

SCHOOLS FORUM

TUESDAY, 31ST JANUARY, 2017

At 2.30 pm

in the

ASCOT AND BRAY - TOWN HALL,

SUPPLEMENTARY AGENDA

PART I

<u>ITEM</u>	<u>SUBJECT</u>	<u>PAGE NO</u>
7.	<u>NEW ASSESSMENT CRITERIA</u> To consider the report.	3 - 58

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Subject:	High Needs SEN Pupil Funding
Reason for briefing note:	The Schools Forum to receive the final report on changes in the way that high needs funding is allocated to children and young people in schools and colleges. (excluding special schools)
Responsible officer(s):	Debbie Verity, Geoff King.
Senior leader sponsor:	Kevin McDaniel,
Date:	24/01/2017

SUMMARY

The Department for Education (DfE) funding strategy has made changes to the way schools are funded. As a result of this and legislation in 2014, the Local Authority (LA) is required to change the way it provides schools (the term schools used throughout this document includes colleges) with High Needs funding for children and young people with special educational needs.

The schools forum agreed in October to a period of consultation, leading to a revised process for allocating High Needs Funding to support Children and Young People eligible for an Education, Health and Care (EHC) plan or statement of Special educational needs.

This consultation took place during the autumn term 2016, and the Schools Forum received an interim report on 13th December.

It is intended that implementation will begin in April 2017.

This change in process only applies to High Needs pupils in mainstream schools or colleges and for the avoidance of doubt does not apply to High Needs pupils in resource provision/units or special schools.

1 BACKGROUND

- 1.1 RBWM's current system provides schools with top up funding for high needs pupils who have a statement of SEN or, more recently an EHC plan. RBWM's present system is not in harmony with the DfE's expectations as identified in the Code of Practice 2014. This is not an unusual position to be in, given the recent changes, but now needs to be addressed. The issue is that top-ups are currently allocated based on levels of needs (Needs weighted pupil units) which are linked to the old statements.

1.2 High needs expenditure includes:

- funding for places in specialist and post-16 institutions (e.g. special schools, special post-16 institutions and pupil referral units);
- top-up funding for individual pupils and students with high needs, including those in mainstream schools and young children in their early years; and
- services that local authorities provide directly, or through contracts or service level agreements with others – for example, specialist support for pupils with sensory impairments, or tuition for pupils not able to attend school for medical or other reasons.

1.3 Pupils and students who receive support from RBWM's high needs budgets include:

- children aged 0 to 5 with SEN and disabilities, whom the local authority decides to support from its high needs budget. Some of these children may have EHC plans;
- pupils aged 5 to 18 with high levels of SEN in schools and academies, FE colleges, special post-16 institutions or other settings which receive top-up funding from the high needs budget. Most, but not all, of these pupils have either statements of SEN or EHC plans;
- those aged 19 to 25 in FE and special post-16 institutions, who have an EHC plan and require additional support costing over £6,000;
- pupils aged 5 to 16 placed in AP.

1.4 Over the past four years RBWM have spent between £15 million and £17 million each year on high needs block services. This compares with a 'similar authority' average of £14.35 million.

2 KEY IMPLICATIONS

2.1 The purpose of the attached guidance paper is to set out the new methodology for the allocation of high needs "top up" funding for implementation in April 2017.

2.2 Since June 2012 the DfE has published a series of policy documents detailing national changes to the school funding arrangements with implementation from April 2013.

2.3 All the published documents including the latest ones can be accessed electronically on the DfE website.

2.4 It is intended that the new process prioritises earlier intervention, that it builds on the quality first teaching process and that it is flexible and responsive to individual pupil needs.

2.5 The system for accessing high needs funding is intended to be as straightforward as possible to minimise workload for colleagues in schools and the local authority.

SUMMARY OF THE NATIONAL CHANGES:

2.6 The key issue from the DfE reforms of the funding for HNP is the 'place-plus' approach and it involves 3 elements:

- i. Element 1 – Core Education Funding based for pre 16 pupils on pupil led funding Age Weighted Pupil Unit (AWPU) of up to £4,000 already delegated in the Schools Block.
- ii. Element 2 – Additional Support Funding of up to £6,000 from Notional SEN funding already delegated in the Schools Block.
- iii. Element 3 – Top up funding from the commissioner, usually a Local Authority (LA), funded from the HNP Block.

2.7 This means up to £10,000 per HNP to be funded from the schools delegated budget.

3 DETAILS

CONSULTATION.

- 3.1 Consultation on the proposals, to allocate funds for pupils with high needs SEN using a matrix, took place between October and December. Schools, Colleges, Parents, and other educational settings were given the opportunity to comment on the proposals outlined in the consultation paper.
- 3.2 Two open consultation sessions were organised with the goal of testing the matrix and obtaining feedback. These sessions were well attended by all sectors and resulted in considerable useful advice and feedback.
- 3.3 All educational settings were given the consultation papers with feedback forms in order that those unable to attend the formal sessions still had opportunity for their views to be heard. The written feedback was of good quality but disappointing in quantity.

SUMMARY OF CONSULTATION.

- 3.4 There was strong agreement with principles outlined in the documentation.
- 3.5 There was strong agreement that a single transparent system for the allocation of High needs funding is needed
- 3.6 There was a general positive agreement that matrix would be an appropriate methodology providing that it was not used to reduce funding overall.
- 3.7 There was a strong feeling that Head teachers or their nominees should sit on both panel A and B.
- 3.8 There was strong agreement with appeals process as outlined in the consultation.

- 3.9 There was strong agreement with transition arrangements.
- 3.10 There was a strong view that the Matrix should cover both element 1 and 2. When the matrix has been scored then subtract 6k (element 2) and the remainder is the “top up”
- 3.11 There was a strong feeling that the matrix should cover all provision including specialist provision.
- 3.12 Colleges felt that the whole amount calculated on the matrix should be paid to colleges because they did not receive the 6K until a young person had an EHC plan.
- 3.13 There should be a way of schools being able to identify the amount of funding that each school gets through the notional budget. (some schools reported that they cannot identify this on a separate line)
- 3.14 There was a strong feeling that where schools can prove that they have used up all of the notional budget on CYP with SEN, they should receive all the funding calculated on the matrix without any deductions
- 3.15 Attendees wanted all services funded from the HNB to be reviewed.
- 3.16 Attendees wanted transparency on how much all services and units funded from the HNB cost. (with particular reference to those funding behaviour)
- 3.17 How will the two sources of funding. (From AP or EHC) be resolved?

DESCRIPTORS.

- 3.18 Considerable discussion was focussed on the descriptors. All the feedback was used to modify the descriptor set and reflect the context of RBWM. (Please note that the descriptors run into 36 pages. They are therefore available electronically and are not printed with the guidance paper.)
- 3.19 CONCLUSIONS.
- 3.20 All the feedback above has been accepted and implemented in the accompanying guidance document and descriptors with the exception of: 5.8, 5.9, 5.12, 5.13, 5.14. All these with the exception of 5.9 were outside the remit of this consultation.
- 3.21 TRANSITIONAL PROTECTION
- 3.22 Transitional protection will be applied as stated in the accompanying guidance document.

4 RISKS

- 4.1 That the Matrix and accompanying descriptors will not be adequately understood by users.
- 4.2 The High needs funding tariff amounts will not reflect need.

5 NEXT STEPS

- 5.1 Training will be organised for all SENCOs and Bursars as soon as possible, to run through the processes.
- 5.2 Over the next 3 months the matrix will be run in conjunction with the present system to compare tariff values. Over this period tariff values will be modified to match present spend as closely as possible. After this time, the matrix values will be set for the next 12 months.
- 5.3 Every 12 months the Matrix tariff values will be reviewed.
- 5.4 A report will be brought back to the schools forum in August 2017.

Appendix 3.

Royal Borough Windsor & Maidenhead
Funding for pupils and students requiring high needs special
educational needs support.

January 2017

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Royal Borough of Windsor and Maidenhead

“The Royal Borough of Windsor & Maidenhead is a great place
to live, work, play and do business supported by a modern,
dynamic and successful Council”

Our vision is underpinned by four principles:

Putting residents first

Delivering value for money

Delivering together with our partners

Equipping ourselves for the future

In Children’s Services, our highly skilled workforce is committed to **meeting resident’s needs as quickly and early as possible**. We know that the more children, young people and families we help early, the more successful citizens they become.

Achieving our ambition of supporting all residents to be successful is dependent on us working together with a wide range of partners.



COGNITION AND LEARNING

DESCRIPTION OF NEED

General Learning Difficulties (GLD)

The majority of students with learning difficulties will be identified early in their school career. In most cases, they will have difficulty acquiring basic numeracy and literacy skills and may have commensurate speech and language difficulties. They may well find it hard to deal with abstract ideas and to generalise from experience. Some may also have poor social skills and may show signs of emotional and behavioural difficulties.

Students subject to curriculum enhancement through targeted initiatives such as Early Literacy Support, Additional Literacy Support or Catch-Up should not be categorised as having general learning difficulties, unless there is evidence of indicators as outlined below in their profiles of attainment;

- Resources needing to be deployed which are additional to or different from those normally available to the students in the school, through the differentiated curriculum;
- Consistently evident problems with regard to memory and reasoning skills;
- Consistently evident problems with processing, organising and co-ordinating spoken and written language to aid cognition;
- Consistently evident problems with sequencing and organising the steps needed to complete tasks;
- Consistently evident problems with problem solving and developing concepts;
- Consistently evident problems with fine and gross motor competencies, which significantly impair access to the curriculum;
- Consistently evident problems with understanding ideas, concepts and experiences when information cannot be gained through first hand sensory or physical experiences.

Specific Learning Difficulty (SpLD)

Specific Learning Difficulty is the overall term used to describe a developmental condition that causes problems when using words – dyslexia and problems using symbols – dyscalculia and some other developmental problems.

Dyslexia is the commonest type of specific learning difficulty that students are likely to experience with about 10% of the population having some form of dyslexia. 'Dyslexia is present when fluent and accurate word identification (reading) and/or spelling do not develop or do so very incompletely or with great difficulty. This focuses on literacy learning at the 'word level' and implies that the problem is severe and persistent despite appropriate learning opportunities. It provides the basis of a staged assessment through teaching.' (British Psychological Society, 2000: Dyslexia, *Literacy and Psychological Assessment*.)

Short-term memory, mathematics, concentration, personal organisation and speaking may be affected.

The effects of dyslexia can largely be overcome by support and the use of compensatory strategies.

Students with specific learning difficulties fail to acquire levels of skills in some subjects commensurate with their performance in others, despite good attendance and health, satisfactory attitudes to learning and sound teaching. They may find difficulties particularly frustrating if they become an obstacle to the development of learning in other areas. Low self-esteem, poor concentration and behavioural difficulties can arise as a consequence.

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

Other aspects of the development of these students may be in line with the majority of students their age. It is, however, possible for dyslexia to be present alongside other learning disorders, thus creating different complexities of special need.

<i>Normal school entitlement for pupils with C&L difficulties: Provided from AWP (NB Italics indicate specific to SpLD)</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Levels of attainment that are generally lower than those of their age equivalent peers.</p> <p>Some difficulty in acquiring skills, notably in language, literacy, numeracy skills (or early developmental skills).</p> <p>May be slower to use, retain and apply everyday concepts than age equivalent peers.</p> <p>May have mild levels of sensory impairment or fine motor skills, may need time allowed for mobility issues, may have difficulties related to behaviour, social or emotional issues and need some help with these. (also true for SpLD)</p> <p><i>Average or above levels of reasoning/ability with evidence of discrepancies between attainments in different core subjects or within one core subject of the NC.</i></p> <p><i>May be untidy, poor handwriting skills, low spelling scores.</i></p>	<p>Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional difficulties and promote appropriate interpersonal skills with other students.</p> <p><i>Tasks will need to be differentiated by level/outcome/pitch/pace and grouping, particularly in areas where literacy skills are required.</i></p> <p>Staff are skilled at adjusting the pace and order of activities in order to maintain attention.</p> <p>Staff aware of implications of mild sensory impairment, fine motor skill development and medical issues.</p> <p>May benefit from focussed/small group teaching support at some points during the week.</p>	<p>Students have regular opportunities to evaluate their performance in learning activities.</p> <p>Students' self-assessment routinely used to set individual learning targets.</p> <p>Full inclusion in all school assessments, statutory assessment and tasks. Parent/carer involvement through normal school policy arrangements.</p> <p>General whole school training,</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

SEN support for pupils with C&L difficulties : Provided from school's delegated budget (NB Italics indicate specific to SpLD)		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Will have low attainment reflected in levels typical of two-thirds of chronological age;</p> <p>May also be socially and emotionally immature and have limited interpersonal skills;</p> <p>Will have difficulties with written and oral communication;</p> <p><i>Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities;</i></p> <p><i>Low level difficulties in the acquisition and/or use of language;</i></p> <p><i>Very specific difficulties (dyslexia, dyspraxia) affecting literacy skills, spatial and perceptual skills and fine and/or gross motor skills,</i></p> <p><i>Significant and persistent difficulties in the acquisition of reading, writing, spelling or number skills, which do not fit his/her general pattern of learning and performance.</i></p> <p>May have moderate and persistent difficulties in the acquisition and/or use of language, literacy and numeracy skills which affect progress in</p>	<p>Staff able to incorporate programmes relating to sensory impairment, fine motor skills and mobility and medical procedures.</p> <p>Use of multi-sensory teaching strategies, a focus on phonological awareness or motor skills programme.</p> <p>Support for:</p> <ul style="list-style-type: none"> • Developing language and communication skills • Developing listening and attention skills • Group work on targets relating to provision map for basic skills • Practical work with concrete/visual materials to establish concepts and skills • Revision and over learning. <p>Flexible grouping arrangements will provide opportunities for:</p> <ul style="list-style-type: none"> • Access to curriculum and support groups where students are working with peers at similar levels • Access to grouping that enables students to work with peers who will provide good role models for language and communication skills and for co-operative and independent application to task. 	<p>Learning materials and resources to help remove barriers to learning are available in school or on loan from outside agencies.</p> <p>Regular liaison between external professionals and school staff in relation to specific programmes and targets.</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of targets.</p> <p>A record will be kept of consultation with external professionals, if they are involved with the student.</p>

<p>other areas of the curriculum.</p> <p>May also have difficulties with other areas e.g. motor skills, organisation skills, behaviour, social or emotional issues and multi-agency advice may be required.</p> <p>May also have difficulties with sequencing, visual and/or auditory perception, co-ordination, concentration or short-term working memory</p> <p>May have poor learning habits and concentration difficulties, be poorly motivated and resistant to learning.</p>	<ul style="list-style-type: none"> • <i>Utilisation of appropriate materials for students with SpLD;</i> • Access to peer supported learning through Buddy schemes; <p><i>Pre and post tutoring in subject specific vocabulary.</i></p> <p><i>Effective spelling strategies which include syllabic spelling approaches. Regular provision of subject specific spelling lists and specialist dictionaries.</i></p> <p>Strategies to support weak spatial and perceptual and memory skills.</p> <p>Strategies to support problem solving, and ability to sequence learning steps to task completion.</p> <p>Alternative forms of recording which enables the student to demonstrate knowledge without the requirement for extended written work.</p> <p>Support for study skills and work planning, mind mapping techniques etc.</p> <p>Support to develop personal organisation in response to timetabling and managing possessions/equipment.</p> <p>Intervention strategies for the regular specialist delivery of social skills programme in small group settings e.g. Social Stories, role play.</p>	
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	Arrangements to extend student participation within the curriculum, to prevent disaffection and promote engagement with school work, independent learning and self monitoring.	
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DRAFT

COMMUNICATION & INTERACTION

Autistic Spectrum Disorder

DESCRIPTION OF NEED

Students with Autistic Spectrum Disorders experience difficulties typically falling within a triad of impairments affecting social interaction and relationships, social communication, flexible thinking, behaviour and sensory challenges. The impairments within the autistic spectrum may vary widely in terms of severity and the way they manifest themselves. Autistic spectrum disorders occur across a wide range of abilities and may also be found in combination with other difficulties.

Some of the characteristic difficulties students experiences include:

- Difficulties in understanding social situations and responding to normal environmental cues;
- Difficulty in intuitively sensing other people's feeling and intentions;
- Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships;
- Rigidity of thinking and a tendency to follow personal agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others;
- Difficulty with open-ended or unstructured situations and with change;
- High susceptibility to anxiety and stress;
- Limitations in expressive or creative activities extending to obsessive interests or repetitive activities;
- Impaired use of language, either expressive or receptive, which may include odd intonation, literal interpretations and idiosyncratic phrases and may extend to more bizarre expressive forms and limited expression, reducing the potential for two-way communication. Good vocabulary may lead others to overestimate the true level of understanding;
- Difficulty in processing and navigating environments; eg. transitioning from activities, rooms, year groups and schools;
- High susceptibility to hyper/hypo sensitivity.

For all students with autistic spectrum disorders, the expectations associated with change that may require contact with more people in a wider range of social settings, may compound their existing difficulties and make their special needs more complex.

Normal school entitlement for pupils with ASD : Provided from AWPUP Many students with autistic spectrum disorder will be able to participate in most aspects of an ordinary classroom and make progress within the curriculum but may need some support through effective QFT and waves of intervention.		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Mild social difficulties . Able to work on same tasks as peers with some additional support. Able to learn in the whole class group. Interested in peers and wants to have friends but needs help with this • Student responds to planned strategies. • Student may be developing understanding of their difficulty and can manage their levels of occasional mild anxiety and sensory needs. This will depend on the student, their age, cognitive ability and their autism. 	<ul style="list-style-type: none"> • Whole school awareness and understanding of ASD and its implications for the curriculum. • Tasks may need to be differentiated by level/outcome/pitch/pace and grouping. Aspects of structured teaching (TEACCH) may be helpful. • Staff are skilled at selecting appropriate methods and materials into their lesson plans to ensure access across the curriculum for student with individual needs. 	<ul style="list-style-type: none"> • Effective home/school liaison • Students pastoral care needs are met • Students have regular opportunities to evaluate their performance in learning activities. • Students' self-assessment routinely used to set individual learning targets.

SEN support for pupils with ASD : Provided from school's delegated budget		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>The students difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • inability to interpret social cues, • poor social timing, • lack of social empathy, • rejection of normal body contact or unawareness of other people's personal space, • sensory reactions to body contact, difficulties maintaining appropriate eye contact, • lack of social conversation skills, • literal use and interpretation of speech, rigidity and inflexibility of thought processes, • resistance to change, • solitary play and unusually focussed special interests. • may have issues relating to health and personal care issues <p>The student can exhibit highly atypical behaviour, such as: obsessive, challenging and/or withdrawn behaviours, an inappropriate use of language,</p>	<p>Students may need access to:</p> <ul style="list-style-type: none"> • Flexible teaching arrangements; • Help in acquiring, comprehending and using language; • Help in articulation; • Help in acquiring literacy skills; • Where necessary, help in using low level alternative means of communication; • Support in using different means of communication confidently for a range of purposes; • Support in organising and coordinating oral and written language. • Withdrawal facilities provided for times of stress. • Opportunities for the development of social interaction and communication skills <p>Staff to monitor students during break times and lunchtimes and have strategies in place to reduce anxiety during unstructured times.</p> <p>Curricular language will benefit from 'scaffolding' approaches.</p>	<p>Staff able to monitor and assess for access to special exam arrangements.</p> <p>Strategies such as Social Stories may be used to promote social success / appropriate behaviour. Multi-agency advice may be required through the CAF or diagnostic process.</p> <p>Multi-agency support may be required due to overlap of educational, social or health needs.</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of targets.</p> <p>Use of a home-school diary to aid communication. Staff have received focused training on the specific implications of the effects of Autism on the student.</p> <p>The student may need an individual risk assessment.</p> <p>A record will be kept of consultation with external professionals, such as the Autism Team, Educational Psychologists, CAMHS or Speech & Language Therapists if they are involved with the</p>

<p>abnormal responses to sensory experiences and signs of distress requiring significant adjustments.</p>	<p>Additional access to I.T. may be necessary.</p> <p>The student may need considerable preparation for changes in routine.</p> <p>Provision map targets will be addressed through individual, small group and class work within the curriculum framework.</p> <p>Strategies used to facilitate transfer from one school/teacher to another, may include passports, one page profiles, a familiarisation book of photos of the new environment, a file of coping strategies/equipment and social stories.</p> <p>Structured programmes of work may need to be clearly set out via a visual timetable.</p> <p>There should be consistency within the classroom in terms of organisation, structure, routines, space and place.</p> <p>Consideration may need to be given to the physical environment</p>	<p>student.</p>
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Speech, Language and Communication Difficulties (SLCN)

DESCRIPTION OF NEED

Students may exhibit a range of difficulties with speech and language, some of which will resolve as the student develops. Most students, with more significant and enduring speech and language difficulties, will have been identified through Health Services' programmes prior to school entry.

For some students, such difficulties may be confined to problems with their production of speech. For others, it may be hard to find the right words or join them together meaningfully in expressive language. They may have problems in communicating through speech and other forms of language use and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction.

In some instances, a persistent failure to communicate effectively with others may give rise to feelings of frustration or anxiety. These feelings may in turn lead to some behavioural difficulties and/or deteriorating social relationships with peers and adults alike.

The fact that the student may speak and understand English as an additional language does not in itself constitute a speech and language difficulty. It is important to note, however that different languages have different structure/phonologies which can sometimes cause initial short term difficulties.

Normal school entitlement for pupils with SLCN : Provided from AWP

Many students with speech language and communication needs will be able to participate in most aspects of an ordinary classroom and make progress within the curriculum but may need some support through effective QFT and waves of intervention

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none">• Speech is understood by others but has some immaturities, which at times interfere with the acquisition of literacy and/or create mild social difficulties.• Comments and questions often indicate an	<ul style="list-style-type: none">• Needs some encouragement to take responsibility for own learning and to collaborate with peers in curriculum activities.• Needs some support to listen and respond to longer explanations, stories, sequences of	<ul style="list-style-type: none">• Effective home/school liaison• Students pastoral care needs are met• Students have regular opportunities to evaluate their performance in learning activities.

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>initial difficulty in understanding the main points of discussions, explanations, information given, in a whole class situation.</p> <ul style="list-style-type: none"> • Sometimes develops & explains own ideas clearly, but sometimes needs support: <ul style="list-style-type: none"> ○ To contribute successfully to discussion about imaginary and factual activities ○ To use vocabulary precisely and effectively 	<p>information in whole class situation.</p> <ul style="list-style-type: none"> • Some differentiation of speaking, understanding, listening tasks to allow access to the curriculum. • Staff are aware of the implications of mild sensory impairment, perceptual impairment, fine motor skill development and medical issues. 	<ul style="list-style-type: none"> • Students' self-assessment routinely used to set individual learning targets. • A speech and language specialist may have assessed the student's progress and the student may be attending the local health clinic to receive speech and language therapy. At this stage the speech and language therapist will be working mainly in conjunction with the parent/carer. There may be some low-level contact between speech and language therapist and the schools.
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SEN support for pupils with SLCN : Provided from school's delegated budget

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Difficulties in using language for learning and/or social interaction, although other areas of expressive language appear to be age-appropriate. The student's responses to verbal and non-verbal communication are often inappropriate. • Difficulties impact on access to curriculum without school based support. • Student may show a marked discrepancy between attainment levels in English and/or other 	<ul style="list-style-type: none"> • Teaching methods may include the use of visual aids, signalling and signing to support understanding in lessons • There may need to be specific teaching of vocabulary, comprehension and inference, use of language, sentence structures, the speech sound system, sequencing and active listening skills. • Strategic use of equipment to sustain learning e.g. I.T. and audiovisual equipment 	<p>Staff able to monitor and assess for access to special exam arrangements.</p> <p>Multi-agency advice may be required through the CAF or diagnostic process.</p> <p>Multi-agency support may be required due to overlap of educational, social or health needs.</p> <p>Parent/carer to be involved in the formulation, monitoring and implementation of targets.</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>core subjects.</p> <ul style="list-style-type: none"> • Student may show underachievement in a number of curriculum areas, not predicted by reference to his/her general ability. • Student may exhibit difficult-to –manage behaviour in a variety of learning and/or social settings within the school. • Significant speech or language difficulty prevents access to a large part of the National Curriculum. 	<ul style="list-style-type: none"> • There should be staff training regarding the characteristics of students with SLCN and the impact on curriculum access. • The physical environment should be methodically organised, well defined and labelled and conducive to good listening and attention. • Groupings in class should provide opportunities for peer support, the development of social understanding and inference, together with structured opportunities for conversation. • The grouping arrangements should be used flexibly to promote independent learning. • Verbal instructions, explanations require simplification and visual or experiential support. • Individual support for specific skill development/reinforcement • Mainstream class or set with access to individual and small group tuition within the classroom and/or periods of withdrawal. 	<p>Staff have received focused training on the specific implications of the effects of SLCN on the student.</p> <p>A record will be kept of consultation with external professionals, such as the Educational Psychologists or Speech & Language Therapists if they are involved with the student.</p>
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MEDICAL NEEDS

A medical diagnosis or a disability does not necessarily imply a special educational need SEN. It may not be necessary for the student with any particular diagnosis or medical condition to have any form of additional educational provision at any phase of education, high needs funding or an Education Health and Care Plan. **It is the child's educational needs rather than a medical diagnosis that must be considered.**

Some students may have medical conditions that, if not properly managed could hinder their access to education. The Equality Act 2010 states that public bodies **must** not discriminate and **must** make reasonable adjustments for disabled children and young people. The definition of disability in the Equality Act includes children with long term health conditions.

Students with medical conditions will include those with Asthma, Diabetes, Arthritis, Epilepsy, severe allergies, Incontinence, Eczema, Cystic fibrosis, Tracheotomy, Colostomy and Ileostomy

The SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

For children and young people with medical needs schools **must** have regards to the new DfE guidance: **Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.**

<i>Normal school entitlement for pupils with Medical Needs : Provided from AWPU</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
May mean occasional absence from school The condition may influence tiredness and concentration levels. Students may need access to specific items of small equipment if medical conditions have resulted in minor motor impairments.	Differentiation may be required to take account of slower pace in performing some tasks – may tire easily.	DfE guidance: Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England.

To be read in conjunction with “Funding for students requiring high needs special educational needs support”

<i>SEN support for pupils with Medical Needs: Provided from school's delegated budget</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting</p> <p>Progress within the curriculum may be affected by condition or medication</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day</p>	<p>Access to word processors. Some limited items of special equipment and teaching approaches.</p> <p>May need more supervision in potentially hazardous situation e.g. science lab, swimming, using PE apparatus</p> <p>Differentiation may be required to take account of slower pace or to catch up following periods of absence.</p> <p>Extra help may be required at times in the school day, e.g. dressing, undressing, steps, stairs.</p> <p>Focussed support via a Provision Map in place by class/form teacher to allow the students to catch up following periods of absence</p> <p>Suitable arrangements may be needed for administration of emergency medication Suitable training to school staff or other emergency measures in school</p> <p>Supervision of health and hygiene procedures.</p> <p>Access to alternative methods of recording if required.</p>	<p>Medical condition will be generally stable and under control, but may need monitoring in school and close liaison maintained with home</p> <p>School curriculum promotes personal care and safety and school staff arrange and take responsibility for any regular medical intervention to be carried out</p> <p>Risk assessment + emergency plan for medical Emergency</p> <p>Teaching staff and therapist to assess changing needs.</p> <p>Input to the provision map/IEP may be required from a physiotherapist, occupational therapist.</p> <p>Consideration of concessions for examinations etc Specific information on the causes and implications of the medical condition may need to be circulated to relevant members of staff.</p>

	<p>Class or subject teachers are responsible for working with the student on a daily basis, delivering any individual programmes.</p> <p>Some additional support may be required at periods throughout the day and social situations such as breaks may need particular attention.</p> <p>Possibly teaching assistant trained in managing care needs.</p> <p>Training in Manual Handling may be necessary. Differentiation required to access some curricular areas, e.g. PE, handwriting tasks, unstructured times and environmental adaptation.</p>	
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PHYSICAL NEEDS

For some students with physical disabilities the only resource that will be required will be minor to moderate adaptations to allow access. This should always be considered in the first instance, before resorting to other types of support.

Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment; others may lead to more complex learning and social needs. For some students with the most complex physical needs the LA will consider a multi-disciplinary assessment to be necessary. However for many students with a lesser level of physical needs, intervention at a school level of response will be appropriate. Students with severe physical difficulties are normally identified at the pre-school stage. Exceptions to this would include students experiencing the result of serious illness or accident, leading to a long term disability (which may or may not be permanent) or a degenerative condition.

Occasionally unforeseen or unexpected situations arise. A student may have an accident, undergo emergency surgery or perhaps break a limb. If this occurs there is no pre-arranged programme in place and a plan should be put together and implemented to organise the student's return to school. The school may need to put adult support in place for a short period.

If appropriate arrangements are not made, some medical conditions may have a significant impact on the student's access to educational opportunities, or on his/her levels of attainment, and/or give rise to emotional, behavioural and social difficulties. The medical condition may, in itself, significantly impair the student's ability to participate fully in the curriculum and the wider range of activities in school. Some prolonged conditions will affect the student's progress and performance intermittently, others on a continuous basis throughout the student's school career.

Drug therapies may compound the problem of the condition and have implications for the student's education. Medication may similarly impair concentration and thus lead to difficulties for the student in the classroom. In some instances, students with potentially life-limiting conditions may have periods of hospitalisation or frequent attendance at out-patients, emotional and behavioural difficulties related to their condition and associated restrictions on everyday life because of the nature of the treatment required.

Nevertheless, the existence of a medical diagnosis or a disability in itself *does not* imply that the student in question has special educational needs.

A student with a particular diagnosis or medical condition may not require any form of additional educational provision in any phase of his/her education. **In the context of these criteria, it is the student's special educational needs rather than a medical diagnosis that must be considered.**

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

It follows, therefore, that some students may not require Education Health and Care Plans or school-based SEN provision but they have physical conditions that, if reasonable adjustments are not made by the school, could hinder their access to education. The Equality Act 2010 states that public bodies **must** not discriminate and **must** make reasonable adjustments for disabled children and young people.

However, the SEN Code of Practice 2014 recognises that there is a significant overlap between disabled children and young people and those with SEN. Children and young people may therefore be covered by both SEN and disability legislation.

<i>Normal school entitlement for pupils with Physical Needs : Provided from AWP</i>		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<ul style="list-style-type: none"> • Has physical needs but the student can be independent with some minor adaptations to the environment. • The teacher has concerns based on observation of some minor physical difficulties e.g. motor control problems, hand eye co-ordination, problems causing difficulties in throwing, catching in P.E. 	<p>The school will provide easily made changes in the learning environment, and provide some differentiation within the classroom.</p> <p>Careful consideration given to the position of the student in the classroom to allow for maximum independence of movement/access to resources/equipment. Well structured curriculum plan in P.E.</p>	<p>Full inclusion in all statutory assessments, school assessments and tasks.</p> <p>General whole school training.</p>

SEN support for pupils with Physical Needs : Provided from school's delegated budget

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Medical condition may necessitate supervision or support for medication needs at specific times e.g. medication, diet, toileting</p> <p>Progress within the curriculum may be affected by condition or medication</p> <p>May participate in most/all activities but at a slower pace than peers or show signs of increasing fatigue during the school day</p> <ul style="list-style-type: none"> • will have a defined physical or medical condition that may be subject to regular medical/intervention; • will have needs that may impact on their self-esteem and social relationships; • will have moderate difficulties in aspects of curriculum access (e.g. wheelchair user); • will have some gross and fine motor difficulties. Minor difficulties with spatial orientation; • will make progress within the curriculum, but 	<p>The focus should be school based, with the aim of helping the student to be a fully integrated member of the school community.</p> <p>Withdrawals from the class group should be kept to a minimum, should only occur when commensurate with the student's interests and be planned above all else as an aid to his/her learning and/or health needs.</p> <p>Allowing for the emphasis of the Provision Map on addressing the student's physical difficulties, the provision overall should be informed by flexible approaches to whole curriculum planning for individual students.</p> <p>Specific skill development or ameliorative activities in support of targets may be required.</p> <p>Flexible support in school to include dressing, undressing and toileting. Appropriate toilet with hoist available if needed. Changing bed and shower as appropriate.</p> <p>Extra time provided to address opportunities and comprehensive resources for motor skill</p>	<p>Annual Audit of environment for basic access issues.</p> <p>The school will need to consider the implications of the Equality Duty for school visits and extra curricular activities</p> <p>The school may need to make reasonable adjustments to its environment and some building adaptations may be required.</p> <p>Staff are able to monitor progress and demonstrate understanding of fine and gross motor skills development within personalised learning targets</p> <p>Staff able to implement and manage changes and adaptations to the learning environment</p> <p>Advice from external support agencies should be sought to inform and/or guide curriculum adaptation,</p> <p>Multi agency collaboration will usually be essential.</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>at lower levels than may be expected from performance on tasks where physical difficulty has less impact;</p> <ul style="list-style-type: none"> • will be independent in most activities; • will be working at slower pace than peers or signs of increasing fatigue during the school day. <p>The student may:</p> <ul style="list-style-type: none"> • use specialist aids relating to their disability e.g. wrist splint; • utilise limited, low tech specialist equipment to enhance their curriculum access; • require limited adult assistance with practical aspects of the curriculum or self help skills or personal care. • utilise specialist equipment to ameliorate difficulties with either curriculum or daily living tasks; • require a medical plan; • require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment; • exhibit fatigue, lack of concentration or motivation due to their condition that has having a marked effect on classroom performance. 	<p>development. offered within the school curriculum</p> <p>There will be focus on the <i>educational</i> implications of the physical difficulty but there may also be therapy targeted at these difficulties</p> <p>Additional access to IT, specialist aids and adaptations may be necessary to facilitate access to the curriculum.</p> <p>Consideration should be given to exam arrangements</p> <p>Specialist transport may be required</p> <p>Consideration should be given to the identification of a key worker.</p> <p>Most students will require access to a base for therapy or developmental programmes and/or special arrangements for personal and hygiene needs.</p> <p>Strategies incorporating specific activities to overcome physical difficulties e.g. reducing written work.</p> <p>Pace of teaching takes account of possible fatigues and frustration experienced by the student.</p> <p>Consideration will need to be given to timetabling</p>	<p>School will seek Manual Handling Training from an external provider</p> <p>There will be thorough monitoring of student progress in terms of effectiveness of the interventions arising from the Provision Map.</p>
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	<p>and location of rooms.</p> <p>Delivery of physiotherapy programmes, support with physical aids and support needed in safely moving around the school as appropriate and advised by external specialists.</p>	
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SENSORY IMPAIRMENTS

Deaf and Hearing Impairments

DESCRIPTION OF NEED

Some pupils with hearing loss require minimal support in school and others will need high levels of individualised and specialist help. Hearing loss may be mild, moderate, severe or profound. It may be temporary or permanent and affect one or both ears. It could be a conductive (e.g. caused by damage or malformation to the middle and outer ear) or sensori-neural (e.g. damage to the processing system in the cochlea or inner ear) or mixed loss. Some children and young people acquire a hearing loss later on in their development. Others have degenerative hearing loss. Around 45% of children with hearing loss have an additional learning, physical or medical difficulty. Some deaf children are now also identified as having “auditory neuropathy spectrum disorder” (ANSD).

The impact of a hearing loss does not always relate to the clinical definition. For example early support and modern technology may result in positive outcomes for profoundly deaf children. However a child with a moderate hearing loss who hasn’t had support and hearing aids early in life or who has ANSD may struggle to catch and keep up with similarly abled hearing peers.

Temporary mild or moderate hearing loss caused by frequent ear infections and “glue ear” are common in young children during foundation stage and key stage 1. For most children this will not affect progress and attainment in the longer term but for others the condition may compound existing learning difficulties or if it is not resolved can even cause permanent damage to hearing.

Most children with permanent hearing loss are identified through new-born hearing screening. When an older child is diagnosed schools need to be aware that most parents will be extremely anxious even if it appears that the child is managing well. Responding sensitively at an early stage and involving support services promptly at the time of diagnosis should be a priority.

A hearing loss is significant if it:

- Requires the child or young person to listen through artificial devices e.g. hearing aids, cochlear implants, FM systems and/or requires them to sustain their visual attention for long periods of time (e.g. to watch a signer and/or lip read).
- Means they will have difficulty adapting to or functioning in unfavourable acoustic environments e.g. where there is background noise and/or high levels of reverberation.
- Causes the child or young person to miss out on incidental learning e.g. peer and pretend play and learning, group discussions
- Causes a delay in acquiring and maintaining language and communication skills in keeping with the pupil’s age and abilities.
- Requires them to undergo intensive hearing, speech and language rehabilitation following cochlear implant surgery
- Results in the child having to learn and use sign language as their primary mode of communication and to access to learning, or to supplement delayed or limited spoken language

To be read in conjunction with “Funding for students requiring high needs special educational needs support”

- Prevents the child or young person from achieving and maintaining levels of attainment in keeping with their age and abilities or from making expected progress.
- Has an adverse effect on self esteem and confidence
- Has an adverse effect on social interaction especially with peers and in developing an understanding of how others think and feel.

Children with permanent or long term hearing loss are likely to experience some or all of these difficulties in schools or early year's settings. Assessment and monitoring should be holistic and include observation of and sensitive discussions with children and young people, parents and carers as well as curriculum assessments and other standardized or specialist tests e.g. for language, communication, listening and speech discrimination.

Particular care needs to be taken in assessing children and young people who are deaf and have additional needs. Where communication and language is severely delayed the child or young person may be more able than is first assumed. Regular strategies and intervention for children with hearing loss may also be less available to a child who has other difficulties e.g. sign language for a child with physical difficulties.

Normal school entitlement for pupils with HI : Provided from AWPUP		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Making satisfactory progress but at risk of or beginning to fall behind.</p> <p>Sometimes misunderstands instructions and needs reassurance or reinforcement before beginning a task.</p> <p>Apparent fluctuations in attention, responses to sound and spoken language.</p> <p>Difficulties understanding peers in group discussions and on the playground – may feel isolated or anxious at times.</p> <p>Frequent ear infections and hospital</p>	<p>Basic classroom management strategies should be put in place using materials and guidance available from the National Deaf Children's Society. Examples include:</p> <ul style="list-style-type: none"> • Favourable Positioning • Management of background noise • Repetition of instructions • Multi-sensory approaches to teaching and learning – practical and visual reinforcement • Management of turn taking in classroom discussions , repeating key points 	<p>The SENCO should clarify the nature and possible implications of the diagnoses by liaising with parents, health professionals and the support service For example:</p> <ul style="list-style-type: none"> • Monaural (one sided) hearing loss • Mild or moderate bi lateral temporary hearing loss caused by Glue Ear • Mild or moderate bi lateral moderate hearing loss which may or may not require hearing aids <p>The school should carry out a basic assessment of the impact of the hearing loss using materials and guidance from the East Berkshire sensory support service</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>appointments may have caused higher than usual school absence as well as intermittent hearing loss.</p> <p>A student with monaural hearing loss will have difficulties with sound location and communicating in background noise.</p>		<p>The SENCO can make a full referral to the support service if it felt that further guidance is needed. A more detailed assessment by the support service might include</p> <ul style="list-style-type: none"> • Speech discrimination, language and communication • Environmental assessment • Classroom observation, management advice and training for key staff • Provision of a radio aid • Parental support on issues relating to hearing loss
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SEN support for pupils with HI : Provided from school's delegated budget		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Students with moderate or severe hearing loss may have delayed language development.</p> <p>They may have difficulties with the perception of some speech sounds especially at the ends of words</p> <p>There may be ongoing disadvantage in relation to acquiring new vocabulary and concepts</p> <p>Specific listening activities may give problems e.g. video/audio tape work, spelling tests.</p> <p>The student may be slower to process and</p>	<p>In addition to the basic strategies and approaches described above, some pupils may also require daily support from an adult in school e.g. TA or SENCO:</p> <ul style="list-style-type: none"> • For equipment management • To monitor and support understanding of classroom instructions and key learning points at different times in a lesson. • To prepare and provide visual resources to reinforce key concepts and vocabulary • To deliver an individual programme particularly pre and post tutoring e.g. for speech, language, 	<p>May benefit from the advice and support of an educational audiologist with regard to assessing and improving the acoustic environment for deaf learners.</p> <p>Regular audiological reviews and monitoring will be undertaken by the Health Authority.</p> <p>May benefit from additional or specialist ICT software and hardware.</p> <p>May require a CAF to be put in place</p> <p>All school staff should have some basic deaf</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>understand verbal instructions.</p> <p>The student may shows signs of increasing fatigue e.g. towards the end of the school day.</p> <p>They may have great difficulty adapting to or functioning in unfavourable acoustic environments e.g. where there is background noise and/or high levels of reverberation.</p> <p>May sometimes have issues with self-esteem, emotional wellbeing and social knowledge. The hearing loss may affect the student's social interaction;</p> <p>Where the effects of the loss are more marked and severe, and where their functioning in school is at a lower level than would be expected, there may be a greater need for supported provision, with higher levels of in-class support and greater involvement of a specialist teacher of the deaf.</p>	<p>literacy and listening</p> <p>The hearing peer group should be taught to be supportive and deaf aware.</p> <p>Deaf pupils may also need opportunities to meet up with other hearing aid users/deaf students and deaf adult role models. The specialist support service can facilitate some opportunities for these and signpost schools and families to other local and national providers.</p>	<p>awareness training and key members of staff should attend one of the full days provided by the support service.</p> <p>Key adults (class teacher/form tutor, SENCO, teaching assistant) should have a good understanding of the individual child's hearing loss and how it affects their understanding and access to learning and social opportunities. For example:</p> <p>Moderate and severe Hearing loss: The loss is permanent or long term and can be conductive but is likely to also have a sensori-neural element. The student usually wears two hearing aids all the time. The hearing loss may be worse if the child has a cold or develops glue ear. Some will have a condition that causes hearing to deteriorate over time. High frequency hearing loss means that there may be particular difficulties in perception of certain consonants.</p> <p>The specialist teaching service may help to monitor and review progress or offer a series of visits to support specific objectives or to model/demonstrate activities and approaches to supporting adults.</p>
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Visual Impairment

DESCRIPTION OF NEED

Visual impairment can have a significant impact on a student's educational development in some cases resulting in learning delay and reduced curricular access. This will require careful monitoring by schools and the East Berkshire sensory support service. It is possible for some students to acquire visual loss later in life through accident or illness.

The Code of Practice is clear that schools can consult outside agencies for advice in preventing the development of more significant needs. Schools should feel free to contact the East Berkshire sensory support service for advice at any time.

Visual difficulties take many forms, with widely differing implications for a student's education. They range from relatively minor and remediable conditions to total blindness. Some students are born blind; others lose their sight, partially or completely, as a result of accident or illness. In some cases visual impairment is one aspect of a multiple disability. Whatever the nature and cause of the student's visual impairment, the major issue in identifying and assessing his/her special needs will relate to the degree and nature of the functional vision and the student's ability to adapt socially and psychologically, as well as to progress in an educational context.

A defect of a student's colour vision alone may not necessarily result in any special educational needs.

Definitions for Students & Young People with Visual Impairment

The standard definition of normal vision is 6/6. This means a person can see at 6 metres what they are expected to see at 6 metres. The larger the number on the right the weaker the distance vision. For those with short sightedness assessment would indicate appropriate font size.

The following classification applies to corrected vision with both eyes open. Acuity criteria are for guidance purposes only. The professional judgement of a QTVI should be applied as necessary to decide on the classification. For example, a young person may have a mild reduction in visual acuity but be functioning within a different visual category due to an additional ophthalmic condition, e.g. Nystagmus, visual field reduction, cerebral (cortical) visual impairment, and/or additional learning difficulties.

Cortical Visual Impairment (CVI): A condition where some of the special 'vision' parts of the brain and its connections are damaged and the child or young person with this are unable to make sense of what they see. However, it can improve as they get older.

Perceptual Difficulties: Inability to perceive, integrate and recall visual stimuli.

Mild Sensory Loss: Visual acuity better than 6/18 with visual field loss.

Moderate: Visual acuity between 6/18 and 6/36.

Severe: Visual acuity between 6/36 and 6/60.

Profound: Visual acuity 6/60 or less.

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

Normal school entitlement for pupils with VI : Provided from AWPU		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Some deterioration in certain areas of academic performance e.g.</p> <ul style="list-style-type: none"> • deteriorating handwriting, • slowness in copying from the board, • increasingly asking for written instructions to be given verbally. <p>A recognisable ophthalmic condition which has the potential to affect the learning process.</p>	<p>The central form of action for most students experiencing visual difficulties will be that which the class or subject teacher is able to take using resources and strategies available in the ordinary classroom.</p> <p>Tasks may need to be differentiated by some variation of teaching material and time given to complete tasks.</p> <p>The school will provide easily made changes in the learning environment; provide some differentiation to meet the needs of the range of students within the ordinary classroom.</p> <p>Basic classroom management strategies should be put in place Examples include:</p> <ul style="list-style-type: none"> • Favourable Positioning • Repetition of instructions • Multi-sensory approaches to teaching and learning – practical reinforcement • Management of turn taking in classroom discussions , repeating key points 	<p>Parent/carer involvement through normal school policy arrangements.</p> <p>In general expensive specialist items will be provided by the East Berkshire sensory support service, while smaller and/or consumable items will be provided by the school.</p> <p>General whole school training, advice and support from external specialists e.g East Berkshire sensory support service</p> <p>Occasional consultation and advice from the East Berkshire sensory support service</p> <p>Monitoring by class/subject teachers/SENCo</p>

SEN support for pupils with VI : Provided from school's delegated budget		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Auditory or tactile approaches to learning and teaching may supplement the visual stimuli used.</p> <p>As visual impairment is about the ability to access the visual world, and not a cognitive difficulty, care must be taken to maintain appropriately high expectations in curriculum achievement.</p> <p>Independence and mobility training may be required. All areas of the curriculum should be accessible with appropriate adaptation or modification as necessary.</p>	<p>School will provide some changes in the learning environment as advised by a specialist advisory teacher.</p> <p>The student's position in class will need to be considered for access to visual stimuli.</p> <p>Social interaction with other students may need to be encouraged through sensitive grouping arrangements.</p> <p>If grouping by ability, care should be taken that cognitive ability is the criteria used rather than the impaired ability to access materials.</p> <p>Withdrawal sessions for individual or small group work may be necessary to:</p> <ul style="list-style-type: none"> • Complete tasks made slower by the visual impairment; • Prepare student for a class activity/learning experience; • Reinforce mainstream work; • Provide additional hands-on experience of materials or presentations; • Provide additional experiences of the environment to remedy; a lack of adventitious learning 	<p>A full assessment of the student's functional vision from the East Berkshire sensory support service in the educational setting will be carried out and appropriate advice provided.</p> <p>Targets will be written with cognisance of the East Berkshire sensory support service advice and reviewed regularly.</p> <p>The Mobility Officer from the East Berkshire sensory support service will assess and provide a report if required.</p> <p>The monitoring and review cycle will vary depending on the needs of the student. The class teacher will monitor progress and their visual access to the curriculum on an on-going basis. Any concerns will prompt a request for additional advice or intervention from the East Berkshire sensory support service.</p> <p>Teacher of the VI to liaise with SENCo/school examination secretary to ensure that appropriate SATS/GCSE/other examination concessions are applied for in relation to the visually impaired student.</p>

	<ul style="list-style-type: none"> • Learn particular skills to improve curriculum access e.g. touch typing or use of magnifiers and other specialist equipment; • Learn mobility skills <p>Student may benefit from using specialist equipment e.g.</p> <ul style="list-style-type: none"> • Sloping reading/writing boards • Low power magnifiers • Dark pens/pencils • Dark lined books/paper • Large print materials (e.g. reference books) <p>Very occasionally printed material may need to be enlarged. It would be expected that the school would use their own resources for this.</p> <p>Schools need to have regard to advice submitted by the East Berkshire sensory support service as well as parents, health professionals etc, in how they present the curriculum e.g.</p> <ul style="list-style-type: none"> • Use of Whiteboard • Accessibility of printed materials, and how they should be adapted • Modification of teaching methods used • Speed of work • Physical position of student 	
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Multi-sensory Impairment and Deaf blindness

“A person is regarded as deaf blind if their combined sight and hearing impairment cause difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.”

(Department of Health “Think Dual Sensory” 1995)

“Deaf-blindness is not just a deaf person who cannot see, or a blind person who cannot hear. The two impairments together increase the effects of each”.

<http://www.sense.org.uk/content/about-deafblindness>

Multi-sensory impairment (MSI) is generally associated with children who are **born with** a sight and hearing loss. They may have a range of other disabilities that affect their ability to process information and communicate.

Children who are born with vision and hearing impairments will need to use their other senses – touch, body awareness in space, balance, taste and smell – to access information which is more easily available to other children. This can delay development. Communication and learning are significant challenges for children born with deaf blindness, and key concepts are often achieved later than might be expected. Developing an awareness of others, self-perception, and the impact of actions on others can all be affected. This can sometimes lead to a misdiagnosis of autism or a severe learning disability, when in fact the key factor impacting on learning is the combined sight and hearing loss.

Some of the conditions associated with multi-sensory impairment/deaf blindness include

- CHARGE
- Usher Syndrome
- Downs Syndrome
- Cerebral palsy
- Congenital maternal rubella

Some children and young people acquire a second sensory impairment as they get older. For instance children with Usher syndrome may have hearing loss from birth but develop visual problems as teenagers. The diagnosis of a second sensory impairment or the confirmation that a condition is deteriorating will usually be very distressing for young people and their families. Responding sensitively at an early stage and involving support services promptly should be a priority. The provision of counselling may be as important as the provision of support to address the needs on a practical day-to-day level.

To be read in conjunction with “Funding for students requiring high needs special educational needs support”

Children with deaf blindness/MSI will usually need to have ongoing involvement from both HI and VI services. They should also be assessed and monitored by a qualified specialist teacher for MSI as some of the strategies and support commonly suggested for VI and HI pupils may not be appropriate for pupils with dual sensory impairment.

Multi-sensory impairment or deaf blindness may be:

- Mild – dual impairment with a mild loss in both modalities
- Moderate – dual impairment with a moderate loss in both or the most affected modality
- Severe – dual impairment with a severe loss in both of the most affected modality
- Profound – dual impairment with a profound loss in both or the most affected modality

(NATSIP eligibility criteria, 2012)

The impact that deafblindness/MSI has on a person will vary according to the cause, age of onset, and the skills a person has in using their residual sight and hearing.

SOCIAL EMOTIONAL AND MENTAL HEALTH DIFFICULTIES

DESCRIPTION OF NEED

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

Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils. The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools – Mental Health and Behaviour Guidance: <http://tinyurl.com/MHB-2014>

Where more specialist provision is required, schools, colleges and early years providers should have clear arrangements in place with local health partners and other organisations for making appropriate referrals to Child and Adolescent Mental Health Services (CAMHS).

Behavioural difficulties do not necessarily mean that a child or young person has a SEN and should not automatically lead to a pupil being registered as having SEN. However, consistent disruptive or withdrawn behaviours can be an indication of unmet SEN, and where there are concerns about behaviour, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behavior, a multi-agency approach, supported by the use of the Common Assessment Framework (CAF) may be appropriate. In all cases, early identification and intervention can significantly reduce the need for more expensive interventions or sanctions at a later stage.

Use of the phrase 'Social, Emotional and Mental Health' is therefore meant to have a specific connotation to help determine the extent and nature of the student's special educational needs in this area. It should not be applied as a blanket term to include in the SEN framework all those:

- Whose behaviour may more loosely be described as anti-social or disaffected
- Who are in the care of the LA

Students presenting social, emotional and mental health difficulties may act unpredictably, unusually or in an extreme fashion in a variety of social, personal or physical settings. **Severely withdrawn or passive behaviour may be as significant an indicator as aggressive or very strange or age inappropriate behaviour.**

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

Schools' pastoral care arrangements should ensure that students are able to discuss any health-related and other problems with a relevant health professional, educational psychologist, education welfare officer, counsellor or other professional. A Pastoral Support Plan is a school-based intervention to help an individual student manage and modify their behaviour and should be drawn up for:

- Any student who needs extra support in managing their behaviour.
- Any student who has had a number of fixed term exclusions.
- Any student whose behaviour is deteriorating rapidly.

Normal school entitlement for pupils with SEMH : Provided from AWPUP

Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>Occasionally withdrawn and isolated and on the fringes of activities.</p> <p>Involved in low level distractions which hinder own concentration and that of others.</p> <p>Students may have some difficulties with interpersonal skills, concentration (low level) and show signs of frustration at times.</p> <p>May occasionally be unpredictable or destructive.</p>	<p>At this level there is an awareness of some difficulties, noted and monitored by the class/form teacher.</p> <p>Clear boundaries.</p> <p>System of meaningful rules, incentives and sanctions with consistent and fair application. Tasks may need to be differentiated by level/outcome/pitch/pace and grouping to match learning needs, concentration level, interest and motivation.</p> <p>Dissemination and development of nurturing /Solihull Approach principles for all key stages.</p>	<p>The school will have a clear policies in place to promote social, emotional and mental health well being and the management of behaviours.</p> <p>The school will provide more focused opportunities to build self esteem, develop friendships and social skills.</p> <p>Self evaluation encouraged and developed.</p> <p>Students' self-assessment routinely used to set individual learning targets.</p> <p>Parent/Carer engagement and involvement are positively and actively promoted from the earliest opportunity.</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

SEN support for pupils with SEMH : Provided from school's delegated budget		
Impact of Condition on Learning	Quality Teaching Strategies/Specialised Adaptations	Relevant Information/Assessments
<p>The students difficulties that may present in either the home and/or school may include:</p> <ul style="list-style-type: none"> • persistent emotional or behavioural difficulties that have not been ameliorated by differentiated learning opportunities or by the behaviour management techniques usually employed by the school, • poor concentration despite structured and time limited tasks – poor personal organisation skills, • may be withdrawn and isolated, generally seeking too little adult attention with limited or selective communication, may not communicate feelings, • difficulties with interpersonal communication or relationships, reluctant to share, reluctant to participate in social groups, distracts other students, careless with learning materials, • being bullied, • pre-empting failure in tasks • being reluctant to attend school • unwillingness to acknowledge or accept 	<p>Additional levels of pastoral support are likely to include:</p> <ul style="list-style-type: none"> • Social support groups weekly; • Individual support through daily mentoring by a skilled adult; • Peer support strategies at key times; • Clear communication throughout the school management system with weekly updates; • Nurture groups; • Positive support • Anger management <p>These could include the strategies included in SEAL</p> <p>There should be strategies to focus on emotional needs. These may include strategies such as Circle Time, circle of friends, discussion groups, mentoring/buddying.</p> <p>Appropriate behaviour and expectations are taught alongside the academic curriculum. Student and parent involvement in the behavioural programmes will be clearly defined.</p> <p>Staff are able to monitor students during break times and lunchtimes and have strategies in place</p>	<p>Staff training regarding the characteristics of students with SEMHD and the impact on curriculum access. could be provided by external agencies e.g. behaviour support specialists, educational psychologists or Mental Health.</p> <p>PSPs may be set following consultation with external professionals such as staff from specialist settings, Behaviour Support staff, educational psychologists, and professionals from the CAMHS.</p> <p>Connexions Service involvement if concerns re NEET.</p> <p>Parent /carer involvement in programmes is particularly desirable. All agencies should work together to ensure that parental involvement is achieved wherever possible.</p> <p>Baseline recording of particularly difficult or significant behaviours should be made in order to carry out an 'ABC analysis' to inform interventions and evaluations (Antecedents, Behaviour and Consequences).</p> <p>Success will be celebrated.</p>

To be read in conjunction with "Funding for students requiring high needs special educational needs support"

<p>responsibility for his/her own actions.</p>	<p>during unstructured times.</p> <p>Consideration should be given to the use of IT, audio visual support, 'time out' to support a differentiated curriculum for a student who has difficulties in engaging in traditional methods of curriculum delivery.</p> <p>There should be staff training regarding the characteristics of students with social, emotional and mental health problems and the impact on curriculum access.</p> <p>In some cases the facility to attend in-school behaviour centres may be appropriate.</p> <p>Individual counselling from external agencies may be appropriate.</p>	<p>The student may need an individual risk assessment.</p>
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Royal Borough Windsor & Maidenhead

Funding for pupils and students requiring high needs special educational needs support.

January 2017

Royal Borough of Windsor and Maidenhead

“The Royal Borough of Windsor & Maidenhead is a great place
to live, work, play and do business supported by a modern,
dynamic and successful Council”

Our vision is underpinned by four principles:

Putting residents first

Delivering value for money

Delivering together with our partners

Equipping ourselves for the future

In Children’s Services, our highly skilled workforce is committed to **meeting resident’s needs as quickly and early as possible**. We know that the more children, young people and families we help early, the more successful citizens they become.

Achieving our ambition of supporting all residents to be successful is dependent on us working together with a wide range of partners.



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Frequently used acronyms

FTE	Full time equivalent
RBWM	Royal Borough of Windsor and Maidenhead
SEND	Special Educational Needs and Disability
EHC	Education, Health and Care Plan
DfE	Department for Education
HNF	High Needs Funding
“Settings”	State funded maintained Nursery, Primary, Secondary schools and F.E. college.
FE	Further Education.

1. Introduction

- 1.1 In 2013 the government introduced new ways for funding additional needs in school and colleges. The national expectation is that state funded schools and colleges are able to provide up to £6,000 of additional provision from within their delegated budget. Consequently the majority of children with special educational needs (SEN) will have their needs met without requiring extra funding via the Local Authority (LA)
- 1.2 For those who require funding in excess of the additional £6,000, this can be accessed via an Education, Health and Care (EHC) Plan
- 1.3 From April 2017, RBWM will use a High Needs Matrix to inform decision making concerning the 'top up' funding allocated to individual pupils and students. The underpinning principle being that the level of funding to deliver EHC outcomes should be the same regardless of the setting the child or young person attends. This provides equity and transparency across a range of settings.
- 1.4 The national financial definition of a 'High Needs' pupil is one whose education (incorporating all additional support) costs more than £10,000 per annum. This threshold underlies the foundation of the new national 'Place Plus' framework and the basis of the financial responsibility that state-funded (including Academy schools but not independents) schools and other settings have for meeting the needs of pupils from their delegated budgets.
- 1.5 This guidance outlines the methodology for the allocation of funding of Pupils who have special educational needs requiring High Needs Funding (HNF), educated in:
 - Mainstream Nursery, Primary & Secondary provision. ('top up' or element 3 funding)
 - In post 16, further education settings.
- 1.6 The methodology has been developed by the Local Authority with the Schools Forum and subject to consultation during the Autumn term 2016.
- 1.7 Whilst we concentrate in this paper on the funding for children and young people in mainstream Nursery, Primary & Secondary provision and Post 16 high needs provision in Further Education settings, the same principles will apply to all High Needs Pupils (HNP) in a range of other provisions such as Special Schools and Resource Units.

2. Principles

- 2.1 RBWM has developed the 'Matrix' framework, to:
 - Simplify the approach to the funding of high needs provision;
 - Drive up the level of inclusivity in all schools and colleges by having clear expectations on the use of the £6000;
 - Establish a greater level of consistency in the distribution for funding of high needs pupils across providers;
 - Establish a greater level of transparency in the funding of high needs pupils within RBWM;
 - Establish the same level of entitlement to special educational needs resources across all the borough's learners attending a mainstream school or college;
 - Create a joint understanding between LA staff and College/School to support their dialogue about individual learners;
 - Assist the LA in its statutory duty to monitor and evaluate effectiveness of special educational needs provision.
 - Ensure value for money.

3. Purpose

- 3.1 This guidance document will be of use to parents and young people, schools and decision makers within the Council
- 3.2 Parents and young people
- 3.3 This guidance sets out what level of additional support you or your child is entitled to, and who is responsible for providing it. It shows how schools and the local authority will identify whether a child or young person has any additional needs and, if so, how they will devise a programme of support and monitor progress. Parents (and young people aged over 16 who are capable of making their own decisions) are key partners in this process.
- 3.4 Most children with SEND have their needs met in local mainstream schools, possibly with additional support. Some children may require a more formal assessment of their needs and be issued with an Education, Care & Health Plan (usually referred to as an EHC Plan, or just Plan). Only about 2%¹ of children need this, and some of those only need it for part of their education. EHC Plans are reviewed annually and can be changed or withdrawn. Most children and young people with EHC Plans continue to attend their local mainstream school, but some children need the more intensive and specialist support that can only be provided in a special school (see below). Nationally, about one child in every hundred attends a special school
- 3.5 Schools
- 3.6 Schools are responsible for meeting the needs of their children, including those with SEND. Over the past few years many schools in RBWM have made great strides to become more inclusive, and a number now have additional provision for children with a wide range of SEND.
- 3.7 Schools are responsible for the early identification of possible difficulties, and for putting in place strategies designed to address them. At the lowest level of need this will be by differentiation within, or adaptation of, the school curriculum. For children with higher levels of need, the importance of good record keeping and of early involvement of parents cannot be over stressed. Full and detailed plans will be needed if there is a request either for additional resources or for an EHC assessment. Schools will also find the descriptors in Appendix 3 useful in helping to assess the level of need a child or young person may have.
- 3.8 The Local Authority
- 3.9 The Local Authority (LA) will use this guidance before initiating a full EHC assessment to determine whether a child or young person's needs are greater than those of their peers, and whether schools have demonstrated that they have fulfilled their obligations. This guidance will help to ensure transparency and consistency across, all schools in the RBWM (including academies).

4 Expected levels of support

- 4.1 This document provide general descriptions of different levels of support available in school and colleges. Every child or young person is unique, and so our aim is to provide broad descriptions that enable parents/careers, schools and young people themselves to gauge the sort of support they can expect to meet their needs.
- 4.2 There are 6 different bands, graded from A (the mildest) to F (for those with the most severe and complex needs). The level of support and the resources allocated increase accordingly. "Support" may be in the form of
- A more individualised programme of work
 - Being taught in a smaller group for part of the week

¹ DFE Special educational needs in England: January 2016
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539158/SFR29_2016_Main_Text.pdf)

- Advice and guidance from an experienced practitioner, including advice and guidance to teaching staff and parents
- A piece of equipment or software application.
- Therapy
- Additional support in the classroom
- Spending part of the school week at another establishment
- Specific skill training (for example, independent travel training)
- A detailed plan with measurable outcomes.
- A combination of the above

4.3 The Bands are progressive, but a child or young person's needs typically stay within one Band. The needs of children and young people in Bands A-D can be met within mainstream schools. Children and young people in Bands E-F may be in either a mainstream school with support, or in a specialist provision. Although children and young people in Band F are unlikely to have their needs met in mainstream provision, we are happy to support this where appropriate.

4.4 Identifying a child or young person as having a special need is an important decision as it can label them for life. It is crucial, therefore, that every decision is based on evidence, that support and interventions are monitored and that detailed records are kept. Panel A (a group comprising of senior local authority SEN staff and practicing senior staff from schools) will require evidence that schools and colleges have:

- made appropriate arrangements to support individuals with SEN,
- put in place and monitored individual support arrangements,
- financial analysis to show the cost of these,
- have sought advice from specialist practitioners,
- have involved parents/carers, and
- have detailed records of all actions taken over a period of time.

Figure 1 Broad descriptions of Banding support.

Type of SEN	School/College	Type of Support	Record Keeping	EHC Assessment
Band A These would formerly have been children on “school action”. They may be slightly behind their peers in language, numeracy or social development. They may have minor physical needs (e.g. toileting).	Mainstream school or college	Differentiation within the curriculum. Quality First Teaching.	Normal monitoring and record keeping by class teacher.	No
Band B These would formerly have been “school action plus.” Able to access the curriculum but performing below age level in one or more curriculum areas. Could have isolated or challenging behaviour.	Mainstream school or college	Needs can be met in a mainstream class but may require access to specialist IT or other learning aids. May need low level support for physical needs- mobility, toileting etc.	Monitoring by class teacher and SENCO. May require specialist advice or consultation.	No
Band C Modified curriculum and/or learning environment. May be following individual programme of learning.. May need help with personal hygiene, mobility, feeding etc.	Mainstream school or college	Targeted support up to 25hours or other costs up to £6,000. May be taught in small groups for part of the week. May need access to specialist programmes/ equipment.	Regular, detailed monitoring by SENCO. Support and advice may be sought for other agencies. Schools are advised to keep records of any additional costs. Monthly parental contact is recommended.	No
Band D Substantial and/or significant difficulty in accessing curriculum because of learning ability or behaviour. Modified provision in mainstream setting/specialist equipment. Significant physical need (hygiene, tracheotomy).	Mainstream school Mainstream college	Targeted support up to 25hours. Spending of up to £6,000 per pupil	Costed provision map, regularly monitored. Regular input from therapist or other agency	Not in all cases, but likely if needs are long term
Band E The majority of children and young people in this band are likely to need a specialist setting, including a unit in a mainstream school. They are unlikely to be able to access a normal curriculum, and will need finely graded, highly structured, tasks. They may have severe communication or social interaction difficulties. They may need a high level of nursing support for their physical needs.	Special school Or mainstream school/college with specialist provision	The details of support will be set out in the EHC Plan. There is likely to be support from either social care and/or the health services	Progress will be monitored at every stage. In addition, you child or young person’s wellbeing will be constantly monitored, particularly if they have communication difficulties. May have a care plan in addition to an EHC Plan.	Yes
Band F Most children and young people in this category will be in a specialist provision. Their needs are usually described as profound and multiple learning difficulties. May have multi-sensory impairment or severe behavioural issues	Special school/Specialist setting Mainstream school or college only with a high level of support	Specialist	There is likely to be regular health and social care monitoring as well as education.	Yes

5. Use of the Matrix.

- 5.1 The SEND Code of Practice 2014 makes it clear that there is an expectation that mainstream schools and colleges will use their existing resources via an Assess-Plan-Do-Review cycle to support all children and young people who may have special educational needs. In RBWM, if despite meaningful and targeted provision over a period of time a child is not making adequate progress, the school or college could consider making a request for an EHC plan.
- 5.2 Once evidence has been received that a pupil meets the criteria for statutory assessment, a funding matrix **will** be used to assist with the assessment of the level of High Needs funding that will be made available. (See appendix 1)
- 5.3 The matrix consists of the main categories of need as identified in the Code of Practice 2014, **subdivided** for ease of use. Each child/young person eligible for statutory assessment will be assessed against these categories to determine the level of need that prevents the child or young person from achieving. This assessment will be co-ordinated by the Children and Young People Disability Service, although it will involve considerable collaboration with all those who have detailed knowledge of the individual. The level of need will reflect the intensity of intervention required to support the individual to make progress towards their outcomes.
- 5.4 Each child/young person can be assessed against as many of the categories as evidence suggests is **required**.
- 5.5 A simple formula helps to calculate the need in numeric form from the matrix. These are mapped onto a six scale banding system. (See appendix)
- 5.6 From this a total sum of money is calculated dependant on the value of each band. This sum is not designed **to** equate to numbers of staff or ratios. It reflects the level of additional resources required to achieve desired outcomes. The school/college is expected to spend the element 3 “top up” funding alongside the delegated funds, in accordance with the outcomes specified on the EHC plan.
- 5.7 Figure 2 shows a conceptual example of the matrix methodology. Descriptors are used to populate each of the cells to assist in accurate placement of the individual in each area of need. A matrix with descriptors included is available in Appendix 1.
- 5.8 To **assist** in understanding, a worked example is provided in Appendix 2

Figure 2 shows a conceptual example.

2014 Code of Practice Primary areas of need										
Sensory and physical				Communication and interaction		Emotional social and mental health			Cognition and Learning	
	Physical/medical	Hearing	Vision	SpLD	ASD	Emotional wellbeing	Social behaviour	Learning behaviour	cognitive	Spec LD
0	Descriptors									
1	Descriptors									
2	Descriptors									
3	Descriptors									
4	Descriptors									

5.9 To ensure consistency of decision making, requests for “assessment” and ‘top up’ funding will be considered by the **representatives** who sit on the weekly panels (these panels advise the Local Authority on whether a Statutory Assessment is required and the level of funding that is necessary).

5.10 These **representatives** include:

Panel A (consider new requests for statutory assessment only).

- Local Authority team manager – EHC plans (Chair)
- Principal Educational Psychologist
- EHC Case Officer
- Representatives from all education phases and sectors.

Panel B membership includes:

- Service Lead - Children and Young People Disability Service. (Chair)
- Local Authority team manager – EHC plans
- Educational Psychologist
- Social Care Team manager.
- Representatives from all education phases and sectors.

5.11 The function of Panel B is to decide on whether to issue an EHC plan and if agreed, what level of resourcing to allocate. This panel will also hear stage 1 level appeals. (See section 6.2)

5.12 In making the decision on whether to allocate ‘top up’ funding, Panel B will:

- Use the High Needs Matrix as a basis for decision making but also use collective experience to determine whether the suggested provision is “additional to or different from provision that would ordinarily be available in a mainstream school or college”.
- Ensure that there is a clear link between the identified needs and provision.
- Be mindful that ‘top up’ funding represents substantial sums of money and therefore will need to be convinced that the proposed additional provision will enable the child to make progress.

5.13 There are two possible outcomes:

- An allocation of additional funding for a time limited period. The duration of an allocation will vary depending on the individual circumstances but it is unlikely that an allocation will be for longer than 12 months. Clearly the annual review will consider the continued need for funding alongside the child or young persons special educational needs.
- No allocation of additional funding. In this event, the setting will be provided with specific reasons why an allocation was not made.

5.14 No high needs funding will be made without an EHC plan.

5.15 A full set of descriptors are available as Annex 3 to this document.

6. Appealing the funding allocation decision.

6.1 Every effort will be made to ensure that decisions are fair, transparent and equitable and it is expected that if significant new information becomes available the setting will re-apply.

6.2 However there may be occasions when, having been provided with details of why the request was unsuccessful, a school or college wishes to challenge the decision. There are two stages

- Stage 1 – informal conversation with the Chair of Panel B to further explore the reasons why the request was unsuccessful. Should there be additional information to consider that was not initially provided, the request can then be re-submitted to the next meeting of Panel B to allow fuller discussion about the case with additional time outside of the Panel.

- Stage 2 – following Stage 1, a formal appeal to the Head of Schools and Educational Services to provide a final decision. The Head of Schools and Educational Services will consider the judgement of Panel B and schools reasons why the judgement was not a valid decision.
- Appeals will be reported to the schools forum on a termly basis.

7. Transition to the new system.

7.1 The new methodology for element 3, 'top up' funding using the High Needs Matrix will be **phased in**. The matrix methodology would be introduced for:

- a) New Statutory Assessments agreed after April 2017
- b) All transfer reviews and annual reviews of EHC plans from April 2017 onwards – the school, college or setting should be aware that the recommendation for continued funding is based on the matrix methodology.

Existing funding will continue until either a or b have taken place.

Appendix 1 High Needs Matrix

2014 SEND Code of Practice Primary Areas of SEN										
	Sensory and/or Physical (x4)			Communication and Interaction (x2)		Social, Emotional and Mental Health (x4)			Cognition and Learning (x4)	
	Physical disability and/or medical conditions	Hearing	Vision	Speech and Language	ASD	Emotional Wellbeing	Social behaviour	Learning behaviour	Cognitive Ability	Specific learning difficulty (official diagnosis required)
1	Mild disability e.g. absent digits, mild diplegia, Pupil shows poor fine and/or gross coordination skills. Pupil is independently mobile without the use of aids etc. but requires assistance for some school routines/self-help skills. Pupil may need support with administration of regular medication in school	Mild loss of hearing (e.g. conductive or Unilateral loss). Can hear clear voice without aids/amplification	Mild impairment. 6/12 - 6/18 (LogMAR 0.3 – 0.48) Reads N12 print. Mild bilateral field loss or adapted to monocular vision. Independent mobility Wears patch 1-2 hours daily.	Pupil has mild delay in expressive and/or receptive language and/ or pupil has a mild speech sound disorder	Pupil has features of autism/ a diagnosis of ASD but has academic and behavioural competencies that support their ability to cope with the expectations of school life with some non-specialised adaptations e.g. time out card	Some inappropriate emotions and responses. Somewhat lacks empathy with others Sometimes (weekly) appears more and miserable. Some occasional mood swings. Sometimes weekly) unsettled by change	Sometimes (weekly)has poor interactions with pupils. Sometimes is disrespectful to staff or property. Sometimes seeks attention inappropriately or unable to wait for rewards.	Sometimes (weekly) gets distracted from tasks. Sometimes (weekly) inattentive to staff. Sometimes (weekly) shows poor organisation skills. Sometimes (weekly) does not work well in a group.	Pupil presents with some learning delay, shows some difficulties with conceptual understanding, in one or more areas of the core curriculum and attainments are more than 1 year below average.	Some difficulty with reading/ spelling of high frequency words and the acquisition of phonic skills. Reading 2 years behind chronological age in spite of extensive attempts remediate difficulties
2	Moderate disability Pupil is mobile with the use of walking aids. May require level access and/or supervision or assistance on stairs, etc. Pupil needs daily specialist programme for co-ordination skills. Pupil needs daily adult support with health care regimes	Moderate hearing loss; uses post aural aids, nonverbal cues for communication.	Moderate impairment, needs some work modified. 6/18 – 6/36 (LogMAR 0.5 – 0.78) Moderate bi-lateral field Loss Independent mobility in familiar areas. Moderate level of specialist equipment required.	Pupil has moderate language delay or moderate language disorder or pupil has a moderate speech sound disorder.	Pupil has a diagnosis and has other associated areas of need (learning, attention, behaviour) and requires additional support and/ or specialised interventions in school. Social impairment which includes; qualitative impairments in reciprocal social interaction, inadequate appreciation of socio-emotional cues, lack of responses to other peoples emotions, lack of modulation of behaviour according to social context, poor use of social signals and lack of social emotional reciprocity	Often (Daily) shows inappropriate emotions and responses. Often (Daily) shows little empathy with others. Often (Daily) unhappy, withdrawn, disengaged, shows mood swings. Often upset by change Severe and persistent symptoms of anxiety that has not been resolved using targeted external services	Often (Daily) has poor interaction with pupils. Often is disrespectful to staff or property. Often (Daily) seeks Attention inappropriately or unable to wait for rewards	Often(Daily) gets distracted from tasks. Often (Daily) inattentive to staff. Often (Daily) disorganised and lacking equipment. Often (Daily) finds group learning difficult.	Mild learning difficulties. Needs differentiated work and support with conceptual understanding, and reasoning across the core curriculum. In the low range on standardised assessments of cognitive ability, or pupil presents with a very uneven profile of cognitive abilities that requires a balance of small group and additional adult support.	Uneven profile of skills in core areas. Some difficulties with spelling and reading high frequency words. Unrecognisable spelling of phonic alternatives. Reading 3-4 years behind chronological age in spite of specialised advice to support and remediate difficulties over a [period of more than two years.
3 54	Severe disability Pupil needs access to wheelchair for movement either independent with chair or adult support Pupil requires specialist seating and possible other specialist equipment. Dependent on assistive technology and/or support for most curriculum access, e.g. alternative to handwriting.	Severe hearing loss, needs aids (e.g. radio aids/ sound filed systems) for curriculum access. May use signing as aid to communication	Severe impairment 6/36 – 6/60 (LogMAR 0.8 – 1.00) Registered Sight Impaired (partially sighted). May require short term specialist support and training for mobility and independent living skills. Significant level of specialist equipment required	Severe language and /or speech sound disorder/ limited language. Uses mix of speech and Augmented communication Systems	As above but in addition child needs a regulated setting with staff experienced in using approaches suited to children with autism Restricted and repetitive activities and interests, which include: resistance to change, insistence on routines and rituals, hand flapping and other stereotypy's, ordering play, attachment to unusual objects, fascination with unusual aspects of the world and consuming preoccupations with restricted subjects.	In most lessons show inappropriate emotional responses. In most lessons distressed by change/transition. In most lessons displays bizarre, obsessive or repetitive behaviours Severe and persistent symptoms of anxiety that has not been reduced using targeted services and where there is moderate to severe impact on daily living	In most lessons has poor interactions with pupils. In most lessons is disrespectful to staff or to property. In most lessons seeks attention inappropriately	In most lessons gets distracted from tasks In most lessons inattentive to staff. Frequently disorganised and lacking equipment. In most lessons finds group learning difficult. In most lessons unable to wait for rewards.	Moderate learning difficulties, showing significant delay in reasoning skills and experiencing learning difficulties across all areas of the curriculum. Extremely low range on standardised assessments of cognitive ability and requires an individualised curriculum and substantial individual adult support.	Very uneven profile of skills. Difficulty in all literacy based subjects. Severe difficulties with HF words. Reading 5 or more years behind chronological age. Pupil exhibits emotional barriers to learning as a consequence of their difficulties.
4	Profound or Progressive condition Powered wheelchair or dependent on assistance for mobility. Staff require regular moving and handling training. Dependent on assistance for most personal care needs, e.g. toilet, dressing, eating and drinking. Specialist health care support required e.g. tracheostomy, gastronomy, pressure care, multi-agency joint working required Pupils are dependent on adult to access learning/curriculum. Pupils need constant supervision to maintain their safety due to complexity of physical or medical need. Requires staff team that are highly skilled and trained in areas of medical need, therapy, moving and handling.	Very limited functional hearing for speech despite aids. Signing as first language. Profound hearing loss Conductive hearing loss	Profound impairment: Less than 6/60 (LogMAR 1.02) Registered SSI (Blind) alternative/tactile methods of text access (e.g. Braille) Needs on-going specialist support and training for mobility and independent living skills High level of specialist equipment required	Severely limited language skills, uses alternative communication systems to make needs/choices known Pupils with PMLD who depend on the use facial expressions, vocal sounds and body language to communicate	As above but child difficulties have a profound impact on their ability to function and multiple difficulties attaining developmental expectations Pupils have little or no awareness of danger or how to keep themselves safe. Pupils unable to regulate sensory input leading to challenging behaviour.	In all lessons shows inappropriate emotional responses including self-harming. In all lessons behaviour is severely withdrawn, bizarre or obsessional Where there are concerns that there is a significant mental health difficulty as well as the learning disability and/or challenging behaviour	In all lessons shows only minimal respect for adults and peers. Is very difficult to direct. In all lessons intimidates and readily resorts to physical aggression. High level of self directed behaviour.	In all lessons finds it very difficult to cope with most learning situations as an individual or as part of a group. In all lessons shows very little interest in school work at all	Severe learning difficulties and global delay, affecting self-help and independence skills throughout school. Functions at a level that requires specialised interventions and adaptations to the curriculum.	Severe difficulties in accessing any written material and often severe emotional barriers to engaging with learning.

Appendix 2

1. How the High Needs Matrix works.

1.1 The High Needs Matrix will be used to support the decision making for all allocations of additional (element 3 “top up”) education funding for special educational needs.

1.2 The [2014 SEND Code of Practice](#) describes four broad categories of SEN. These are:

- Sensory and/or physical
- Communication and interaction
- Social, Emotional and mental Health
- Cognition and learning

1.3 In the High Needs Matrix these are further subdivided to give 10 columns describing need. These are:

- Physical disability and/or medical conditions
- Hearing
- Vision
- Speech and Language
- ASD
- Emotional Wellbeing
- Social behavior
- Learning behavior
- Cognitive Ability
- Specific learning difficulty

1.4 There are four rows relating to the severity of the need (0 = no significant need, 4 = highest level of need). The four main C.O.P categories are weighted as follows:

- Sensory and/or physical – x 4
- Communication and interaction – x 2
- Social, Emotional and mental Health – x 4
- Cognition and learning – x 4

1.5 In use, the pupil or student is plotted against the High Needs Matrix and the combined scores in all columns are added together to produce the overall “Assessment points”. This is then converted into a “top up” tariff. (see below). The awarded “top up” tariff will be reviewed annually.

Tariff Banding	Assessment points	Tariff amount
A	0-9	£1,506
B	16-31	£2,072
C	32-47	£3,171
D	48-70	£7,479
E	71-93	£15,364
F	93+	£22,523

- 1.6 The worked example below illustrates how the High Needs Matrix is used. The level of needs (number in left hand margin of matrix) in each column are considered and a decision reached on which description best describes the pupil. On occasion, descriptors in more than one row seem to apply so best judgement should be used to decide which one is the best fit. For that reason the High Needs Matrix is well suited to being completed by someone who knows the child well or when a lot of information is available.
- 1.7 The level of need in each column (as represented by the numerical value of the row) is then multiplied by the amount indicated in 2.4. This gives the points value of the column (see worked example).
- 1.8 The points for each column are then added together to obtain an overall points total. (34 in the worked example)
- 1.9 The total points (tariff) are compared to the banding table to obtain a tariff amount in pounds. (In the example, the points total of 34 converts to a monetary value of £3,171.)
- 1.10 When a monetary value has been obtained, a maximum of £6000 (element 2) is deducted to arrive at the “top up” monetary value that will be allocated.
- 1.11 If the tariff calculated by the matrix is less than £6000, then only that amount will be deducted. No values lower than £0 will be the calculated “top up”.
- 1.12 In the worked example, 34 points were obtained. This converted to a tariff of £3,171. £6000 OR the tariff amount should be deducted, (whichever is lower) to arrive at a “top up “ of £0. It is felt that a child with this level of need should be able to be supported by the schools delegated budget.
- 1.13 If a school can **demonstrate (with evidence)** that they have used all the notional delegated budget on other children **currently** being supported, the local authority can decide to make an “exception” case and not deduct the £6000 from the calculated tariff. This is recorded and reviewed annually.

Worked Example

Area of need	Score (from matrix column)	Weighting (from 2.4)	Points
Physical disability and/or medical conditions	0	X 4	0
Hearing	3	X 4	12
Vision	0	X 4	0
Speech and language	1	X 2	2
ASD	0	X 2	0
Emotional wellbeing	2	X 4	8
Social behaviour	1	X 4	4
Learning behaviour	1	X 4	4
Cognitive ability	1	X 4	4
Specific learning difficulty	0	X 4	0
Total			34

In the example, the points total of 34 converts to a Tariff of £3,171. (see table in 1.5). “Top Up” funding after calculations is £0 (see 1.12).

2. When will Element 3 funding be allocated or amended?

2.1 We allocate Element 3 funding using the High Needs Matrix for:

- Statutory Assessment based on the information provided
- The annual review process – the school, college or setting should ensure that the recommendation for an amendment to funding is evidence based
- Transfer reviews. (during the transfer from Statements of Special Educational Needs to Education, Health and Care Plans (EHCP))

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