a marked impairment in one or more aspects of the child's speech and language skills

And

- Other aspects of the child's abilities or attainments demonstrate that the child does not have a moderate learning difficulty such that an application could be made for an EHC needs assessment on grounds of a moderate learning difficulty.

Indicative Severity Criteria for an EHC needs assessment (SLCN)

Speech, Language and Communication			
Chronological Age	**Year Group**	**Developmental Age**	**Nature and Severity of Need**
4 years Foundation Stage	Foundation	< 1 year 9 months	• Only uses single words. • Doesn't respond to simple commands. • Severe expressive language difficulties. • May rely on gesture to convey meaning. • No evidence of spontaneous expressive language.
5 years Reception	Reception	< 2 years 6 months	• Uses single words and two word phrases. • Severe receptive language skills. • Severe expressive language skills.
6 years Year 1	Year 1	< 3 years 6 months	• Only uses two or three word phrases. • Severe receptive language difficulty. • Severe expressive language difficulty despite speech and language therapy.
7 years Year 2	Year 2	< 4 years	• Uses simple sentences. • Difficulty understanding simplified spoken language. • Unable to access the curriculum because of specific language difficulties.

Autistic Spectrum Disorder and/or Social Communication Disorder

Many children with Autistic Spectrum Disorder (ASD) or Social Communication Disorder will have accompanying moderate to severe learning difficulties but, whatever their general level of ability, they share a common difficulty in making sense of the world in the way others do. Some children with Autistic Spectrum Disorder will have their needs met through their current provision and additional support in school while others will present with severe and complex special educational needs such that they meet criteria for an Education, Health and Care Plan.

Children with a diagnosis of autism will evidence difficulties in each of the following three areas of impairment:

- social interaction
- communication skills
- imaginative thinking

They may also present with sensory processing differences.

Area of need	Nature and Severity of Need
Impairment of social interaction	• Difficulties 'reading' facial expressions or gesture. • Needs support in initiating and maintaining relationships with peers and adults. • Lack of empathy/difficulties in understanding emotions in others and difficulty in learning in groups. • Passive and unresponsive, or displays challenging unpredictable behaviour, which may include aggression towards adults, peers and property without evidence of remorse for actions.
Impairment of communication skills	• Difficulties in expressing thoughts and feelings. • Immediate or delayed echolalia. • Stereotyped and repetitive use of language. • Limited receptive and/or expressive language. • Literal use and interpretation of language. • Limited understanding and use of body language and gesture.
Impairment of imaginative thinking	• Difficulty in flexible thought/resistance to change. • Obsessive behaviour/adopts rigid patterns of behaviour. • Lack of ability to engage in symbolic and creative play. • Difficulty in making connections and generalising skills.
Sensory processing difficulties	• Easily distracted/upset by noise/touch/light. • Perceptual difficulties/unusual responses to sensory experiences.

To meet criteria for an EHC needs assessment under this category, a child must have a diagnosis of an autistic spectrum disorder/condition. Children with severe autism would generally be expected to have been identified pre-school with specialist provision implemented from an early age. Children meeting criteria for an EHC needs assessment will display a range of behaviours which will include difficulties in each of the three areas of impairment described above.

The degree and complexity of the child's social and learning difficulties will be assessed against:

- The impact of their difficulties on school and family life (particularly with regard to the age of the child and the context in which their behaviours occur).
- The frequency of the behaviour.
- Its intensity.

- Its duration.
- Its persistence over time.

The DSM-5 (2013) lists three levels of severity in each of the two domains ('social communication' and 'restrictive, repetitive behaviours').

The levels are:

- Level 1 - requiring support in school.
- Level 2 - requiring substantial support in school in school.
- Level 3 - requiring very substantial support in school.

Autistic Spectrum Disorder (ASD)

Autistic Spectrum disorders are characterised by a triad of impairments in social relationships, social communication and imaginative though. They may show themselves in the following ways:

- difficulty in attuning to social situations and responding to normal environmental cues;
- evidence of emerging personal agendas which are increasingly not amenable to adult direction;
- a tendency to withdraw from social situations and an increasing passivity and absence of initiative;
- repressed, reduced or inappropriate social interactions extending to highly ego-centric behaviour with an absence of awareness of the needs or emotions of others;
- impaired use of language, either expressive or receptive, this may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to bizarre expressive forms and limited expression, reducing the potential for two-way communication; and
- limitations in expressive or creative peer activities extending to obsessive interests or repetitive activities.

Children/young people with Asperger's Syndrome are recognised as being on the autistic spectrum as they share the same triad of impairments. They do, however, have higher intellectual abilities and their language development is different to the majority of those with autism.

8. Sensory and/or physical needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning. Children and young people with MSI have a combination of vision and hearing difficulties. (CoP 6.34)

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers. (CoP 6.35)

Visual Impairment (VI)

This covers a range of difficulties from minor impairments through to blindness. These children/young people cover the whole ability range. Some may require adaptations to their environment or specific differentiation of their learning materials to access the curriculum. Children/young people who are blind or who have very limited useful sight may well require tactile methods of learning, with optimal use being made of their hearing. Those pupils who are regarded as partially sighted also need differentiated materials and may use enlarged print or a mixture of learning methods.

Indicative Severity Criteria for an EHC needs assessment (VI)

Area	Indicators
Diagnosis	• registered blind or partially sighted • has a degenerative visual condition
Curriculum Support	• requires special provision in the majority of subject areas, if not all, in order to make adequate progress • advisory teach or VI assessment indicates significant learning difficulties
Cognition and Learning	• attainment levels in tasks and curriculum areas most affected by VI are falling well below what might be expected from their performance in other curriculum areas and on measures of cognitive skills • refer to Indicative Severity Criteria for Cognition and Learning
Mobility	• functional vision is such that mobility and orientation in school represent major problems requiring intervention of a frequent nature by skilled adults • a specialist assessment confirming significant mobility and orientation difficulties

Social, Emotional or Mental health difficulties	• adverse reaction to environmental changes that significantly impedes learning in school • significant emotional reaction to changes in visual status • diagnosis of 'hysterical blindness' • refer to Indicative Severity Criteria for SEMHD
Communication and Interaction	• specialist communication systems and aids are required in excess of those provided through delegated schools budgets • refer to Indicative Severity Criteria for SLCN
Health and Safety	• child/young person places self or others at risk of harm • environmental context presents serious risks of harm to the child/young person

Hearing Impairment

Children/young people with a hearing impairment range from those with a mild hearing loss to those who are profoundly deaf. The hearing loss may be temporary or permanent. For educational purposes a child would be regarded as hearing impaired if they have been prescribed hearing aid equipment, including cochlear implants, adaptations to their environment and/or particular teaching strategies in order to access concepts and language of the curriculum. Four categories are used: mild, moderate, severe or profound. Some children/young people may communicate through signing instead of, or as well as speech.

- Although hearing loss levels are described audiometrically by audiologists, the significant factors around hearing loss in relation to an EHC needs assessment are the child's level of functioning with their hearing equipment and the effect of the hearing loss on their ability to learn language.

Indicative Severity Criteria for an EHC needs assessment (HI)

Area	Indicators
Diagnosis	• specialist hearing assessments confirming diagnosis • severe or profound hearing loss • moderate loss with conductive overlay • long term moderate hearing loss with associated learning difficulties
Curriculum Support	• requires special provision in the majority of subject areas for some, if not all, the time particular mediation/language support to enable access to the curriculum • inability to make progress within the curriculum without considerable amplification of hearing and/or increased use of visual means of communication • advisory HI teacher assessment indicating significant learning difficulties

Cognition and Learning	• attainment levels in tasks and curriculum areas most affected by the hearing impairment are falling well below what might be expected from their performance in other curriculum areas and on measure of cognitive skills • refer to Indicative Severity Criteria for Cognition and Learning
Social, Emotional or Mental health difficulties	• adverse reaction to environmental changes that significantly impedes learning in school • significant emotional reaction to changes in hearing status • experiences significant identity (self-esteem and/or self-image) difficulties manifested through inappropriate behaviour • refer to indicative Severity Criteria for SEMHD
Communication and Interaction	• specialist communication systems and aids are required in excess of those provided through delegated school budgets • refer to Indicative Severity Criteria for SLCN • uses British Sign Language as first language or preferred language as means of communicating with others
Health and Safety	• places self or others at risk of harm • environmental context present serious risk of harm to the child/ young person if unsupervised

Multi-Sensory Impairment

These children/young people have a combination of hearing and visual difficulties. They are sometime referred to as deaf-blind, but may have some residual hearing and sight. As many also have additional disabilities it is often difficult to ascertain their intellectual capability. These children/young people have much greater difficulty in accessing the curriculum and environment than those with a single sensory impairment. They have perceptual and communication difficulties and their acquisition of incidental learning is very limited. This can result in high anxiety and sensory deprivation. The children/young people require teaching approaches that make optimum use of their residual hearing and sight in conjunction with their other senses. This often require alternative methods of communication.

Indicative Severity Criteria for an EHC needs assessment (MSI)

Area	Indicators
Diagnosis	• clear evidence of multi-professional concern that the child/ young persons' physical or sensory disability may, if appropriate action is not taken, have a significant impact on their progress in the curriculum • moderate to profound auditory and visual impairments • significant central processing difficulties of hearing and vision • degenerative condition affecting the processing of auditory and visual information and/or progressive sensory impairments
Curriculum Support	• refer to Indicative Severity Criteria for HI & VI

Cognition and Learning	• negligible educational progress is predictable from specialist assessments • lack facility for incidental learning and other significant cognitive impairments • refer to indicative severity Criteria for Cognition and Learning
Mobility	• mobility and orientation in school represents major problems requiring intervention of a frequent nature by skilled adults • a specialist assessment confirming significant mobility and orientation difficulties
Social, Emotional or Mental health difficulties	• high dependence needs in social situations • refer to Indicative Severity Criteria for SEMHD • refer to Indicative Severity Criteria for HI & VI
Communication and Interaction	• refer to Indicative Severity Criteria for HI & VI
Health and Safety	• refer to Indicative Severity Criteria for HI & VI

Physical Difficulties (PD)

Children with severe physical impairment are normally identified at pre-school stage and their needs met early. However, some severe deteriorating conditions are not necessarily evident in pre-school children. Conditions such as:

- Duchenne Muscular Dystrophy
- other Muscular Dystrophy
- Friedrich's Ataxia
- Juvenile Arthritis

Physical impairment describes a continuum of difficulty. There will be some children/young people without significant learning difficulties, who have a marked physical impairment and require the provision of specialist furniture or equipment, minor adaptations to the school environment or some occasional additional adult support in order to gain access to the curriculum. Special teaching strategies may be required occasionally which take into account the impact of the child/young person's disability on his/her learning. It is expected that the schools will provide for these children/young people from their delegated budgets for SEN within the school's budget.

In some instances, a medical condition will affect a child's performance and progress intermittently, whilst others will be affected on a continuous basis throughout their school career. A medical diagnosis or a disability does not necessarily imply special educational needs. It may not be necessary for a child/young person with a particular diagnosis or medical condition to require any significant form of additional educational provision. It is the child/young person's educational rather than medical diagnosis that must be considered.

Children/ young people will only be considered for an EHC needs assessment if their diagnosed physical impairment is, or is likely to be, ongoing and/or permanent and it has long term significant implications for access to learning affecting four or more of the following areas:

- perceptual skills
- fine motor skills
- mobility
- communication
- independence
- interpersonal skills
- curriculum access
- curriculum attainment
- emotions and frustrations
- social inclusion

Evidence may also include:

- difficulties with spoken and written comprehension, and with communicating thoughts and feelings to others
- specific examples of the physical impairment placing the child/young person under stress, with associated withdrawn or frustrated behaviour.

For the majority of children/young people with physical difficulties an EHC needs assessment will not normally be considered as their needs should be met through the school/college making reasonable adaptations to the learning environment.

Indicative Severity Criteria for an EHC needs assessment (PD) including Medical

Area	Indicators
Diagnosis	• clear evidence of multi-professional concern that the child/ young persons' physical or sensory disability may, if appropriate action is not taken, have a significant impact on their progress in the curriculum • has a degenerative or life threatening condition
Curriculum Support	• requires special provision in the majority of subject areas for some, if not all, of the time • provision of specialist teaching programmes • inability to make progress within the curriculum • assessments indicating significant learning difficulties requiring high levels of adult support
Cognition and Learning	• refer to Indicative Severity Criteria for Cognition and Learning
Mobility	• mobility and orientation in school represent major problems requiring intervention of a frequent nature by skilled adults • evidence of specialist involvement and assessments confirming significant mobility and orientation difficulties and the impact on development and learning • needs regular physiotherapy or other medical interventions throughout the day • has specialist transport needs to and from school/within the school environment
Social, Emotional or Mental health difficulties	• high dependence needs in social situations • refer to Indicative Severity Criteria for SEMHD • refer to Indicative Severity Criteria for HI & VI
Communication and Interaction	• specialist communication systems and aids are required in excess of those provided through delegated school budgets • refer to Indicative Severity criteria for SLCN
Care	• requires high levels of adult support to meet basic care needs • requires high levels of adult support to meet health needs and or administration of drugs • needs access to specialist facilities for a range of personal care needs e.g. toileting and cleaning • needs support with feeding and drinking
Health and Safety	• places self or others at risk of harm • environmental context presents serious risk of harm to child/ young person

9. Early Years

Provision

All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the Early Years Foundation Stage (EYFS) framework. The EYFS framework also requires practitioners to review children's progress and share a summary with their parents. In addition, the 'Early Years Outcomes' is an aid for practitioners, to help them understand the outcomes they should be working towards for each child.

SEN Support

Where a child appears to be delayed in their expected levels of learning and development, or where a child's progress gives cause for concern, practitioners should consider all the information about the child's learning and development from within and beyond the setting, from formal checks, from practitioner observations and from more detailed assessment of the child's needs. From within the setting practitioners should particularly consider information on a child's progress in communication and language, physical development, and personal, social and emotional development. Where any specialist advice has been sought from beyond the setting, this should also inform decisions about whether or not a child has SEN. All the information should be brought together with the observations of parents and considered with them. All settings should adopt a graduated approach with four stages of action: 'Assess, Plan, Do and Review' (SEND Code of Practice 2015). All settings should employ targeted evidence based support identified in the setting's SEND Provision Map.

Making a request for an EHC plan

Where despite the setting having taken relevant and purposeful action to identify, assess and meet the special educational need of the child, the child has not made expected progress, the setting should consider requesting an EHC needs assessment.

In a few exceptional cases, where the child has severe and complex learning and development needs, the extent of these will be self-evident. In such cases, requests for an EHC needs assessment might be made prior to attending an early years provision or receiving a home intervention programme, such as Portage home visiting. In such a case, there should be no need for reports from all the agencies involved with the child before the SEND panel can advise the Local Authority of a decision.

Please refer to the tables below to consider the identified key indicators to support whether or not a request for an EHC needs assessment is appropriate for a young child aged between 0 and 5 years of age.

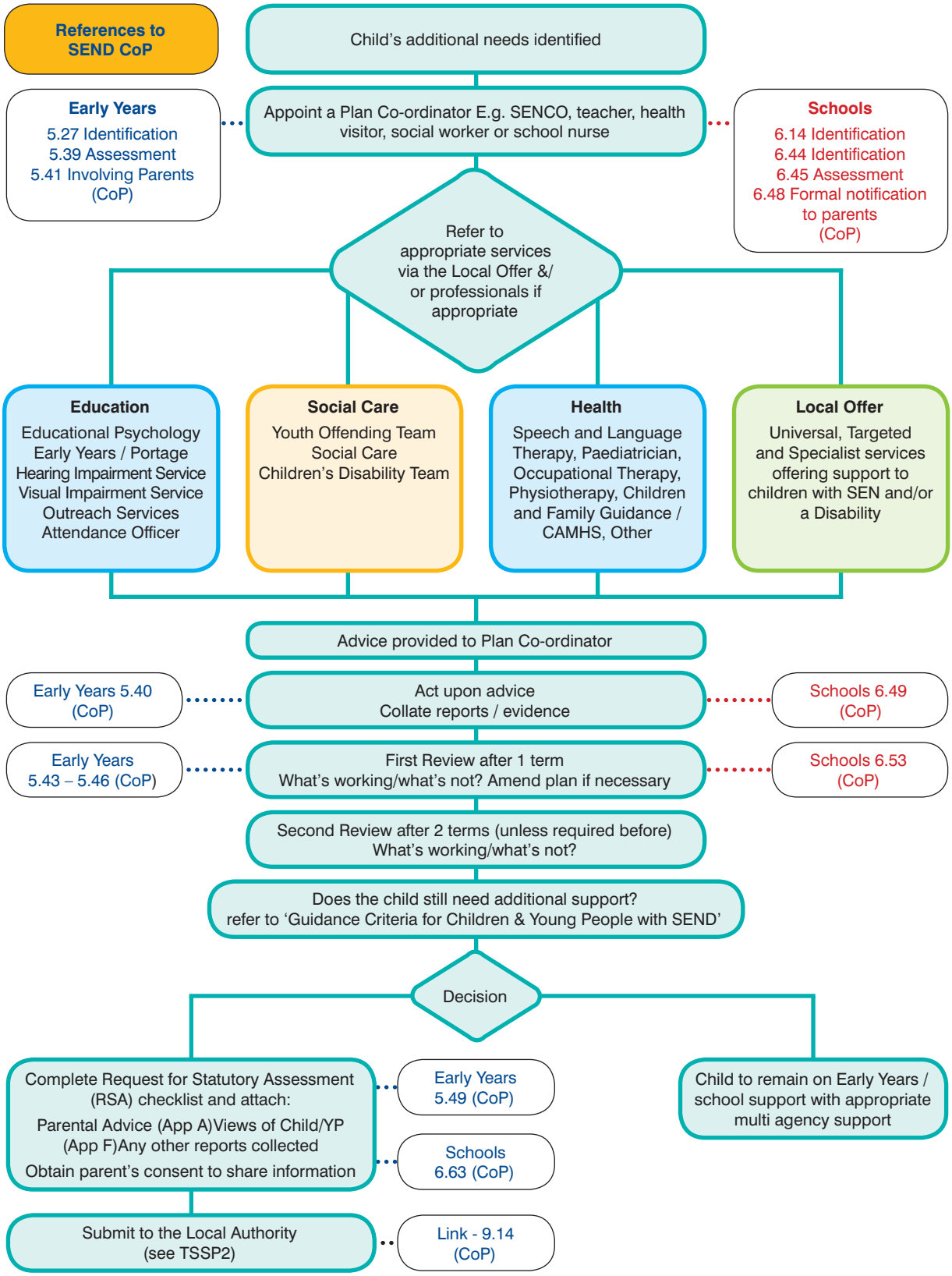
Indicative Severity Criteria for an EHC needs assessment (EY – 2-5 years)

Area of Special Educational Need	
Communication and Interaction	**Indicators**
	• Engagement with Speech and Language Services, with specialist advice for practitioners to follow a programme of targeted intervention with the child • Despite this level of targeted and specialist intervention over a significant period of time, there has been little or no progress • A significant difficulty with understanding verbal language with high dependency on Alternative or Augmentative Communication (AAC) systems facilitated by adults • A significant difficulty in expressive verbal language with a high dependency on Alternative or Augmentative Communication (AAC) systems, facilitated by adults • A significant phonological difficulty with a high dependency on non-verbal communication to convey meaning and unintelligible to familiar adults out of context • A significant difficulty in listening and attention skills where the child has a single channelled level of attention and/or needs direction by an adult (Stages 2 and 3 Cooper, Moodley and Reynell)
Cognition and Learning	**Indicators**
Mostly, children will be assessed using play based assessments, observation and through consultation with the parent/carer and other professionals	• Play based skills at least 2 age bands below expected level of development (EYFS Outcomes) • a medical diagnosis of a pervasive developmental disorder affecting social and emotional development • severe behavioural difficulties involving serious self-harm or harm to others • refer to Indicative Severity Criteria SEMHD
Response to learning experiences	• a severe learning difficulty – child making little or no progress despite appropriate interventions • developmental profiles and measures of learning ability indicate child at 2nd percentile or below

Appendix A

Torbay SEND Support Process – TSSP1

(Pre Request for Statutory Assessment process for Early Years and Schools)



Appendix B

Behaviour Thresholds

Introduction

This document is designed to help schools and partner agencies develop a shared understanding of levels of behaviour within our schools. It is intended that this document should be read alongside the 'Child's Journey'.

The first column will help professionals to decide which level best describes the child and their behaviours. The second column acts as checklist for schools to ensure that they have put all interventions in place. The third column identifies some examples of external support and should help school staff to decide which support would be most appropriate.

The levels should be followed in an incremental fashion, for example: if a school has a child exhibiting level 3 behaviour, all efforts to undertake the suggested strategies from both levels 1 and 2 should have been previously addressed.

It is expected that professionals will apply their knowledge of emotional development to ensure that the expectations within this document are age appropriate.

We recognise how important positive relationships are for any child experiencing behaviour challenges. At all levels, it is important that a school has identified a significant person/pastoral support with whom the child can form a positive relationship; developing mutual trust and respect.

Development of Child or Young Person - Behaviour Thresholds - Level 1

	Description of Behaviour	School Role	Examples of Opportunities for External Support
Emotional and Social	• Models pro-social behaviour. • Ability to self-regulate. • Demonstrates appropriate responses to situations and other peoples' actions. • Able to co-operate with others in a range of contexts. • Understands/can identify their own feelings.	• Schools should offer a secure and safe environment with consistent rules, routines and expectations. • All staff should be expected to demonstrate emotional intelligence and act as positive role models. • A positive whole school culture should encourage openness. • Schools should provide opportunities for emotional support for all staff. • Classroom organisation should encourage both co-operative and independent learning. • Staff should use SEAL/THRIVE strategies to promote a positive school ethos. • All staff to demonstrate positive relationships with children, parents/ carers and colleagues. • The school should maintain and encourage open communication between home and school. • Promote good attendance – 'Every School Day Matters' • Engage children in self-assessment tools to inform future provision and needs • Ensure effective communication of behaviour policy to whole school community. • Ensure consistent use of Behaviour Policy. • Effective classroom management should make good use of rewards and sanctions. • Ensure positive reinforcement and praise outweighs corrective responses • Ensure behaviour strategies are applied at individual, class and whole school level consistently. • Model and promote high expectations across the whole school. • Effective differentiation of curriculum; academic tasks well matched to ability • Encourage active involvement and participation of all children. • Regularly review and update the policy and respond to current trends or critical incidents. • Consider use of a Home School Agreement. • Consider referral to Children's Services (refer to 'The Child's Journey' document)	• Central training on Emotional Intelligence/ SEAL, THRIVE etc. is available for whole school community. • Good communication with all children's services & health ensuring support for vulnerable children.
Self-esteem & relationships	• Demonstrates positive relationships based upon mutual trust and respect. • Has a positive self image. • Demonstrates a certain degree of self-confidence.		• Family Learning Opportunities • Multi agency professionals available to provide expertise in schools.
Behaviour	• Demonstrates appropriate behaviour in school for the majority of the time. • Able to amend behaviour to conform to school's expectations. • Accepts consequences of inappropriate behaviour.		• Sharing good practice across classrooms and schools. • Input as required with reference to updating and implementing the behaviour policy. • Family Information Service.

Behaviour Thresholds - Level 2

	Description of Behaviour	School Role (in addition to the school's role at level 1)	Examples of Opportunities for External Support

Emotional and Social	• Starts to display some impulsive behaviour and a lack of self control.
	• Demonstrate some inappropriate responses to situations.
	• At times, finds it difficult to co-operate with others and maintain positive relationships.
	• Unable to understand their own and others' feelings.
	• Could display signs of withdrawal and isolation from peers.
		• Senior staff/SENCO should be made aware of the pupil and their needs.
		• Senior management to review and monitor curriculum offered in terms of quality of teaching
		• Short term adaptations made to accommodate needs e.g. social group at lunch time, time out at start of day.
		• Intervention from pastoral support worker.
		• Engage parents/ carers in regular dialogue and support home school agreements.
		• Develop individual support programmes of school based intervention which is monitored and reviewed.
		• Deliver small group social skills programmes e.g. circle of friends.
		• Effectively promote peer support systems, e.g. peer mentors, playground friends etc.
		• Offer strategies to support the child in taking responsibility for their behaviour and actions.
		• Ensure appropriate sanctions to inappropriate behaviour are carried out consistently.
		• Continue to monitor attendance and liaise with attendance improvement officer.
		• Consider adaptations to curriculum provision and timetable
		• Seek external advice/ outreach through referral.
		• Record and evaluations of all intervention programmes will be needed and all information should be logged.
		• Adequate information should be transferred between phases with a transition programme in place for transfer to KS3.
		• Consider referral to Children's Services (refer to 'The Child's Journey' document)
			• Informal discussions with external agencies to consider options/ next steps.
			• Outreach referral with the possibility of working with:
			  • Mayfield School - Chestnut Outreach (KS1 & KS2)
			  • The Early Help Team
			  • Primary Mental Health Worker
			  • Educational Psychologist
			  • Parenting training
			• Accessing school training and advice
			• Family Information Service

Self-esteem & relationships	• May struggle to develop positive relationships.
	• May have a low self image.
	• Could be vulnerable to bullying or have a bullying inclination.
	• May display attendance issues or regular lateness.
			• Outreach or Early Help referral with the possibility of working with:
			  • Health services
			  • Family support worker
			  • Young carers
			  • Parenting programmes
			  • School nurse

Behaviour	• Repeated incidents of being unable to conform to school expectations. • Some refusal to participate in learning. • May challenge consequences of inappropriate behaviour. • May have had some internal exclusions.		• Extended opportunities beyond the school day, e.g. holiday clubs etc. • Attendance Improvement Service • Other Outreach services:- ASD – Coombe Pafford, Learning – Mayfield Outreach

Behaviour Thresholds - Level 3

	Description of Behaviour	School Role (in addition to the school's role at levels 1 & 2)	Examples of Opportunities for External Support

Emotional and Social	• Frequently acts impulsively and loses control.
	• Displays insecure attachments.
	• May suffer from phobias and other psychological difficulties.
	• May suffer from periods of depression.
	• Struggling to maintain mainstream school placement.
		• Make referrals to appropriate external agencies and act on recommendations.
		• Ensure increased dialogue with parents/ carers. Create a parenting contract.
		• Schools should have regular involvement of external agencies. A request for statutory assessment should be made.
		• Ensure an available safe adult attachment figure is available for the child in order to support them during unstructured periods and in lessons if necessary.
		• Organise specialist interventions e.g. anger management, CBT, draw and talk
		• Organise individualised programmes e.g. adapted timetables, additional provision outside the classroom, etc.
		• Ensure high level of involvement of specialist pastoral staff e.g.1-1 THRIVE and small group or 1-1 SEAL.
		• Carry out THRIVE and Family SEAL programmes.
		• Consider the appropriateness of a managed move.
		• Consider partnership provision with alternative curriculum providers eg OnTrack, YMCA
		• Consider referral to Children's Services (refer to 'The Child's Journey' document)
		• Ensure key record keeping is in place to provide a trail of evidence eg ABC records
		• Implement effective transition programmes between phases and providers.
		• Consider individualised programme of work based on child's interests
		• Provide a designated calm are for the child to use to regulate their emotion
			• External Services with the possibility of working with:
			  • Educational Psychologists
			  • Family Support Worker
			  • CAMHS
			  • On Track
			  • YMCA

Self-esteem & relationships	• Poor relationships due to lack of trust and respect.
	• Negative self-image leading to poor academic and attendance levels.
	• Vulnerable.
	• Regularly challenging and confrontational.
	• Susceptible to risk taking behaviours
			• External Services with the possibility of working with:
			  • Health services (paediatrician)
			  • Parenting courses e.g. Triple P, Nurturing, Family SEAL
			  • Attendance Improvement Officer & parenting contracts
			• Safeguarding hub referral coordinators

Behaviour	• Disruptive/ challenging behaviour impacting on safety and /or learning of self and others. • Frequent refusal to participate in learning. • Frequently involved in bullying. • Often unwilling to attend. • Number of fixed term exclusions and possibly at risk of permanent exclusion.		• Alternative providers including vocational provision • Behaviour intervention programme training. • Mayfield School- Chestnut Centre (KS1 / KS2)

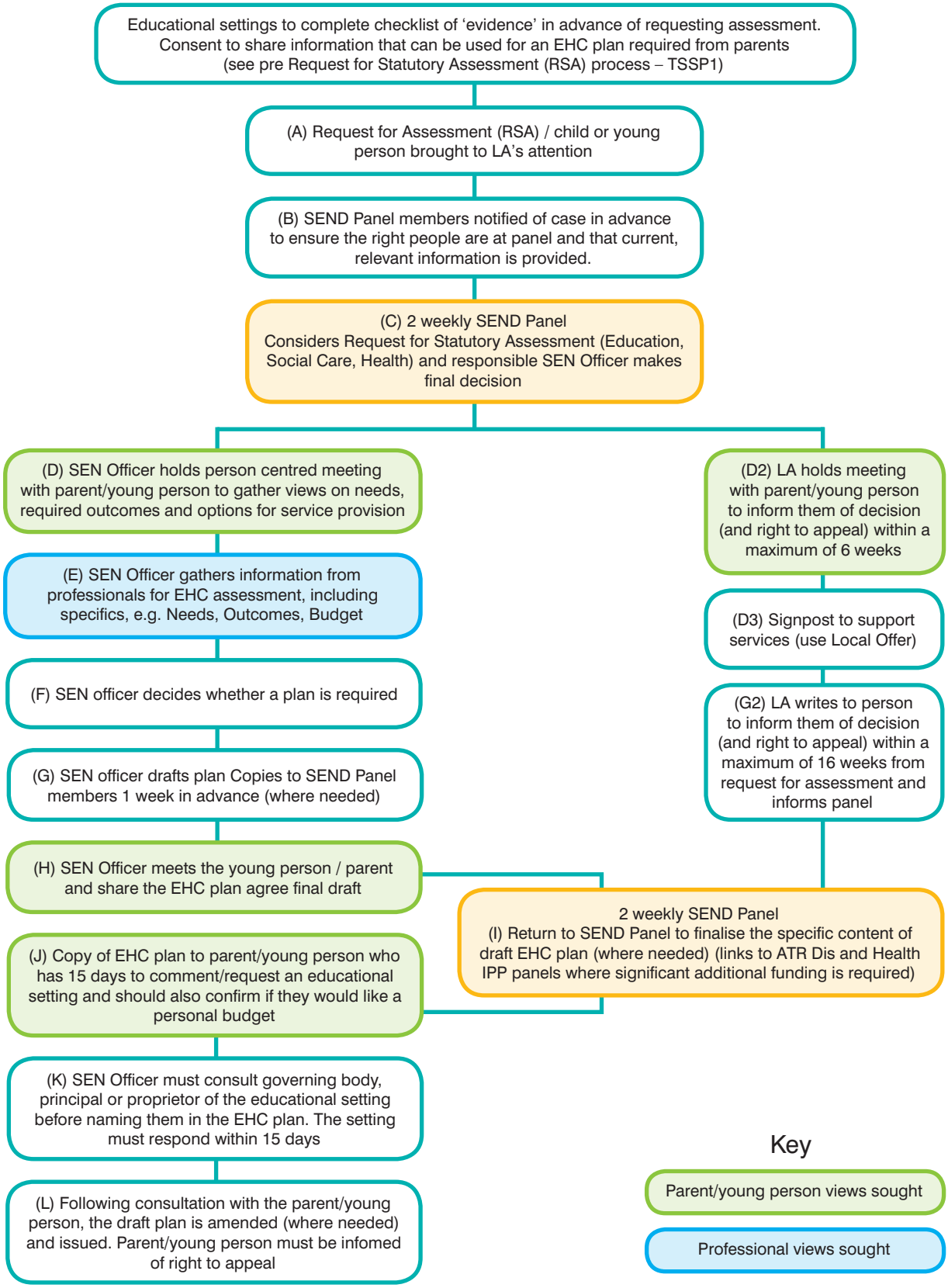
Behaviour Thresholds - Level 4

	Description of Behaviour	School Role (in addition to the school's role at levels 1, 2 & 3)	Examples of Opportunities for External Support
Emotional and Social	• History of failed interventions at levels 2 and 3 resulting in an inability to interact both socially and emotionally on a daily basis. • Unable to maintain school placement.	• Regular multi-professional meetings (Team around the family) • EHC Plan in place – initiate an interim review • Detailed positive behaviour for learning plan in place based upon advice from professionals • Risk assessments in place and regularly updated • Internal alternative provision eg Thrive group, Nurture group • 1:1 individualised timetable supported by an available designated safe adult attachment figure (consistent) • Consider alternative/reduced timetable with plan for reintegration to school	• Partnership agreements with alternative providers. • SEN Team if a child has an EHC Plan – interim statement review. • Intensive Family Support Service • Legal intervention e.g. education supervision order, parenting order • Mayfield School – Chestnut Centre (KS1 / KS2) • Consider referral to intense outreach service • Consider the managed
Self-esteem & relationships	• Unable to sustain positive relationships. • Displays a high level of vulnerability. • Involved in risk taking behaviours.		
Behaviour	• Inability to meet expectation of school on an hourly basis. • Persistently places self and others at serious risk of harm. • At significant risk of permanent exclusion or needs alternative provision.		

Appendix C

Torbay SEND Support Process – TSSP2

(Torbay Education, Health and Care needs assessment process)



Appendix D

Terms of Reference

Special Educational Needs & Disability (SEND) Panel

Introduction

This Guidance clarifies the role of the Special Educational Needs and Disability (SEND) Panel.

Background

SEND Code of Practice - Collaboration between education, health and social care services to provide support - section 1.23
When carrying out their statutory duties under the Children and Families Act 2014, local authorities must do so with a view to making sure that services work together where this promotes children and young people's wellbeing or improves the quality of special educational provision (Section 25 of the Children and Families Act 2014). Local authorities must work with one another to assess local needs. Local authorities and health bodies must have arrangements in place to plan and commission education, health and social care services jointly for children and young people with SEN or disabilities (Section 26).

SEND Code of Practice – Joint Commissioning arrangements - section 3.9
Joint commissioning arrangements must cover the services for 0-25 year old children and young people with SEN or disabilities, both with and without EHC plans. Services will include specialist support and therapies, such as clinical treatments and delivery of medications, speech and language therapy, assistive technology, personal care (or access to it), Child and Adolescent Mental Health Services (CAMHS) support, occupational therapy, habilitation training, physiotherapy, a range of nursing support, specialist equipment, wheelchairs and continence supplies and also emergency provision. They could include highly specialist services needed by only a small number of children, for instance children with severe learning disabilities or who require services which are commissioned centrally by NHS England (for example some augmentative and alternative communication systems, or health provision for children and young people in the secure estate or secure colleges).

Introduction

The SEND Panel has been set up primarily as a consultative moderation group to:

I. give recommendations about requests for statutory assessment for children or young people with special educational needs and/or a disability (SEND) to the Special Educational Needs (SEN) Officer responsible for making the final decision

II. consider the services outlined in draft Education, Health and Care (EHC) plans
III. sign off the funding from education, health and social care budgets (where required) that may be required to fund the services in ii.

Delivery and management of the Group

- The meetings are organised and supported by SEN Business Support
- The agenda and summary sheets for the cases to be considered are sent out in advance of the meeting to group members
- The group is chaired by the Senior SEN Officer or Head of Service (SEND)
- The meetings will take place every 2 weeks
- A case tracking sheet is completed by the SEN Business Support representative
- EHCP (Education, Health and Care plan) Coordinators / SEN Caseworkers are notified by the SEN Senior Officer or Head of Service (SEND) of their final decisions made via the SEND Panel tracking sheet

Group Membership

The group is made up of 'core' members who attend every meeting:

- Senior SEN Officer or SEND Service Manager
- Designated Medical officer (DMO)
- A Children's Social Care representative
- SENCO representative
- Educational Psychologist (EP) representative
- Advisory Teacher representative
- SEND Information, advice and support service (SENDIASS) representative

The following may be called upon:

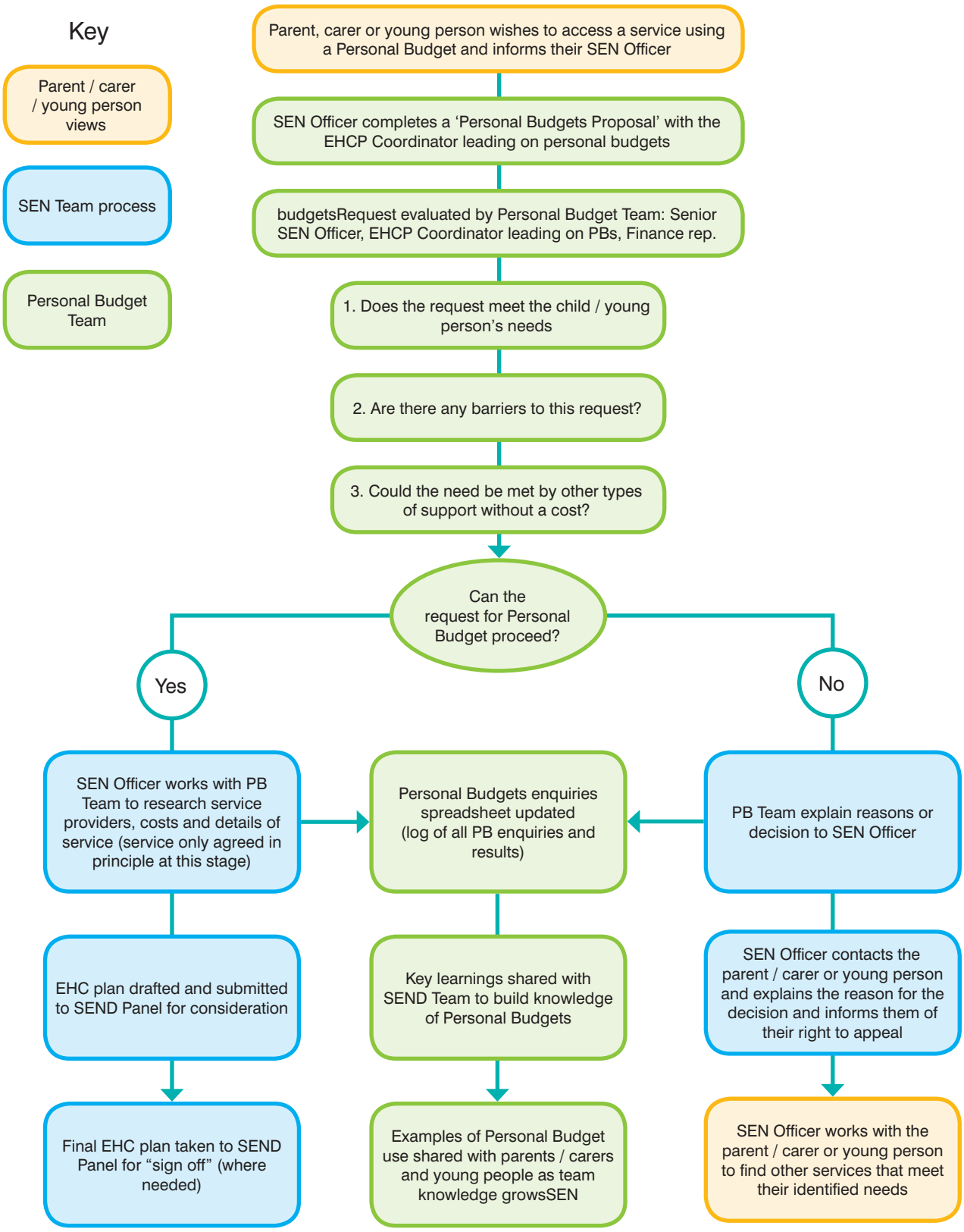
- Adults' Services representatives who are authorised to sign off funding requests
  - Zone Manager or Zone Deputy Manager
  - Learning Disability Service Manager
- Children's Social Care representatives who are authorised to sign off funding requests
- Health representatives who are authorised to sign off funding requests

Expectation of panel participants

- To read the agenda and summary sheets in advance of the meeting and clarify the up to date situation with regards to their specific service involvement, where appropriate
- Participants will input at the meeting which will inform the discussion and outcome
- Service sign off will occur at the panel meetings (where needed) due to statutory timescales
- To treat all information presented at the SEND Panel as confidential

Appendix E

Personal Budgets Process Map for Education, Health and Care plans



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