

## Special Educational Needs:

### School Guidance for Sensory and/or Physical Needs

## Introduction

In Barking and Dagenham, we believe pupils with SEND should be educated as close to mainstream as possible. This means we are committed to ensuring all pupils receive high quality first teaching and an appropriate curriculum, personalised to meet their needs, and ensure above expected progress from their individual starting point.

The School Guidance for Sensory and Physical Needs provides a tool that will support the identification of:

- The pupils' special educational needs.
- The severity of their needs.
- Curriculum adaptations that may be required.
- Additional strategies to support high quality first teaching for the individual.

## Guidance Notes

The SEND Code of Practice (2015) stipulates that:

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

Consequently, the area of sensory and physical needs covers:

- **Hearing Impairment/Deafness**

Deafness ranges from profound and permanent loss of hearing to lesser levels, which may only be temporary. Deafness may be one of a set of multi-sensory difficulties associated with other physical difficulties.

There are two types of deafness:

- **Conductive hearing loss**, which is where sound is not able to pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive hearing loss is caused by glue ear, where fluid builds up in the middle ear. For most children, this is a temporary condition which will clear up by itself. For some children, the problem may be chronic or permanent so they may have grommets inserted or be fitted with hearing aids.
- **Sensorineural deafness**, which is where there is a fault in the inner ear or auditory nerve. This type of deafness is permanent.

It is possible for some pupils to have a combination of sensorineural and conductive deafness. This is known as mixed deafness. One example is where a child has glue ear as well as sensorineural deafness. Deafness in one ear is known as unilateral deafness, which can also be referred to as one-sided hearing loss or single-sided deafness (SSD).

Very few pupils have no useful hearing. Most deaf pupils can hear some sounds at certain frequencies or loudness, and with the use of hearing aids or implants, they are often able to hear more sounds.

The British Society of Audiology descriptors are used to define degrees of hearing loss. The descriptors are based on the average hearing in the better ear.

<b>Mild</b>	21-41 dB
<b>Moderate</b>	41-79 dB
<b>Severe</b>	71-95 dB
<b>Profound</b>	95 dB

More information about childhood deafness can be found on the [National Deaf Children's Society](#) website.

If a pupil is displaying cognition and learning or speech, language, and communication needs, it can be helpful to refer them to the school nurse for a hearing test.

- **Visual Impairment/Blindness**

The term 'visual impairment' refers to a range of difficulties that cannot be corrected by glasses, contact lenses or surgery. Children and young people will legally be registered as sight impaired (partially sighted) or severely sight impaired (blind). However, within this document, there is reference to mild, moderate, severe, and profound visual impairment to highlight the graduation of levels of difficulty.

<b>Mild visual impairment</b>	<ul style="list-style-type: none"> <li>• Distance vision will be within the functional vision acuity of approximately 6/9.5 to 6/18 (Snellen/Kay eye test) or 0.3 – 0.48 (LogMAR scale).</li> <li>• Near vision will be difficult with font sizes smaller than 14pt and equivalent sized pictures.</li> </ul>
<b>Moderate visual impairment</b>	<ul style="list-style-type: none"> <li>• Distance vision will be below the functional vision acuity of 6/19 to 6/36 (Snellen/Kay eye test) or 0.5 – 0.78 (LogMAR scale).</li> <li>• Near vision will be difficult with font sizes smaller than 18pt and equivalent sized pictures. Pupils will require modification into large print format.</li> </ul>
<b>Severe visual impairment</b>	<ul style="list-style-type: none"> <li>• Distance vision will be below the functional vision acuity of 6/36 to 6/120 (Snellen/Kay eye test) or 0.8 – 1.3 (LogMAR scale).</li> <li>• Near vision will be difficult with font sizes smaller than 24pt and equivalent sized pictures. Pupils will require modification into large print, giant print, audio, and/or tactile format.</li> </ul>
<b>Profound visual impairment</b>	<ul style="list-style-type: none"> <li>• Distance vision will be below the functional vision acuity of 6/120 (Snellen/Kay eye test) or 1.32+ (LogMAR scale)</li> <li>• Pupils will be unable to access any materials via visual means so will require Braille or <a href="#">Moon</a>, tactile and/or audio format.</li> </ul>

Pupils may also have cerebral visual impairment (CVI), which is a neurological impairment caused by an injury to the brain's visual pathways and/or the visual processing areas of the brain. Eyes are often completely healthy, but the difficulty lies in processing what the eyes are seeing. CVI can cause varying levels of visual impairment.

- **Multi-sensory impairment**

Children who have sight and hearing impairments are said to be deafblind. This combination of impairment causes additional difficulties, such as problems with balance or spatial awareness, limited movement, under-sensitive or over-sensitive touch or an impaired sense of smell, which is why we use the term multi-sensory impairment.

- **Sensory and/or Physical needs**

Physical difficulties arise from a range of conditions which impair the correct functioning of the musculoskeletal system and connective tissue to create movement e.g., cerebral palsy. Conditions which affect the brain's ability to process information, communicate with the rest of the body, and produce movement are classed as neurological.

Both physical and neurological conditions can be genetic or acquired e.g., as a result of a brain or spinal cord injury. Some conditions can be progressive and deteriorate over time such as Duchenne's Muscular Dystrophy or Juvenile Huntington's disease.

Physical disability limits a child or young person's physical functioning, mobility, dexterity and stamina and therefore, will impact on curriculum access and ability to be fully involved in learning and social activities.

Difficulties with attention and working memory are increased in children and young people with motor impairment so it is important to conduct holistic assessments of cognitive and executive functioning to provide a holistic package of support.

It is important to note that pupils with physical and sensory difficulties may also be considered as **learners with complex needs** when there are co-occurring difficulties relating to:

- Social, emotional, and mental health (SEMH) needs
- Communication and interaction needs.
- Cognition and learning needs.

For pupils identified as having complex needs, schools should also consult other relevant School Guidance documents to ensure they are providing an appropriate curriculum and support to address all areas of need.

### **School Guidance**

The guidance is broken down into three parts:

- Hearing Impairment/Deafness (pages 9 to 19)
- Visual Impairment/Blindness (pages 20 to 25)
- Sensory and/or Physical Difficulties (pages 26 - 33)

This guidance provides an example of the type and level of additional support in a mainstream setting for the pupil's needs to be effectively met.

Each level identifies:

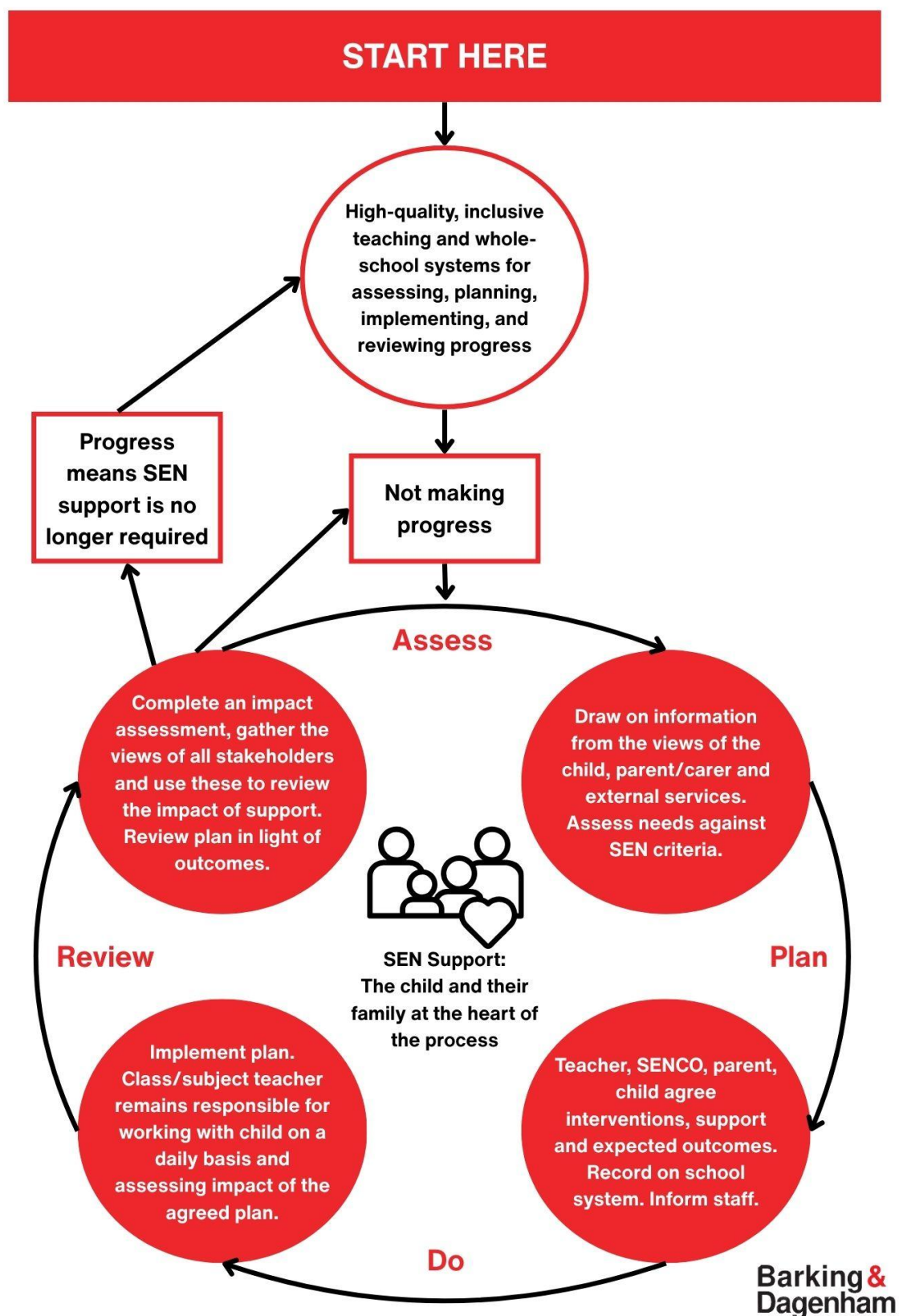
- A description of the way a pupil may present at each level.
- Curriculum adaptations that schools should consider.
- Additional support strategies that may enable the pupils to engage with learning and school.

Case studies providing an example of provision for different levels of need.

### **Review of Progress and Graduated Response**

A review of the provision provided should be held at least every term for any pupil identified as having SEND. This review should be held in collaboration with the pupil and their family, and extend to external professionals for advice and support, where appropriate.

# The Graduated Approach



## Curriculum Responsibility

Many pupils with SEND will receive significant levels of additional support, either within the classroom or as a targeted or specialist intervention. In line with the Code of Practice for SEND, the class teacher remains fully responsible for curriculum planning, high quality first teaching, assessment and reporting of progress to parents/carers, whether or not this is in collaboration with other practitioners.

### Disabilities and the Equalities Act (2010)

For children with physical and sensory needs, schools need to be aware of their responsibilities under the Education Act (2010). This stipulates that organisations must take reasonable steps to ensure that pupils with disabilities are not put at substantial disadvantage, compared to non-disabled peers, with all aspects of the curriculum, school buildings and school life accessible to them.

The school's Health and Safety Policy should ensure that:

- Pupils can receive necessary medication when it is required.
- All staff are informed of correct safety procedures where a pupil is likely to require emergency treatment.
- Where a pupil uses a wheelchair or other mobility aid, the necessary adaptations to the building are made.
- Pupils have access to appropriately adapted equipment.
- Pupils, and staff who work with them, need to know who to contact in the event of a difficulty.

The extent to which a pupil's difficulty will restrict access to the curriculum will be influenced by:

- The complexity of the school environment
- The quality of additional aids provided to enable independence.
- The level to which any medical condition is controlled by medication.
- The individual reaction of the pupils to their condition impacts on their sense of wellbeing, confidence, and motivation. Promoting positive self-esteem will require positive, inclusive responses from staff and other pupils.

## Universal Offer

### What Is a Universal Offer?

A Universal Classroom Offer refers to a set of high-quality teaching strategies and practises that are designed to meet the diverse needs of all pupils within a classroom setting. The goal is to ensure that every pupil, regardless of their background or ability, has access to a meaningful and effective learning experience.

'The leaders of early years settings, schools and colleges should establish and maintain a culture of high expectations that expects those working with children and young people with SEN or disabilities to include them in all the opportunities available to other children and young people so they can achieve well'. (SEND code of Practice, 2015, para.1.31)

Teacher Standard 1 – Set high expectations which inspire, motivate and challenge children and young people

Teacher Standard 2 – Promote good progress and outcomes by children and young people

Teacher Standard 5 – Adapt and respond to the strengths and needs of all pupils.

### What should a universal offer include?

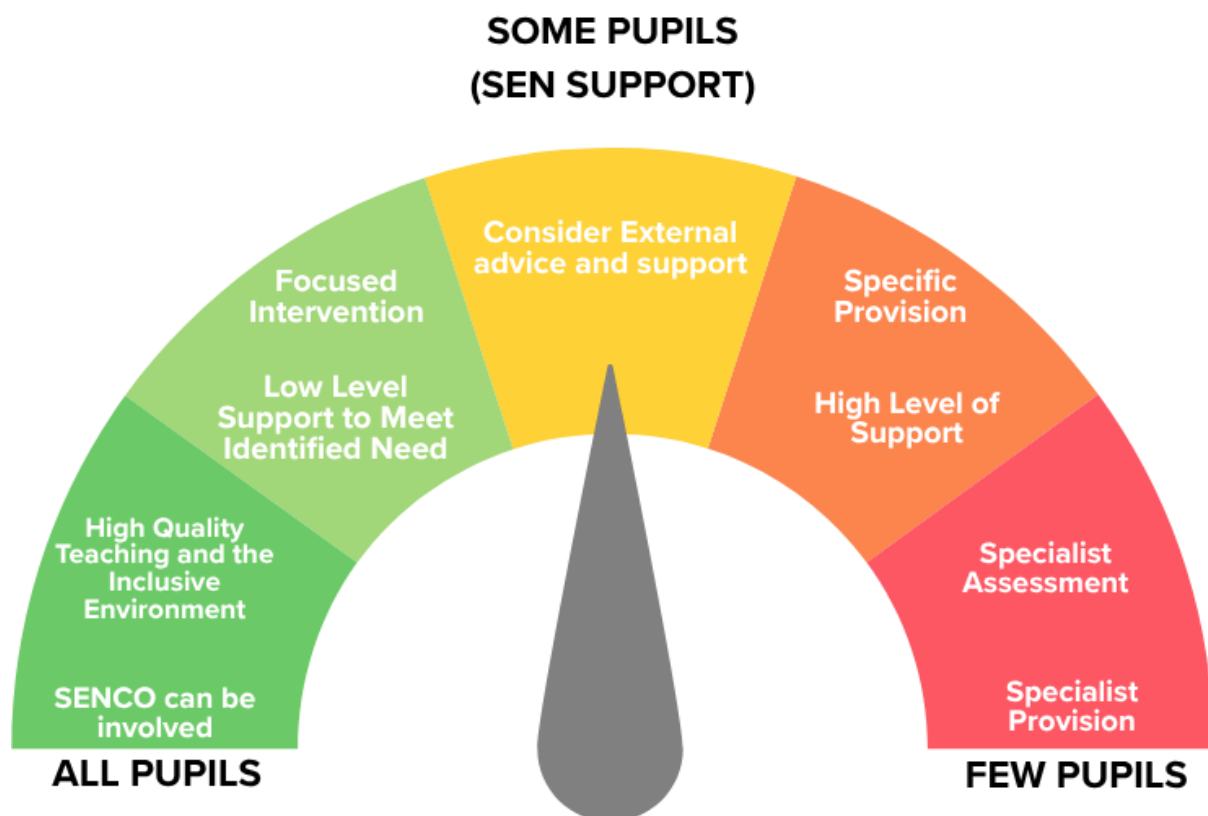
- **High Quality Teaching** – ensuring all teaching staff are well-trained and equipped with effective pedagogical strategies. For example – Rosenshine's Principles, Zones of proximal development (Vygotsky), Universal Design for Learning, cognitive load theory,
- **Adaptive Teaching** - Providing multiple pathways for pupils to engage with the content, demonstrate their understanding, and apply their skills. For example – Explicit instruction, metacognitive strategies, scaffolding, flexible groupings

- **Inclusive Environment** - Creating a classroom atmosphere that promotes respect, belonging, and collaboration among all pupils. For example – careful seating plans, well organised environment, visuals, communication aids, tabletop print outs, phonics and word mats, sand timers, manipulatives, concrete resources, calm corners, fidget toys, pencil grips, writing slopes.
- **Accessible Resources** - Providing a range of materials and resources including technological resources that are accessible to all pupils, including those with special educational needs and disabilities (SEND). For example – touch typing programme, translation tools, recording devices, voice recognition software, Subtitles.
- **Regular Assessment and Feedback** - Implementing ongoing formative assessments to monitor pupil progress and inform instruction and providing timely accessible feedback. For example – verbal feedback, visual feedback with examples, peer feedback, observational assessments, concept mapping, think, pair, share
- **Collaboration with Families** - Engaging parents and caregivers in the educational process to support their children's learning at home.

### Implementation Considerations

- **Professional Development:** Ongoing training for teachers to develop skills in differentiation and inclusive practises.
- **Collaboration Among Staff:** Encouraging teamwork among teachers, support staff, and external specialists to share best practises and resources.
- **Monitoring and Evaluation:** Regularly reviewing the effectiveness of the universal offer and making necessary adjustments based on pupil feedback and performance data.

Utilising a universal offer to remove barriers to learning and progress, will ensure that all children/young people can access whole class teaching, develop their independence, self-esteem, and preparation for adulthood.



**Ensure the Assess, Plan, Do and Review cycle is routinely and systematically applied at each stage of provision to maintain effective and personalised support.**

# Barking & Dagenham

**Special Educational Needs:**

**School Guidance for Hearing Impairment/Deafness**

## Hearing Impairment/Deafness: Universal Plus

<b>Pupils' Presentation</b>	<p>In <b>EYFS</b>, the pupil's progress is being affected by hearing loss.</p> <p>The pupil may have an audiological diagnosis of:</p> <ul style="list-style-type: none"> <li>• Re-occurring conductive hearing loss. This hearing loss may be associated with middle ear infections, glue ear or temporary perforated ear drums.</li> <li>• Mild sensorineural hearing loss</li> <li>• Unilateral hearing loss</li> <li>• Unilateral auditory neuropathy.</li> <li>• Have a permanent hearing loss in the mild to moderate range.</li> <li>• Wear hearing aids but speech sounds will be distorted and incomplete.</li> <li>• Need to lip read.</li> </ul> <p>They may be prescribed hearing aids by an audiologist or use assistive devices.</p> <p>They may also have:</p> <ul style="list-style-type: none"> <li>• Delayed listening and attention skills and receptive and expressive language skills. They will have difficulties with developing vocabulary, comprehension, understanding basic concepts and hearing/retaining some speech sounds.</li> <li>• Immature functional use of language</li> <li>• Difficulties with speech production which means they may not be intelligible to unfamiliar adults/peers.</li> <li>• Difficulty with accessing the eyfs curriculum, particularly where they are reliant on hearing.</li> <li>• Difficulties with early literacy</li> <li>• Immature functional use of language</li> <li>• Poor auditory memory</li> <li>• Misconceptions or gaps in learning due to mishearing/misunderstanding</li> <li>• Difficulties with taking part in whole class activities.</li> <li>• Difficulties with forming relationships.</li> <li>• Delayed play skills.</li> </ul> <p>There may also be associated medical needs which mean they have:</p> <ul style="list-style-type: none"> <li>• Pain which affects energy levels, concentration, and emotional regulation</li> <li>• Malodorous discharging ears</li> <li>• Associated cranio-facial abnormalities.</li> </ul> <p>They are likely to have:</p> <ul style="list-style-type: none"> <li>• Difficulties with concentration on spoken language for prolonged periods of time which means they are tired by the end of the school day.</li> <li>• Increasing fatigue over the course of the term which affects their progress.</li> </ul> <p>There will be associated difficulties because of their hearing impairment. This may include:</p> <ul style="list-style-type: none"> <li>• Being withdrawn or isolated</li> <li>• Appearing confused or anxious at times</li> <li>• Displaying unpredictable or challenging behaviour</li> </ul>
	<p>In <b>key stages 1 to 5</b>, the pupil's progress will be affected by hearing loss.</p> <p>The pupil may have:</p> <ul style="list-style-type: none"> <li>• A permanent hearing loss in the mild to moderate range</li> <li>• Re-occurring conductive hearing loss. This hearing loss may be associated with middle ear infections, glue ear or temporary perforated ear drums.</li> <li>• Mild sensorineural hearing loss</li> <li>• Unilateral hearing loss</li> <li>• Unilateral auditory neuropathy.</li> <li>• Wear hearing aids but sound will be distorted or incomplete.</li> </ul>

## Hearing Impairment/Deafness: Universal Plus

	<ul style="list-style-type: none"> <li>• Need to lip read. However, they may experience difficulties in adapting to lip-reading and the different voices of teachers/practitioners.</li> </ul> <p>They will also have a <b>moderate</b> delay in a combination of:</p> <ul style="list-style-type: none"> <li>• Receptive and expressive language skills. They will have difficulties with developing vocabulary, comprehension, asking and answering questions, understanding some concepts, and hearing/retaining some speech sounds.</li> <li>• Functional use of language</li> <li>• Listening and attention skills</li> <li>• Poor auditory memory</li> <li>• Speech production which may be unintelligible to unfamiliar adults/peers</li> <li>• Misconceptions or gaps in learning due to mishearing/misunderstanding.</li> <li>• Difficulty with retention and comprehension of language, asking and answering questions and understanding basic concepts.</li> </ul> <p>They may have:</p> <ul style="list-style-type: none"> <li>• Difficulties with concentration on spoken language for prolonged periods of time which means they are tired by the end of the school day.</li> <li>• Increasing fatigue over the course of the term which affects their progress.</li> </ul> <p>There may also be associated difficulties because of their hearing impairment. They may:</p> <ul style="list-style-type: none"> <li>• Be withdrawn or isolated.</li> <li>• Appear confused or anxious at times.</li> <li>• Display unpredictable or challenging behaviour.</li> <li>• Have difficulty with oral assessments.</li> <li>• Have difficulty with formal examinations.</li> <li>• Have difficulties with accepting their hearing impairment.</li> <li>• Have difficulties in establishing and maintaining friendships.</li> </ul>
<b>Curriculum</b>	<ul style="list-style-type: none"> <li>• Pupils can be supported in mainstream through High Quality First Teaching with timely and appropriate support/interventions and is appropriate to their developmental stage, which enables them to make progress and experience success.</li> </ul> <p>Schools will have assessed the whole child to identify:</p> <ul style="list-style-type: none"> <li>• Areas of strength</li> <li>• Interests and motivators</li> <li>• Areas for development with small-step targets to support progress in priority areas.</li> <li>• Well-considered planning to support the child to experience success.</li> <li>• Consideration of seating location in the classroom, ideally placing them where they have a clear line of sight to the teacher to be able to lip read.</li> <li>• Reduction of ambient noise when they need to listen.</li> <li>• Visual prompts to support spoken language.</li> <li>• Access to peers who provide good models of speech, language, and communication skills.</li> <li>• Additional time to process what is said to them and/or formulate their own thinking before speaking.</li> <li>• Explicit teaching of key concepts with visuals or concrete objects to support comprehension</li> <li>• Instructions broken down into manageable steps with visual reinforcement to aid understanding and retention.</li> <li>• Planned opportunities for repetition of key vocabulary/concepts to support retention and consolidation.</li> <li>• Planned opportunities for rehearsal to support retention of key vocabulary/concepts and confidence in contributing to class discussion.</li> <li>• Explicit teaching of self-help skills</li> </ul>

## Hearing Impairment/Deafness: Universal Plus

	<ul style="list-style-type: none"> <li>• An appropriate curriculum offer at KS4 and 5 to enable them to achieve good or better outcomes relative to their starting point. This should be decided in consultation with the pupils and their family.</li> <li>• A personalised therapeutic curriculum where key targets and approaches are shared with all adults involved in supporting the pupil so they can encourage generalisation of strategies and skills.</li> <li>• Clearly identified opportunities for inclusion that build a sense of belonging in the school community.</li> <li>• The pupils will need to be taught in a deaf-friendly learning environment. Lesson planning should consider the pupil's developmental stage and barriers to learning, providing appropriate adaptations to enable the pupils to engage.</li> </ul> <p>Depending on the nature of co-occurring difficulties, individual programmes of learning will need identified opportunities to develop:</p> <ul style="list-style-type: none"> <li>• Social and emotional learning</li> <li>• Emotional regulation strategies</li> <li>• Self-esteem and self-confidence</li> <li>• An emotional vocabulary</li> <li>• Literacy skills</li> <li>• Numeracy skills</li> <li>• Resilience</li> </ul>
<b>Additional Support</b>	<p><i>As previous levels with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• Assessment by specialists such a teacher of the deaf and a speech and language therapist.</li> <li>• Due consideration to a learning environment where the acoustics are carefully managed.</li> <li>• A targeted programme, developed by a speech and language therapist, to develop speech and language skills.</li> <li>• Access to a trained communication support assistant in the classroom to support curriculum access.</li> <li>• Access to augmented communication methods to support inclusion, particularly where: <ul style="list-style-type: none"> <li>• English is not their first language.</li> <li>• BSL is the first language.</li> <li>• there has been late diagnosis of deafness or a deterioration of hearing.</li> <li>• the pupil has a cranio-facial malformation.</li> </ul> </li> <li>• Adjustments to lesson planning to take account of individual needs and ability to access curriculum content.</li> <li>• Individual support at key points in the day to support curriculum access.</li> <li>• Daily opportunities for small-group or 1:1 teaching to provide opportunities for pre-teaching, over-learning or consolidate of concepts/skills to support retention.</li> <li>• The pupil will be likely to need exam access arrangements. Lesson and assessment planning should include opportunities to practice using access arrangements across the curriculum as part of a 'normal way of working' for the individual pupils. Information on specific adjustments to consider can be found at <a href="#"><u>KS2 tests: access arrangements</u></a> or on the <a href="#"><u>JCQ website</u></a>.</li> </ul>

## Hearing Impairment/Deafness: Enhanced

<b>Pupils' Presentation</b>	<p>In <b>EYFS</b>, the pupil's progress is being significantly affected by hearing loss.</p> <p>The pupil will:</p> <ul style="list-style-type: none"> <li>• Have a permanent hearing loss in the severe range.</li> <li>• Wear hearing aids but information will be more fragmented and significant features of speech may be barely audible or missing altogether.</li> <li>• Significant difficulties with hearing in situations where there is background noise.</li> <li>• Need to lip read at all times.</li> </ul> <p>They will have:</p> <ul style="list-style-type: none"> <li>• A significant delay with functional communication, receptive and expressive language skills. They will have significant difficulties with developing vocabulary; comprehension; understanding, assimilating, and expressing new concepts; and hearing/retaining some speech sounds.</li> <li>• Difficulties with speech production, which means they may not be intelligible to unfamiliar adults/peers. However, they will largely use spoken language, possibly supported by facial expression, gesture and/or signing.</li> <li>• Significant difficulties with accessing the EYFS curriculum, particularly where activities rely on understanding and using spoken language.</li> <li>• Slower progress with literacy skills and there will be difficulties with phonics.</li> </ul> <p>They are likely to experience:</p> <ul style="list-style-type: none"> <li>• Auditory fatigue which means they are likely to be more tired as the day, week and/or term goes on.</li> <li>• Significant difficulties with maintaining concentration on spoken language that will affect progress.</li> </ul> <p>There will be associated difficulties because of their hearing impairment. This may include:</p> <ul style="list-style-type: none"> <li>• Being withdrawn or isolated</li> <li>• Difficulties in building relationships</li> <li>• Greater vulnerability in their relationships</li> <li>• Appearing confused or anxious at times</li> <li>• Displaying unpredictable or challenging behaviour</li> <li>• Low levels of resilience</li> <li>• <b>Low self-confidence and self-esteem</b></li> <li>• Poor self-image</li> </ul>
	<p>In <b>Key stages 1 to 5</b>, the pupil's progress will be significantly affected by hearing loss.</p> <p>The pupil will have:</p> <ul style="list-style-type: none"> <li>• A permanent hearing loss in the severe range which will affect their ability to access the curriculum in an inclusive setting.</li> <li>• Wear hearing aids but sound will be fragmented with significant features of speech barely audible or missing altogether.</li> <li>• Need to lip read at all times.</li> </ul> <p>They will also have a <b>significant</b> delay in a combination of:</p> <ul style="list-style-type: none"> <li>• Receptive and expressive language skills. They will have difficulties with developing vocabulary, comprehension, asking and answering questions, understanding some concepts, and hearing/retaining some speech sounds.</li> <li>• Functional use of language.</li> <li>• Difficulties with speech production, which means they may not be intelligible to unfamiliar adults/peers. However, they will largely use spoken language, possibly supported by facial expression, gesture and/or signing.</li> <li>• Misconceptions or gaps in learning due to mishearing/misunderstanding.</li> </ul> <p>They are likely to experience:</p>

## Hearing Impairment/Deafness: Enhanced

	<ul style="list-style-type: none"> <li>• Difficulty with understanding, assimilating, and expressing new concepts, thoughts, and ideas.</li> <li>• Difficulty in following conversations and instructions through speech alone</li> <li>• Significant difficulties in any subject which relies heavily on spoken English.</li> <li>• Difficulties with written English</li> <li>• Difficulties with concentration on spoken language for prolonged periods of time causing increased fatigue which affects their progress.</li> <li>• Difficulties with following speech when in a group situation</li> </ul> <p>There may also be associated difficulties because of their hearing impairment. They may:</p> <ul style="list-style-type: none"> <li>• Be withdrawn or isolated.</li> <li>• Appear confused or anxious at times.</li> <li>• Experience low self-confidence or self-esteem.</li> <li>• Display unpredictable or challenging behaviour.</li> <li>• Be socially immature or display gaps in social development.</li> <li>• Have difficulties in establishing and maintaining friendships.</li> <li>• Have difficulty with oral assessments.</li> <li>• Have difficulty with formal examinations.</li> <li>• Have difficulties with accepting their hearing impairment.</li> </ul>
<b>Curriculum</b>	<p>A personalised curriculum which:</p> <ul style="list-style-type: none"> <li>• Seeks to build the pupil's sense of belonging within the school community.</li> <li>• Is delivered/supported by appropriately qualified and/or skilled staff.</li> <li>• Is appropriate to the pupil's developmental stage.</li> <li>• Specifically targets co-occurring needs, such as literacy or speech, language, and communication.</li> <li>• Uses individual motivators and strengths to engage them in learning.</li> <li>• Integrates the therapeutic with the academic.</li> <li>• Seeks to build relationships with adults and peers in the wider school community.</li> <li>• Balances the need for inclusion with the need for individual or small-group teaching.</li> <li>• Considers the pupil's aspirations for the future and in collaboration with the pupils, maps how what they are doing now leads to achieving these goals.</li> <li>• Provides regular opportunities to celebrate success, however small.</li> <li>• Builds their resilience, self-esteem, and self-confidence.</li> <li>• Develops their emotional regulation strategies.</li> <li>• Opportunities to develop independence, both in learning and self-care.</li> </ul>
<b>Additional Support</b>	<p><i>As previous level with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• Access to specialist technologies like radio aids or the free <a href="#">xrai glass app</a> or environments which are sensitive to their auditory needs.</li> <li>• Access to specialist input from a qualified teacher of the deaf</li> <li>• Assessment, advice and provision of a targeted speech and language therapy programme from a specialist speech and language therapist experienced in hearing impairment.</li> <li>• A trained communication support assistant in the classroom who works closely with the class teacher to support curriculum access.</li> <li>• Close monitoring for additional needs which cannot be fully attributed to hearing loss/deafness. Other levels documents should be considered to support assessment of these needs.</li> <li>• Opportunities to learn alongside hearing and deaf peers.</li> <li>• A specific programme of auditory training to develop listening and attention skills.</li> <li>• Access to deaf role models</li> <li>• An appropriate PSHE programme developed in collaboration with a teacher of the deaf</li> <li>• Support from a counsellor or psychotherapist to manage their feelings about their 'difference.'</li> </ul>

## Hearing Impairment/Deafness: Targeted

<b>Pupils' Presentation</b>	<p>In <b>EYFS</b>, the pupil's progress is being <b>severely</b> affected by hearing loss.</p> <p>The pupil will:</p> <ul style="list-style-type: none"> <li>• Have a permanent hearing loss in the severe range.</li> <li>• Wear hearing aids but speech sounds may be barely audible.</li> <li>• Significant difficulties with hearing in situations where there is background noise.</li> <li>• Need to lip read at all times but may experience difficulties in adapting to different people.</li> </ul> <p>They will have:</p> <ul style="list-style-type: none"> <li>• A severe delay with functional communication, receptive and expressive language skills.</li> <li>• Difficulties with speech production, which means they may not be intelligible to unfamiliar adults/peers. However, they will largely use spoken language, supported by facial expression, gesture and/or signing.</li> <li>• Significant difficulties with accessing the eyfs curriculum, particularly where activities rely on understanding and using spoken language.</li> </ul> <p>They may also experience:</p> <ul style="list-style-type: none"> <li>• Significant difficulties with maintaining concentration on spoken language which leads to auditory fatigue.</li> <li>• Difficulties in participating in activities with hearing peers.</li> <li>• Difficulties in following conversations or instructions when solely reliant on speech</li> </ul> <p>There will be associated difficulties because of their hearing impairment. This may include:</p> <ul style="list-style-type: none"> <li>• Being withdrawn or isolated</li> <li>• Difficulties in building relationships</li> <li>• Greater vulnerability in their relationships</li> <li>• Appearing confused or anxious at times</li> <li>• Displaying unpredictable or challenging behaviour</li> <li>• Low levels of resilience</li> <li>• Low self-confidence and self-esteem</li> <li>• Poor self-image.</li> </ul>
	<p>In <b>key stages 1 to 5</b>, the pupil's progress will be <b>severely</b> affected by hearing loss.</p> <p>The pupils will have:</p> <ul style="list-style-type: none"> <li>• A permanent hearing loss in the severe range which will affect their ability to access the curriculum in an inclusive setting.</li> <li>• Wear hearing aids but most speech may only just be audible. Background noise will dominate the sounds of speech, making it inaudible at times.</li> <li>• Need to lip read at all times.</li> </ul> <p>They will also have a <b>severe</b> delay in a combination of:</p> <ul style="list-style-type: none"> <li>• Receptive and expressive language skills. They will have difficulties with developing vocabulary, comprehension, asking and answering questions, understanding some concepts, and hearing/retaining some speech sounds.</li> <li>• Functional use of language</li> <li>• Difficulties with speech production, which means they may not be intelligible to unfamiliar adults/peers. However, they will largely use spoken language, possibly supported by facial expression, gesture and/or signing.</li> <li>• Misconceptions or gaps in learning due to mishearing/misunderstanding.</li> </ul> <p>They are likely to experience:</p> <ul style="list-style-type: none"> <li>• Difficulty with understanding, assimilating, and expressing new concepts, thoughts, and ideas.</li> <li>• Difficulty in following conversations and instructions through speech alone</li> </ul>

Hearing Impairment/Deafness: Targeted	
	<ul style="list-style-type: none"> <li>• Significant difficulties in any subject which relies heavily on spoken english.</li> <li>• Difficulties with written english.</li> <li>• Difficulties with concentration on spoken language for prolonged periods of time causing significant auditory fatigue which affects their progress.</li> <li>• Severe difficulties with following speech in a group situation.</li> <li>• Difficulties with expressing their feelings, emotions or needs which may lead to communication through behaviour.</li> </ul> <p>There may also be associated difficulties because of their hearing impairment. They may:</p> <ul style="list-style-type: none"> <li>• Be withdrawn or isolated.</li> <li>• Appear confused or anxious at times.</li> <li>• Experience low self-confidence or self-esteem.</li> <li>• Display unpredictable or challenging behaviour.</li> <li>• Be socially immature or display gaps in social development.</li> <li>• More vulnerable to exploitation and/or easily influenced or made the scapegoat.</li> <li>• Have difficulties in establishing and maintaining friendships.</li> <li>• Have difficulty with oral assessments.</li> <li>• Have difficulty with formal examinations.</li> <li>• Have difficulties with accepting their hearing impairment.</li> <li>• Uncertain about their place in society, particularly in relation to the deaf or hearing world.</li> </ul>
Curriculum	<p>At this stage, the pupil will be displaying significant difficulties in managing the demands of mainstream provision, unless supported by skilled, specialist staff in learning environments which are sensitive to their auditory needs. The pupil is likely to require access to a modified curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development.</p> <ul style="list-style-type: none"> <li>• Considerable training and support to develop self-help and self-care skills.</li> <li>• Support from staff skilled in alternative means of communication.</li> </ul> <p>The curriculum will need to be developed with consideration to all previous levels, but provision will need to be able to accommodate a highly individualised approach to learning, personal, social, and emotional development.</p>
Additional Support	<p><i>As previous levels with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• Monitoring by audiology and/or Ear, Nose and Throat (ENT) specialists.</li> <li>• Advice and support from a specialist teacher of the deaf and possibly, a speech and language therapist.</li> <li>• Elements of specialist provision/teaching within a mainstream setting, including access to specialist equipment like radio aids or the <a href="#">xrai glass app</a> or learning environments which support their auditory needs</li> <li>• Access to a communication facilitator who can support their access to learning.</li> <li>• Buddies who are trained to be able to communicate effectively</li> <li>• Planned training and support to develop self-help and independent living skills.</li> <li>• Targeted support and regular review within a multi-agency co-ordinated approach.</li> <li>• Appropriate training has been provided to all staff on the specific difficulties of learners with hearing impairment, ensuring they understand what it means for the provision of high quality first teaching, including co-regulation strategies to support the development of emotional regulation.</li> <li>• Scaffolds for learning should be integrated into the lesson planning as far as is possible.</li> </ul>

<b>Hearing Impairment/Deafness: Specialist</b>	
<b>Pupils' Presentation</b>	<p><b>Across the age range</b>, the pupil's progress is being <b>severely and profoundly</b> affected by hearing loss.</p> <p>The pupil will:</p> <ul style="list-style-type: none"> <li>• Have a permanent hearing loss in the profound range.</li> <li>• Wear hearing aids but struggle to access many or all of the speech sounds unless in a highly specialised teaching environment.</li> <li>• Be unlikely to have a first language or their first language is sign language.</li> <li>• Have limited speech intelligibility.</li> </ul> <p>They may have significant additional needs in other areas, such as cognition and learning needs; physical and sensory needs; or social, emotional, and mental health needs. The level of these needs should be assessed using the appropriate levels documents.</p> <p>They will need intensive access to augmented communication, such as BSL, to develop language and access the world around them.</p>
<b>Curriculum</b>	<p>At this stage, the pupil is likely to require specialist provision and the implementation of a semi-formal curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development. The curriculum should be developed and progress reviewed with input from a multi-agency team.</p> <p>The pupil is likely to need planned opportunities to develop social interaction, self-esteem, self-confidence, and resilience, along with an understanding of their disability and deaf identity, regardless of the mode of communication used.</p> <p>This curriculum should be developed and reviewed with input from a multi-agency team.</p>
<b>Additional Support</b>	<p><i>As previous levels plus:</i></p> <ul style="list-style-type: none"> <li>• In EYFS, the pupil will need full-time support to facilitate inclusion in all aspects of the school day. This should include regular input from a qualified teacher of the deaf until they reach the appropriate age to consider placement in a specialist setting.</li> <li>• In KS1 to KS5, pupils in mainstream provision will need full-time support to facilitate inclusion in all aspects of the school day. This should be deployed sensitively in consultation with the pupils, so as not to form a barrier to their growing independence or ability to form friendships.</li> <li>• Where pupils are placed in mainstream settings, there should be regular monitoring of progress, relative to their starting point, and their emotional wellbeing to ensure they are in the most appropriate placement to meet their needs. These reviews should be conducted in partnership with the pupil and their family.</li> <li>• Staff trained to develop and deliver a semi-formal curriculum.</li> <li>• Highly structured and predictable routines.</li> <li>• Individually designed specialist furniture and equipment.</li> <li>• Specialist resources to support pupils with profound learning needs.</li> <li>• There should be a well-considered transition plan to support the pupil's movement to a new teacher, year group, key stage or setting.</li> <li>• Timely consultation with the pupils and their family around appropriate curriculum pathways at KS4 and 5.</li> <li>• Regular, ongoing multi-agency involvement in supporting and reviewing the pupil's progress.</li> <li>• Curriculum plans include specific activities to support development at home.</li> <li>• Where necessary, there are specific opportunities to support the development of relationships with peers.</li> <li>• Pupils are supported to develop resilience in a culture which is supportive of learning from our mistakes.</li> </ul>

# Barking & Dagenham

**Special Educational Needs:**

**School Guidance for Visual Impairment/Blindness**

Visual Impairment/Blindness: Universal plus	
<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupil has a <b>mild to moderate</b> visual impairment.</li> <li>• They require aids to vision, other than glasses.</li> <li>• Their visual impairment may mean that they are working below age related expectations in the curriculum.</li> <li>• There are difficulties with handwriting as a result of their visual impairment.</li> <li>• They can move around familiar environments in the school independently but will need support in unfamiliar surroundings.</li> <li>• Their self-help and independence skills may be slightly delayed in relation to their chronological age, but they are largely able to function independently with appropriate adaptations to the curriculum, environment, and resources.</li> <li>• They may be experiencing some difficulties with social relationships because of their visual impairment.</li> </ul>
<b>Curriculum</b>	<p>To access the curriculum, the pupil may need the following adaptations:</p> <ul style="list-style-type: none"> <li>• Consistency in the layout of all areas of the school the pupil accesses regularly</li> <li>• Low-tech and high-tech equipment such as task lighting, optical magnifiers, sloping desks etc.</li> <li>• Consideration of seating location in the classroom in collaboration with the pupil</li> <li>• Consistent use of a sans-serif font no smaller than size 18 and equivalent sized pictures for printed worksheets</li> <li>• Use of strong contrasting colours for worksheets</li> <li>• Computers, laptops, or tablets with accessibility software</li> <li>• Rest breaks to support visual fatigue.</li> <li>• Avoiding asking pupils to copy from the board to reduce eye strain; provide paper print outs in sans-serif font no smaller than size 18.</li> <li>• Speaking aloud when writing on the board</li> <li>• Ensuring verbal instructions are clear and concise.</li> </ul>
<b>Additional Support</b>	<ul style="list-style-type: none"> <li>• Six monthly assessment and review from a specialist teacher for the visually impaired.</li> <li>• An environmental audit to ensure that lighting and décor are appropriate to support the pupil to be able to access all areas of the school.</li> <li>• Advice from a specialist mobility officer.</li> <li>• Multi-agency working to determine a cohesive approach to curriculum planning and support arrangements.</li> <li>• Where the pupil is supported by a TA, there are routine opportunities for them to be involved in lesson and assessment planning, so their input facilitates the pupil's independent success in meeting developmentally appropriate learning and assessment objectives.</li> <li>• Where pupils have individual or small-group interventions, the curriculum and key strategies are shared with all staff involved in supporting them so they can encourage and support generalisation of skills.</li> <li>• Support to develop their self-help and independence, specifically around managing their independent use of specialist aids.</li> <li>• The pupil will need modified exam papers and may need exam access arrangements. Lesson and assessment planning should include opportunities to practice using access arrangements across the curriculum as part of a 'normal way of working' for the individual pupils. Information on specific adjustments to consider can be found at <a href="#"><u>KS2 tests: access arrangements</u></a> or on the <a href="#"><u>JCQ website</u></a>.</li> </ul>

## Visual Impairment/Blindness: Enhanced

<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupil has a <b>moderate to severe</b> visual impairment.</li> <li>• They may be registered as sight impaired and/or have a deteriorating vision diagnosis.</li> <li>• Without appropriate adaptations, their visual impairment will mean that they are working significantly below age related expectations in the curriculum.</li> <li>• Their visual impairment will make it difficult for them to navigate the school environment without specific adaptations, specialist equipment or adult support.</li> <li>• They will need designated time to learn layouts/routes to move safely around a new environment.</li> <li>• In unfamiliar environments, their visual impairment will mean that they are at risk of injury unless they are supported.</li> <li>• They will not have a secure and accurate understanding of concepts outside of their visual experience as a result of reduced opportunities for incidental learning.</li> <li>• They will require additional time/support to develop their fine and gross motor skills.</li> <li>• They will require additional support to access practical subjects, such as PE or DT, safely.</li> <li>• Their self-help and independence skills may be delayed in relation to their chronological age, and they will require training to develop their self-help and independence in using specialist equipment such as the long and short cane.</li> <li>• They are likely to be experiencing difficulties with social relationships because of their visual impairment.</li> <li>• They may struggle to understand the impact of their visual impairment.</li> </ul>
<b>Curriculum</b>	<p>As previous levels with the addition of a personalised SEND curriculum which:</p> <ul style="list-style-type: none"> <li>• Seeks to build the pupil's sense of belonging within the school community.</li> <li>• Is delivered/supported by appropriately qualified and/or skilled staff.</li> <li>• Is appropriate to the pupil's developmental stage.</li> <li>• Specifically targets co-occurring needs.</li> <li>• Uses individual motivators and strengths to engage them in learning.</li> <li>• Integrates the therapeutic with the academic.</li> <li>• Seeks to build relationships with adults and peers in the wider school community.</li> <li>• Balances the need for inclusion with the need for individual or small-group teaching.</li> <li>• Considers their needs carefully at points of transition, including throughout the day, across the year and between settings.</li> <li>• Considers the pupil's aspirations for the future and in collaboration with the pupil, maps how what they are doing now leads to achieving these goals.</li> <li>• Provides regular opportunities to celebrate success, however small.</li> <li>• Builds their resilience, self-esteem, and self-confidence.</li> <li>• Develops their emotional regulation strategies.</li> <li>• Opportunities to develop independence, both in learning and self-care.</li> </ul>
<b>Additional Support</b>	<ul style="list-style-type: none"> <li>• An individual risk assessment which covers familiar and unfamiliar environments, as required.</li> <li>• Access to specialist technologies that support independence.</li> <li>• Access to specialist input from a qualified teacher of the blind.</li> <li>• Close monitoring for additional needs which cannot be fully attributed to visual impairment. Other levels documents should be considered to support assessment of these needs.</li> <li>• A specific programme of auditory training to develop listening and attention skills.</li> <li>• Access to visually impaired role models.</li> <li>• An appropriate PSHE programme developed in collaboration with a teacher of the blind.</li> <li>• Support from a counsellor or psychotherapist to manage their feelings about their 'difference.'</li> </ul>

## Visual Impairment/Blindness: Targeted

<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupil has a <b>severe to profound</b> visual impairment.</li> <li>• They may be registered as severely sight impaired and/or have a sudden and permanent, severe loss of vision but has not yet been able to learn appropriate compensatory strategies.</li> <li>• They will have significant difficulties with focusing, tracking, scanning and vision-motor integration.</li> <li>• Without appropriate adaptations, their visual impairment will mean progress in all areas of the curriculum is severely affected.</li> <li>• Their visual impairment will make it difficult for them to navigate the school environment without specific adaptations, specialist equipment or adult support.</li> <li>• In unfamiliar environments, their visual impairment is such that it will mean that they are at significant risk of injury unless they are supported.</li> <li>• They will need designated time to learn layouts/routes to move safely around a new environment.</li> <li>• They will require a range of supports to access the curriculum such as modified large or giant print materials, audio support for the written word, tactile materials including Braille or Moon text.</li> <li>• Their visual impairment will make it difficult for them to navigate the school environment as they will be dependent on individual support, mobility aids, echo location and instruction to support their general mobility and will require additional support to access practical subjects, such as PE or DT, safely.</li> <li>• They will have delayed mobility or orientation skills.</li> <li>• They are likely to struggle to judge depth, position, distance, and speed in a variety of environments or situations,</li> <li>• In unfamiliar environments, their visual impairment is such that it will mean that they are at significant risk of injury unless they are supported.</li> <li>• They will have significant difficulties with independence and self-help skills so they will require training to develop their ability to use specialist equipment such as the long and short cane.</li> <li>• They may suffer from significant visual fatigue.</li> <li>• They will have ongoing difficulties with linking language to meaning.</li> <li>• They may have difficulty in expressing their own emotions and understanding the emotions of others.</li> <li>• They are likely to be experiencing difficulties with social relationships because of their visual impairment.</li> <li>• They may show difficulties with emotional regulation because of their visual impairment.</li> <li>• They are likely to suffer from significant levels of fatigue over the course of a day, week, or term.</li> </ul>
<b>Curriculum</b>	<p>At this stage, the pupil will be displaying significant difficulties in managing the demands of mainstream provision, unless supported by skilled, specialist staff.</p> <p>The pupil may likely require specialist provision, particularly if their visual impairment is part of a more complex picture of SEND, and the implementation of a personalised curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development. It will take account of their aspirations for adulthood and ensure that appropriate opportunities are provided to enable them to progress successfully, and as independently as possible to the next stage of their life, education and into employment. This curriculum should be developed and progress reviewed with input from a multi-agency team.</p>
<b>Additional Support</b>	<p><i>As previous levels, with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• Elements of specialist provision/teaching within a mainstream setting, including access to specialist equipment that supports independence in learning and mobility.</li> <li>• Targeted support and regular review within a multi-agency co-ordinated approach.</li> <li>• Training to use a range of specialist supports to aid curriculum access such as touch typing, magnification aids, screen readers, Braille or Moon and tactile skills development.</li> <li>• Training in the use of a guide dog to facilitate independence.</li> <li>• Access to regular input and monitoring from specialist teachers or professionals if they are placed in a mainstream setting.</li> <li>• Buddies who are trained to be able to support peers with a visual impairment.</li> </ul>

## Visual Impairment/Blindness: Specialist

<b>Pupils' Presentation</b>	<p>Across all age ranges, the pupil is considered to have <b>complex needs</b> where visual impairment may be less severe but is accompanied by severe or profound difficulties in other areas. For example, they may have multi-sensory impairment; physical or neurological impairment; or cognition and learning needs.</p> <ul style="list-style-type: none"> <li>• The pupil has a <b>severe and profound</b> visual impairment.</li> <li>• They will be registered as severely sight impaired or blind.</li> <li>• They will be unable to use vision to focus, track scan or co-ordinate their movements.</li> <li>• They may have delayed mobility or orientation skills.</li> <li>• They will be unable to judge depth, position, distance, and speed in a variety of environments or situations.</li> <li>• They will have a significantly reduced or no visual field.</li> <li>• They may be affected by lighting levels inside, outside, or when moving between areas with different lighting.</li> <li>• They are likely to have other co-occurring difficulties, and their visual impairment may not be the most significant of their overall complex profile.</li> <li>• Their primary mode of curriculum access is through tactile methods including pre-Braille in the early years or Braille.</li> <li>• They will be unable to move in busy and/or unfamiliar environments without a sighted guide and/or the use of a cane.</li> <li>• They will have delayed mobility or orientation skills.</li> <li>• They will have significant difficulties with independence and self-help skills so they will require training to develop their ability to use specialist equipment such as the long and short cane.</li> <li>• They will not have a secure and accurate understanding of concepts outside of their visual experience.</li> <li>• They are likely to have difficulty in expressing their own emotions and understanding the emotions of others.</li> <li>• They will struggle to initiate interactions and build social relationships because of their visual impairment.</li> <li>• They may show difficulties with emotional regulation because of their visual impairment.</li> <li>• They will suffer from significant visual fatigue.</li> <li>• They are likely to suffer from significant levels of fatigue over the course of a day, week, or term.</li> </ul>
<b>Curriculum</b>	<p>At this stage, the pupil will require specialist provision and a modified curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development. The pupil will require a sensory based, personalised curriculum. These pupils are likely to require specialist provision and, if they are placed in mainstream, will require regular access to support and review from specialist teachers of the blind within a multi-disciplinary team.</p> <p>This curriculum should be developed and reviewed with input from a multi-agency team. It is probable the pupil will require a highly individualised and/or therapy-based curriculum.</p>
<b>Additional Support</b>	<p><i>As previous levels plus:</i></p> <ul style="list-style-type: none"> <li>• Close monitoring and supervision</li> <li>• Access to specialist teachers of the blind to provide advice, support, and training in a multi-disciplinary approach to meeting the range of need. High levels of 1:1 support if the pupil remains in a mainstream setting.</li> <li>• Planned training and support to develop self-help and independent living skills.</li> </ul>

# Barking & Dagenham

**Special Educational Needs:**

**School Guidance for  
Sensory and/or Physical difficulties**

## Sensory and/or Physical difficulties: Universal Plus

<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupil will have moderate physical difficulties in aspects of environmental access that require some specialist equipment such as handrails and ramps, orthotics or writing slopes. They may require adult support depending on their level of independence.</li> <li>• They may require some minor adaptations to the environment.</li> <li>• They may require timetable adjustments to accommodate their needs.</li> <li>• They will be independent in the majority of self-help and self-care skills.</li> <li>• They may have difficulties in sustaining concentration and attention.</li> <li>• They may need additional time to process language and respond to instructions.</li> <li>• They may require adult support or a buddy to support movement around the school.</li> <li>• They may have a medical condition which necessitates supervision or support at specific times as per health professional guidance.</li> <li>• Their progress within specific areas of the curriculum may be affected by their needs.</li> <li>• Their needs may restrict them from participating in some aspects of the school day.</li> <li>• They may demonstrate more difficulty with participation in subjects which require the use of fine or gross motor skills.</li> <li>• They may participate in most/all activities but at a slower pace than same-age peers and/or show signs of increasing fatigue during the school day.</li> <li>• Their physical condition may be variable from day to day, which may affect their concentration and attention.</li> <li>• They may have difficulty have low contrast sensitivity which causes objects not to stand out clearly e.g. text on a whiteboard that does not have writing which has bold contrast.</li> <li>• They may have irregular sleep patterns which affect their ability to access learning,</li> <li>• They may need additional time to process language and respond to instructions.</li> <li>• There could be difficulty locating sound sources or filtering auditory information i.e. focussing on a single voice.</li> <li>• They may struggle to read facial expressions.</li> <li>• They may experience fatigue from concentrating harder to understand information or from their sensory effort to engage.</li> <li>• They may have low self-esteem due to limited social inclusion as a result of subtle communication barriers.</li> <li>• They may need 'objects of reference' and cues to support understanding.</li> <li>• They may have difficulties with following sequential steps.</li> <li>• They may have some difficulties with reduce their levels of independence, self-help, and self-care skills.</li> <li>• They may show signs of frustration or exhibit difficulties with emotional regulation because of their needs.</li> <li>• They may have low self-esteem and self-confidence because of their difficulties.</li> <li>• They may have extended periods of absence because of their needs.</li> <li>• They may have trouble following conversations in noisy environments (e.g. classroom discussion).</li> <li>• They may miss visual cues (e.g. facial expressions and gestures) and audio cues (Teacher calling from a distance).</li> </ul>
<b>Curriculum</b>	<p>Pupils can be supported in mainstream.  The pupil will participate in most or all of an age-appropriate curriculum through High Quality First Teaching with timely and appropriate support/interventions.  Schools will have assessed the whole child to identify:</p> <ul style="list-style-type: none"> <li>• Areas of strength</li> <li>• Interests and motivators</li> <li>• Areas for development</li> <li>• Small-step targets to support progress in priority areas.</li> <li>• Well-considered planning to support the child to experience success.</li> </ul>

### **Sensory and/or Physical difficulties: Universal Plus**

Lesson planning should consider the pupil's developmental stage and barriers to learning by providing appropriate adaptations to enable the pupils to engage. Pupils may need access to home learning activities and/or catch-up programmes in response to absences from school.

Depending on the nature of co-occurring difficulties, individual programmes of learning will need identified opportunities to develop:

- Social and emotional learning
- Emotional regulation strategies
- Self-esteem and self-confidence
- An emotional vocabulary
- Literacy skills
- Numeracy skills
- Resilience
- Low-tech and high-tech equipment such as task lighting, optical magnifiers, sloping desks etc.
- Consideration of seating location in the classroom in collaboration with the pupil
- Computers, laptops, or tablets with accessibility software
- Rest breaks to support fatigue.
- Ensuring verbal instructions are clear and concise.
- Additional time to complete activities.

The pupil's personalised curriculum may need to include:

- support to come to terms with the impact of their needs on their daily life.
- planned opportunities to develop independent living, self-help, and self-care skills.
- therapeutic programmes that target specific areas of difficulty.
- visual aids.

## Sensory and/or Physical difficulties: Universal Plus

<b>Additional Support</b>	<ul style="list-style-type: none"> <li>• Class teachers take the lead in implementing strategies to support the pupils and provide clear verbal instructions</li> <li>• A personalised plan for movement around the school, accessing different classrooms and setting up specialised equipment to aid curriculum access.</li> <li>• Assessment and advice from specialists such as speech and language therapists, occupational therapists, physiotherapists, or other medical professionals involved in supporting or monitoring the pupil's needs.</li> <li>• A pupil's passport (or similar), identifies key strategies that work to support the individual - <i>What helps me?</i> - and strategies that do not work – <i>What doesn't help me?</i> It includes strategies for their co-occurring needs, where appropriate. This is developed in collaboration with the pupils and their family and shared with all adults who are involved in working with or supporting the pupils. This should be updated in response to emerging information about the individual.</li> <li>• Access to staff trained in manual handling, the administration of medication, undertaking medical procedures and emergency procedures as required.</li> <li>• Regular monitoring of medical condition, as necessary.</li> <li>• Where the pupil is supported by a TA, there should be routine opportunities for them to be involved in lesson and assessment planning, so their input facilitates the pupil's independent success in meeting developmentally appropriate learning and assessment objectives.</li> <li>• A plan for intimate care or manual handling where necessary, along with training for all staff involved in implementation.</li> <li>• Where pupils have individual or small-group interventions, the curriculum and key strategies are shared with all staff involved in supporting them so they can encourage and support generalisation of skills.</li> <li>• Support to develop their self-help and independence, specifically around managing their independent use of specialist aids.</li> <li>• Access to visual aids and multi-sensory resources.</li> <li>• Quiet spaces for sensory and cognitive breaks.</li> <li>• The pupil may need exam access arrangements. Lesson and assessment planning should include opportunities to practice using access arrangements across the curriculum as part of a 'normal way of working' for the individual pupils. Information on specific adjustments to consider can be found at <a href="#">KS2 tests: access arrangements</a> or on the <a href="#">JCQ website</a>.</li> </ul>
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## Sensory and/or Physical difficulties: Enhanced

### Pupils' Presentation

- The pupil will have long-term difficulties that impede their independent access to the curriculum, environment, and normal activities of everyday life.
- They are likely to have a range of learning difficulties which are directly related to their neurological condition. These are likely to include processing difficulties, significant working memory deficit and attention difficulties.
- They will have physical difficulties that require varied specialist equipment to support their access to school and daily living.
- They are likely to have: a chronic condition, degenerative condition, newly acquired condition or wider special education needs in addition to their physical difficulties.
- They may require specialist equipment to walk or adult assistance/peer support to move safely in their environment. These may include a wheelchair, standing frame, specialist, high-backed or moulded seating and height adjustable surfaces.
- Their physical difficulties will mean they require support to develop independent living, self-care, and self-help skills.
- They are likely to have difficulty navigating the school environment safely.
- They may have slow adaptation to changes in lighting.
- They may have inconsistent responses to sensory input such as appearing to ignore some sounds or people which can present as inattention.
- They may exhibit fatigue, lack of concentration or motivation because of their condition. Conditions such as: Cerebral Palsy, Muscular Dystrophy, Spinal Muscular Atrophy will cause muscle fatigue and general tiredness from the increased effort required to perform everyday motor tasks.
- Their condition will vary from day-to-day, depending on a number of factors such as weather, temperature, muscular pain, sleep, fatigue, medication or associated medical conditions. Adults may notice significant withdrawal from or reduced participation in activities at times.
- They are likely to have associated cognition and learning or language and communication difficulties which may include difficulties with expression or receptive language, difficulties with processing, working memory difficulties or working in sequential steps.
- Speech production may be affected by their condition which impacts their ability to make themselves understood.
- They are likely to need 'objects of reference' and cues to aid their processing and understanding.
- They may show difficulties with emotional regulation or exhibit frustration because of their physical limitations.
- They may exhibit signs of poor self-esteem, wellbeing, or mental health. Equally, they may attempt to mask their feelings.
- They may be aware of the differences between themselves and their peers.
- They may struggle to form relationships because of their difficulties.
- They will require additional time to complete tasks, assessments, or examinations, therefore requiring exam access arrangements for summative tests as a 'normal way of working.'
- They may have medical needs which require medication and adult support e.g., management of epilepsy, gastrostomy feeds or a tracheostomy.
- They may have extended periods of absence because of their medical needs.
- There will be a considerable and widening attainment gap as the pupil progresses through education.
- Their speech could be delayed or unclear due to their rate of development.
- They will miss incidental learning from peers or environmental cues.
- They may experience increasing frustration from communication difficulties and misunderstandings.
- They may experience confusion in noisy/busy settings such as assemblies and/or canteens which can be overwhelming and disorientating.

## Sensory and/or Physical difficulties: Enhanced

<b>Curriculum</b>	<ul style="list-style-type: none"> <li>• <i>As previous levels with the possible addition of a personalised SEND curriculum which:</i></li> <li>• Seeks to build the pupil's sense of belonging within the school community.</li> <li>• Is delivered/supported by appropriately qualified and/or skilled staff.</li> <li>• Is appropriate to the pupil's developmental stage.</li> <li>• Specifically targets co-occurring needs.</li> <li>• Uses individual motivators and strengths to engage them in learning.</li> <li>• Integrates the therapeutic with the academic.</li> <li>• Seeks to build relationships with adults and peers in the wider school community.</li> <li>• Balances the need for inclusion with the need for individual or small-group teaching.</li> <li>• Considers their needs carefully at points of transition, including throughout the day, across the year and between settings.</li> <li>• Considers the pupil's aspirations for the future and in collaboration with the pupils, maps how what they are doing now leads to achieving these goals.</li> <li>• Provides regular opportunities to celebrate success, however small.</li> <li>• Builds their resilience, self-esteem, and self-confidence.</li> <li>• Develops their emotional regulation strategies.</li> <li>• Opportunities to develop independence, both in learning and self-care.</li> <li>• Assessment considers the full range of needs with the aim of identifying additional support needed to target co-occurring needs.</li> </ul>
<b>Additional Support</b>	<p><i>As previous levels with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• An individual risk assessment which covers familiar and unfamiliar environments, as required and considers mobility training</li> <li>• Consistent visual schedules.</li> <li>• Access to specialist technologies that support independence.</li> <li>• Access to specialist input from specialists such as speech and language therapists, occupational therapists, physiotherapists, and other medical professionals involved in supporting or monitoring the pupil's needs.</li> <li>• Close monitoring for additional needs which cannot be fully attributed to their physical difficulties. Other levels documents should be considered to support assessment of these needs.</li> <li>• Access to appropriate role models with physical and/or neurological impairment.</li> <li>• An appropriate PSHE programme developed in collaboration with specialist teachers.</li> <li>• Support from a counsellor or psychotherapist to manage their feelings about their 'difference.'</li> <li>• Where necessary, there are specific opportunities to support the development of relationships with peers.</li> <li>• Pupils are supported to develop resilience in a culture which is supportive of learning from our mistakes.</li> </ul>

## Sensory and/or Physical difficulties: Targeted

<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupil has a chronic condition, degenerative condition, profound long-term progressive or regressive condition and or wider special education needs in addition to their physical difficulties.</li> <li>• They have very limited mobility and extremely limited muscular control.</li> <li>• They are likely to be a full-time wheelchair user, require a hoist and changing plinth, standing frame and other highly specialist equipment to support their engagement in all aspects of learning and daily life.</li> <li>• They have limited ability to contribute to their own self-care so are highly reliant on adult support for moving, positioning and personal care, including eating and drinking.</li> <li>• They are likely to have considerable medical needs which require regular intervention and constant monitoring throughout the day. When these conditions are at their most severe, they may be life threatening.</li> <li>• They may be experiencing significant levels of discomfort or pain because of their needs.</li> <li>• Their diagnosis may include other needs which combine to produce additional learning barriers.</li> <li>• They may have more than one health domain which is classed as 'severe' as part of their continuing healthcare assessment and review.</li> <li>• Their medical condition may impact their personal hygiene.</li> <li>• Their physical needs will create substantial communication difficulties requiring Alternative and Augmentative Communication (AAC), specialist communication aids or assistive curriculum devices.</li> <li>• They may have minimal fine motor control and/or restricted purposeful hand movement which means they require alternative means of recording work and need to develop keyboard or touch-typing skills, a Dictaphone, or Voice Output Communication Aids (VOCA).</li> <li>• They may be hyper- or hypo-responsive to sensory input and may experience extreme sensitivity to touch or sounds and may become distressed by certain textures or loud/unexpected sounds.</li> <li>• Attention and concentration may be highly variable and fleeting.</li> <li>• They may experience increased levels of mental health difficulties because of their neurological needs.</li> <li>• They may experience significant difficulty combining senses. i.e. cannot use sight and hearing together effectively and may need one-on-one tactile input.</li> <li>• Some difficulty with near (text books) or far objects (the whiteboard).</li> <li>• They may also have difficulty detecting subtle environmental sounds such as conversations not directed at them or bell rings.</li> <li>• They may experience fatigue or sensory overload which impacts their learning and behaviour.</li> <li>• They may also have reduced sensory motivations and avoid unfamiliar sensory materials or situations.</li> <li>• They may struggle with peer relationships due to their communication differences.</li> </ul>
<b>Curriculum</b>	<p>At this stage, the pupil will be displaying significant difficulties in managing the demands of mainstream provision, unless supported by skilled, specialist staff and adapted materials (i.e. Braille, large print, sign language or Makaton)</p> <p>The pupil is likely to require some, or majority specialist provision and the implementation of a pre- or semi-formal curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development. This curriculum should be developed, and progress reviewed with input from a multi-agency team.</p> <p>They may require a reduced timetable to provide appropriate rest breaks through the day. Normally this would not result in reduced hours in school unless</p>

<b>Sensory and/or Physical difficulties: Targeted</b>	
	specifically recommended by medical professionals as a short-term interim strategy following a major health event.
<b>Additional Support</b>	<p><i>As previous levels, with the possible addition of:</i></p> <ul style="list-style-type: none"> <li>• Staff trained to develop and deliver a pre-formal or semi-formal curriculum.</li> <li>• Highly structured and predictable routines.</li> <li>• Individually designed specialist furniture and equipment.</li> <li>• Specialist resources to support pupils with profound learning needs.</li> <li>• Training for staff to be able to use specialist equipment safely.</li> <li>• Support from staff skills in alternative means of communication.</li> <li>• Considerable training and support to develop self-help and self-care skills within their capabilities.</li> <li>• Regular, ongoing multi-agency involvement in supporting and reviewing the pupil's progress.</li> <li>• Pupils may require access to a designated rest area</li> </ul>

## Sensory and/or Physical difficulties: Specialist

<b>Pupils' Presentation</b>	<ul style="list-style-type: none"> <li>• The pupils have severe and complex medical needs that profoundly limit their ability to access daily life safely.</li> <li>• They will have severe physical and/or neurological impairment as the main presenting need which significantly impacts their fine and gross motor control.</li> <li>• They will have a range of associated needs, including all or most of the following: <ul style="list-style-type: none"> <li>• Sensory impairment</li> <li>• An additional neurological impairment</li> <li>• Difficulties with speech, language, and communication</li> <li>• Difficulties with feeding and drinking</li> <li>• Complex health needs that require regular, daily intervention.</li> </ul> </li> <li>• They may use tactile sign language, objects of reference, or alternative communication systems.</li> <li>• They will require specialist equipment to support their inclusion in learning and the wider aspects of daily life.</li> <li>• They will be dependent on others for most or all of their personal care, movement, and transport needs.</li> <li>• They may have restricted movement which requires adult support to change their position during the school day.</li> <li>• They will be hypo- or hyper-sensitive to sensory input such as touch, sound or smells that will impact their daily life and social interactions.</li> <li>• They require communication aids such as eye gaze technology, eye pointing, sign and total communication.</li> <li>• Their skill level is likely to fluctuate or deteriorate during the day.</li> <li>• Their condition may vary from day-to-day, depending on several factors such as weather, temperature, muscular pain, sleep, fatigue, medication or associated medical conditions.</li> <li>• They may be socially isolated because of their difficulties or reliant on adults and peers who are familiar with their particular idiosyncrasies.</li> <li>• If they do not use a wheelchair, they will have severe physical difficulties. This may include difficulties with stairs, spatial orientation, or unsteady movement in crowded areas or on uneven ground caused by severe vestibular challenges.</li> <li>• Very restricted movement means they require hoisting/position changes throughout the day by trained individuals</li> <li>• May have a total reliance on tactile input such as hands-on interaction to learn, communicate and navigate.</li> <li>• They will require supervision and support to navigate an appropriately adapted school building and access the curriculum.</li> <li>• Their physical difficulties will mean they require support to develop independent living, self-care, and self-help skills as far as they are practically able.</li> <li>• They will need a daily therapy programme which may consist of exercises outlined by a health professional, to crucially avoid pressure damage and maintain joint integrity.</li> <li>• There may be a regression in previously learned skills, most specifically for pupils with degenerative conditions.</li> <li>• Poor sensory regulation to including over or under reacting to sensory stimuli which can lead to withdrawal, distress or self-stimulatory behaviours.</li> <li>• Multi-modal confusion with simultaneous input which can cause overwhelm or confuse them rather than support learning</li> </ul>
<b>Curriculum</b>	<p>At this stage, the pupil will require specialist provision and a pre-formal curriculum which is developed with consideration to their strengths, interests, motivators, and areas for development. This curriculum should be developed and reviewed with input from a multi-agency team.</p>

<b>Sensory and/or Physical difficulties: Specialist</b>	
	The curriculum will need to be developed with consideration to all previous levels, but provision will need to be able to accommodate a highly individualised and specialist approach to learning, personal, social, and emotional development.
<b>Additional Support</b>	<p><i>As previous levels plus:</i></p> <ul style="list-style-type: none"> <li>• Advice and support, on a termly basis as a minimum, from specialists such as speech and language therapists, occupational therapists, physiotherapists, or other medical professionals involved in supporting or monitoring the pupil's needs.</li> <li>• A specialist environmental audit and risk assessment for curriculum activities which present greatest difficulties for access.</li> <li>• Staff trained to develop and deliver a pre-formal curriculum.</li> <li>• High staffing ratios to support all aspects of curriculum access.</li> <li>• High levels of adult support for intimate care, mobility, communication, feeding etc.</li> <li>• A health care plan and access to medical intervention when required.</li> <li>• Specialist provision/teaching, including access to specialist equipment that supports independence in learning and mobility.</li> <li>• Buddies who are trained to be able to support peers with a physical disability.</li> <li>• Planned training and support to develop self-help and independent living skills.</li> <li>• Specialist support and regular review within a multi-agency co-ordinated and cohesive approach.</li> <li>• Co-production is at the heart of the individual plan for learning; children and parents/carers are fully involved in assessment, as well as planning and reviewing their curriculum.</li> <li>• Access to a designated rest area and or space for physiotherapy</li> </ul>