

## **SEND: Inclusive Education Service Core & Extended Offer**

Supporting children and young people who have special educational needs and disabilities (SEND): targeted and specialist support and provision

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## 1: Introduction

The Inclusive Education Service consists of a range of specialist support and provision delivered by highly qualified and experienced staff who support the work of schools with children and young people who have SEND.

The service works in partnership with schools and other settings to promote inclusion, achievement and to secure better outcomes for children and young people with SEND across North Yorkshire.

This is done through enabling the development of skills for staff in schools and settings, typically around an individual child or young person. There is a focus on promoting an understanding of learning, development and emotional wellbeing for all.

The aim of the service is to support and facilitate effective provision for SEND, ensuring that children and young people are enabled to reach their potential.

The inclusive education service works with individual schools (both maintained and non-maintained), clusters, alliances and multi academy trusts. This includes both within North Yorkshire and out of authority.

Wherever appropriate, involvement is carried out in partnership with other agencies across health and social care.

As a result of inclusive education service involvement:

- Staff in schools/settings will be more able to meet the needs of children and young people with SEND
- Schools/settings will increase in confidence so that children and young people with SEND are included and can achieve to their highest potential
- Parents/carers will gain a better understanding of the needs of their child and will have confidence that their needs are being met
- There will be increased participation and achievement for children and young people with SEND
- Schools and settings will build their own expertise through wider workforce development leading to better outcomes for all

## 2: Inclusive Education Service

The inclusive education service is comprised of specialist support covering all areas of the SEND code of practice;

1. Communication and interaction:
  - Autism outreach
  - Consultation for speech, language and communication needs (SLCN)
2. Cognition and learning:
  - School based outreach for specific learning difficulties including dyslexia, dyscalculia, and developmental coordination disorder
3. Sensory and physical/medical:
  - Hearing impairment outreach
  - Visual impairment outreach
  - Multi-sensory impairment outreach
  - Physical and medical needs outreach
4. Social, emotional and mental health:
  - Advisory support for behaviour and attendance
  - SEMH school based outreach
5. Overarching SEND:
  - Educational psychology
  - Early years advisory
  - Portage home visiting
  - SEND advisory
6. SEND information, advice and support service (SENDIASS):
  - Educationally based support and advice for children, young people and parents/carers

In-School specialist support;

Enhanced mainstream schools (EMS) are designed to be part of the network of SEND specialist provision across North Yorkshire.

The core purpose of EMS is to enable children and young people with high need, to access and make progress within a mainstream environment. To do this, EMS's;

- Provide outreach to schools in their local area in order to share and develop specialist skills, knowledge and practice
- Provide specialist support for mainstream schools to enable them to better support children and young people with a wide range of high needs in their home school
- Ensure that individual children and young people with defined high needs access appropriate support

Exceptionally, where it is agreed by professionals that a local mainstream school (without EMS status) cannot meet need, some children and young people may access provision at the EMS full time through in-reach places.

In-reach at EMS consists of places for children and young people who attend the mainstream school and who have access to a supportive environment with the addition of specific interventions to work on priority areas associated with SEND.

Part of the expectation of a school being an EMS is that the whole setting has enhanced provision for children and young people with SEND.

## 3: Core Functions

The inclusive education service is aimed at supporting settings, when their own resources have been utilised, but where difficulties remain, so that they can successfully include children and young people who have SEND. This includes those who may or may not have or require an education, health and care plan (EHCP).

Core activity encompasses work around the most vulnerable children and young people, based on their individual needs.

When considering a request for involvement (RfI) for core service the needs of the child or young person will be assessed, with consideration of the wider context, which will also be taken into account, e.g. family situation, experience of the setting and involvement of other agencies.

Core activity is provided via the local authority and is free at the point of delivery, where children and young people meet the eligibility criteria.

The following eligibility criteria are aimed at providing as clear a guide as is possible to who the inclusive education service supports in relation to the core offer.

It is recognised, however, that some circumstances may mean that a child or young person requires support even if they don't fulfil the criteria described for different service areas. This will be because of exceptional circumstances, such as;

- Being new to the local authority and needs haven't been fully assessed
- Having particular personal/family needs, e.g. being a looked after child or a child in care
- Being vulnerable because of specific circumstances which results in significant susceptibility
- Context, including the educational setting, which is impacting on learning and development
- Being electively home educated or missing education and SEND is a significant factor in this

Flexibility, in tandem with professional discretion, will be used in such circumstances. In principle, support will be allocated by individual requirements, taking into account complex and significant difficulties and presenting areas of need.

## Quality Assurance

The inclusive education service works in accordance with North Yorkshire's children and young people strategy 'Young & Yorkshire 2' and LA procedure in relation to equal opportunities, safeguarding and other relevant policies.

In particular, there is a priority on ensuring that services are available equitably, irrespective of where children and young people live in the county, or which school/setting they attend.

Feedback from schools and settings will form an integral part of the continuing development of the service, whose aim is to;

- Work in partnership with schools to develop services that are efficient, effective and responsive
- Ensure a high level of satisfaction and confidence in the expertise of specialist staff
- Respond to customer feedback through listening to what schools and settings require as priorities change

The inclusive education service is quality assured through self-evaluation, action planning and review of the impact of the provision.

Other things taken into account to ensure effective targeting of support include;

- *Ofsted*: Schools in Ofsted categories and/or who have been raised as causing concern in relation to provision for children and young people who have SEND
- *Safeguarding and SEND*: Section 11 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children.
- There is a similar requirement imposed on schools. This should ensure that safeguarding is integral to all that local authorities, schools, services and other named partners do, including the inclusive education service.
- *Providing Fair Access to Services*: Local authorities should promote the interests of children, young people, parents and families and work with local communities to stimulate and support a diversity of school, early years and 16-19 provision that meets local needs.
- Supporting educational excellence for all: Working with headteachers, school governors, principals, school staff and other agencies, local authorities should promote educational excellence for all children and young people and be ambitious in tackling underperformance and challenging where provision requires development.

## 4: Service Eligibility Criteria

### Generic criteria for all children and young people, 0-25

- a) In all requests for involvement (RfI) for children and young people *all of the following four criteria* must be met;
- 1) The child or young person is resident, or receiving education in a North Yorkshire educational establishment
  - 2) The child or young person is in the age range 0-25 years
  - 3) The request has been discussed with parents/carers and signed consent has been obtained from those with parental responsibility or from a young person themselves, where they are considered to be competent and are over sixteen years of age
  - 4) The request is within the specialist areas of expertise available in the inclusive education service
- b) Other factors taken into account include that the child or young person has special educational needs and/or disability and is vulnerable due to a combination of the following;
- 1) Being out of school due to no available school place or being permanently excluded
  - 2) Being highly mobile and has special educational needs and/or disabilities
  - 3) Experiencing serious mental health issues and these are significantly impacting on education
  - 4) Suffering from chronic health needs that are significantly impacting on education
  - 5) Persistently substance abusing and this is impacting on education
  - 6) Being a young offender
  - 7) Looked after by the local authority
  - 8) Subject to a child protection plan
  - 9) Being severely bullied or is bullying others, causing significant harm either as perpetrator or victim
  - 10) From a military family and whose parent is deployed to a conflict zone
- c) Clarification of ‘complex’, ‘vulnerable’ and ‘significant’
- 1) In all cases, the most complex and vulnerable individuals with the most significant needs will be prioritised, regardless of the status of their setting (including, maintained, academy, independent and free).
  - 2) The terms ‘complex’, ‘vulnerable’ and ‘significant’ in the context of the inclusive education service are intended to encompass children and young people whose needs cannot be met without additional expertise, over and above what is typically expected in schools and settings (see SEND Mainstream Guidance).
  - 3) Children and young people who fall within eligibility criteria for specialist services are those whereby schools and/or the SEND team have demonstrated that there is detrimental impact of the child or young person’s SEND on the efficient education of themselves, others and/or the efficient use of resources.

*As a general guide, complex and significant needs will be characterised by the following;*

- 4) The child or young person's progress is significantly slow, has regressed or has arrested in comparison with the progress of those of the same age and pace of learning may mean this gap is widening
- 5) Attainment is very low and there is significantly delayed progress to the extent that the child or young person is unable to participate with their age related peer group
- 6) The child or young person needs frequent and longer term targeted support in order to be safe, be healthy, make progress and/or access any learning opportunities

d) It is important to note that the child or young person might be achieving at an expected or even higher level but other factors contribute to their complex range of needs.

- 1) These other factors might also trigger the need for a joint multi-agency approach to meeting their needs and this could, for example, include children and young people who have expected or above learning potential but are experiencing;
  - i) Health issues (including life limiting conditions)
  - ii) High levels of anxiety
  - iii) Social dysfunction leading to isolation and impacting on well being
  - iv) Mental health issues (below the threshold for CAMHS)
  - v) Co-morbid conditions

e) Exceptions to the eligibility criteria:

- 1) Cases outside the eligibility criteria can be directed to the SEND specific leads in the inclusive education service when requested by the SEND team. This will typically be in relation to the statutory assessment process or by direct request from the team manager or the tribunal officer.
- 2) The inclusive education service will, on occasion, use professional discretion to agree core cases outside the criteria depending on context, e.g. school, family and involvement of other agencies, where this makes the child or young person vulnerable.

f) Support for North Yorkshire children and young people attending schools outside the LA:

- 1) Access to support for children and young people who attend educational establishments outside of North Yorkshire will comply with the cross border arrangements agreed by different local authorities. On this basis, children and young people attending schools in other local authorities may be supported by the inclusive education service, where they meet the eligibility criteria or they may be supported by the local authority where the school sits.



## Criteria for supporting whole school development for *maintained* schools and settings

### 1. Schools causing concern;

Criteria for school support are based upon professional discussion and liaison with colleagues in education and skills. This will include using the principles and criteria below to plan how to use the time available effectively for the school/provision;

- 1.1. The school/setting has been identified as causing concern and has requested support from the LA as a result of this
- 1.2. The school/setting has been placed in an Ofsted category and specific issues around SEND provision has been identified as a key area for improvement

### 2. What support might include;

- 2.1. Advice and signposting to other agencies
- 2.2. Advice and support with SEND provision planning and development of specialist interventions
- 2.3. Support and challenge for LA processes and procedures in relation to SEND
- 2.4. Support and challenge in respect of the equalities act and code of practice in relation to children and young people with SEND

### 3. What core support might include for children and young people (*for those who meet the eligibility criteria*):

- 3.1. Support for statutory processes, including, statutory advice writing for education health and care plans and contributing to annual reviews and/or attending these, where the following applies;
  - 3.1.1. Significant changes are to be made
  - 3.1.2. Planning for a period of key transition
  - 3.1.3. If requested by the local authority SEND team
- 3.2. Preparation, advice and attendance in relation to SEND tribunals, as requested by the local authority
- 3.3. Support in the event of a critical incident or exclusion
- 3.4. Children whose mental health and safeguarding is a concern
- 3.5. Wellbeing and safeguarding of children in out of authority placements
- 3.6. Targeted services for vulnerable groups as identified in the eligibility criteria above
- 3.7. Work with individual children and young people who meet the SEND specific eligibility criteria (section three)

### 4. Support for Special Schools and mainstream specialist provision:

Special schools and mainstream specialist provisions attached to schools have access to the same level of support as mainstream schools, i.e. it is the vulnerability of the child or young person, which will drive the required involvement and whether or not it is core or traded.

## 5a: Cognition & Learning

### Cognition & Learning means...

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

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

Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and developmental coordination disorder.

If you wish to make a request for involvement (RfI) of the cognition and learning specialists in relation to a child or young person the following essential eligibility criteria must be met:

1. There must be complex, significant or specific learning needs (see definitions above in 4c)
2. The child or young person's difficulties have documented evidence that show they are persistent and resistant to previously attempted interventions

A formal identification of SpLD is not required to access core service

## Core services include;

### *Specific Learning Difficulties*

- ✓ Assessment, advice and training to provide individualised planning for children and young people with a specific learning difficulty (SpLD)
- ✓ Advice (face to face, virtual or telephone) in supporting individuals with specific learning needs
- ✓ Modelling, demonstration and training regarding targeted, evidence-based, interventions which boost the skills of children and young people in reading, writing, numeracy and physical skills, for example; active literacy, Clicker 6, paired-reading, Numicon, Dynamo maths
- ✓ Effective planning for key transitions, i.e. Key Stage 2 to Key Stage 3, Key Stage 4 to further/higher education, education to employment
- ✓ Documented support for the inclusive education of children and young people who have a profile of specific learning difficulties, including provision mapping, inclusion passport and appropriate objective and target setting
- ✓ Recommendations of appropriate software and assistive technology to enhance literacy, and numeracy for individual children and young people
- ✓ Parent support and training via enhanced mainstream schools for SpLD
- ✓ Training modules for class teachers to extend their knowledge of how to support individual children and young people with specific or moderate learning difficulties
- ✓ On-line learning materials to support school staff in understanding the unique needs of children and young people with specific learning difficulties

### *Severe/Profound Learning Difficulties*

- ✓ Personalised support to those who teach school-aged children with a complex learning profile
- ✓ Support in developing effective strategies to monitor progress and outcomes including the impact of the school's provision in relation to individual children and young people

### *Whole school development*

- ✓ Advice and signposting to other agencies
- ✓ Advice and support with SEND provision planning and development of specialist interventions
- ✓ Support and challenge for local SEND processes and procedures

### *Children and young people*

- ✓ Individual or group therapeutic support, assessment, consultation and advice
- ✓ Programme planning and progress
- ✓ Direct individual work to support access to the curriculum

## 5b: Communication & Interaction

### Communication & Interaction means...

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others.

This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time.

They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

Children and young people with autism are likely to have particular difficulties with social interaction.

They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

If you wish to make a request for involvement (RfI) of the communication and interaction specialists in relation to a child or young person the following essential eligibility criteria must be met:

1. There must be complex, significant or specific learning needs (see definitions above in 4c)
2. The child or young person's difficulties have documented evidence that show they are persistent and resistant to previously attempted interventions
3. Difficulties occur in relation to the characteristics associated with autism (see definitions in appendix a)
4. Difficulties occur in relation to the characteristics associated with language and communication needs (see definitions in appendix a)

A formal identification of autism or specific language impairment is not required to access core services

**Core services for communication and interaction include;**

*Individual work with children and young people*

- ✓ Promote positive aspects of individual's abilities, skills and behaviour to ensure these are utilised in any specific plans
- ✓ Assessment, consultation and advice
- ✓ Direct intervention to support assessed needs
- ✓ Mentoring and gathering the CYP's views
- ✓ Supporting with requests for statutory assessment
- ✓ Program planning and progress
- ✓ Direct work to support access to the curriculum
- ✓ Support to prepare for change of placement, transition and preparation for adulthood
- ✓ Social skills training
- ✓ Play skills for younger children
- ✓ Developing specific reward systems based on individuals own strengths and interests
- ✓ Support in auditing the environment to measure the possible impact on sensory processing and behaviour

*Targeted assessment*

- ✓ Gilliam autism rating scale (GARS)
- ✓ Childhood autism rating scale (CARS)
- ✓ Measures of children's mental health and psychological wellbeing
- ✓ Therapeutic approaches
- ✓ Observational techniques
- ✓ Vineland

*Development of maintained whole-school and setting provision:*

- ✓ Support to implement the national autism standards and competency framework for early years settings/schools/post 16 establishments
- ✓ Planning to reduce incidents of behaviour that challenges
- ✓ Developing targeted provision maps and evidence informed educational/therapeutic interventions
- ✓ Supporting planning for achieving better outcomes for CYP with autism

*Whole school/setting CPD, including;*

- ✓ Making Sense of Autism (Tier 1 AET training)
- ✓ Autism Education Trust (AET) for early years, school and post 16 settings
- ✓ Supporting behaviour that challenges in autism

*Work with parents/carers and staff from other agencies;*

In collaboration with schools and professionals from other disciplines, the inclusive education service will also be involved in organising and delivering parent programmes such as Cygnet (specifically targeted towards families of children and young people with a diagnosis of autism).

Parent programmes will be delivered in collaboration with schools and settings and will offer indirect support to them in terms of improving parental confidence and fostering positive relationships. They include;

- ✓ Cygnet and NAS parent programmes
- ✓ Support for transition
- ✓ Signposting and liaison
- ✓ ASCEND therapeutic intervention
- ✓ Facilitation of workshops, drop-ins and support groups

## 5c: Sensory & Physical/Medical

### Sensory & Physical/Medical means...

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 MSI have a combination of vision and hearing difficulties.

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

If you wish to make a request for involvement (RfI) of the sensory and physical/medical specialists in relation to a child or young person the relevant essential eligibility criteria must be met:

1. There is a formal medical diagnosis in relation to sensory and/or physical difficulties and this significantly impacts on the child or young person's learning (see 4c above)
2. Deaf and hearing impaired children are expected to be referred to the service when they are six weeks of age by audiologists
3. Core provision will be provided for children and young people with permanent hearing loss (permanent hearing loss is described as mild: 21-40dB, moderate: 41-70dB, severe: 71-95dB profound: in excess of 95dB)
4. Children and young people with visual impairment will have vision that is less than 6/18 and/or loss of visual field

A formal diagnosis in relation to needs in this area is required to access core services

**Core services for sensory, physical and medical include;**

A decision on how much time will be spent with a child or young person with sensory impairment will be measured using modified national criteria (NATSIP), which takes into account how well a child or young person is functioning in school, or at home.

*Children and young people*

- ✓ Programme planning and progress, for example cochlear implant rehabilitation, listening skills, independent life skills
- ✓ Individual or group therapeutic support, assessment, consultation and advice
- ✓ Advice and support with regard to technology
- ✓ Direct individual work to support access to the curriculum
- ✓ Advice and signposting to other agencies
- ✓ Advice and support with SEND provision planning and development of specialist, targeted interventions
- ✓ Functional hearing assessments, language and communication assessments, observations and advice
- ✓ Reports and assessments to support EHCP and other statutory documents
- ✓ Advice for access arrangements for exams and tests at all Key Stages
- ✓ Advice for transition between settings, schools and colleges
- ✓ Tuition in Braille where there is an assessed need
- ✓ Mobility training, relating to access to school buildings and journeys to and from school
- ✓ Provision of and training in relation to supportive technology for children and young people with visual impairment
- ✓ Functional Assessments
- ✓ Audiology/ENT reports
- ✓ Lip reading, British Sign Language
- ✓ Environmental audits
- ✓ Self-care and maintenance skills
- ✓ Language and communication assessments

*Advice to schools/settings*

- ✓ Test results and clinical procedures
- ✓ Implications of hearing/vision loss
- ✓ Consistent and appropriate use of technology, including maintenance programme
- ✓ Information about listening and speech development
- ✓ Strategies for effective use of aids
- ✓ Physical environment, e.g. lights, seating
- ✓ Delivery to promote access
- ✓ Information regarding local support groups and voluntary organisations working with sensory/physical impairment
- ✓ Information about best practice to support the development of emerging early language and communication (including pre verbal skills, spoken and signed communication and written language)

*Strategic whole-school/setting development:*

- ✓ Developing targeted provision maps for children with hearing needs
- ✓ Support and planning to develop deaf friendly schools
- ✓ Support to prepare for change of placement, transition and preparation for adulthood

## 5d: Social, Emotional & Mental Health

### Social, Emotional & Mental Health means...

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.

If you wish to make a request for involvement (RfI) of the social, emotional and mental health specialists in relation to a child or young person the following essential eligibility criteria must be met;

1. There are complex and significant needs that manifest in behaviour that challenges and result in difficulty in accessing learning (see section 4 above)
2. Difficulties cannot be attributed to more specific areas of SEND, e.g. autism, and unmet needs in relation to these
3. Difficulties have documented evidence that show they are persistent and resistant to previously attempted interventions

A formal diagnosis in relation to needs in this area is not required to access core services



## Core services for social, emotional and mental health include;

Advice and guidance in relation to DfE statutory guidance, school improvement and Ofsted, comprising;

- ✓ Attendance, including data management, leadership of attendance, whole school approaches to improving attendance and safety
- ✓ Strategic leadership and half termly quality assurance visits
- ✓ Networking and sharing good practice through termly meetings for all primary and secondary schools, either in an area or held centrally
- ✓ Behaviour and attendance collaboratives, including chairing fortnightly or monthly collaborative meetings in seven areas of the county
- ✓ Support for accessing pupil referral services (PRS) and enhanced mainstream schools (EMS), where appropriate, as identified by the SEND team
- ✓ Managing concerns, complaints and complex casework, particularly in relation to behaviour, bullying, risk assessment and access to full time or suitable provision
- ✓ Ensuring inclusion for children and young people who have behaviour that challenges
- ✓ LA guidance, information, advice and challenge to head teachers and governors in relation to exclusion, including at governor disciplinary meetings and at independent review panels
- ✓ Pro-active partnership working with children's social care (CSC), youth offending teams (YOTs), child and adolescent mental health services (CAMHS) and schools to ensure good outcomes for children and young people

## *Individual work with children and young people*

- ✓ Support to gather the evidence to submit a request for statutory assessment
- ✓ Support to prepare for change of placement, transition and preparation for adulthood
- ✓ To understand and report the views of children and young people
- ✓ Individual or group support to assess and advise on their needs
- ✓ Supporting with statutory or risk assessment
- ✓ Planning learning and behavioural interventions
- ✓ Observation and feedback to staff, including paired observations to moderate assessments and planning
- ✓ Facilitation of workshops, staff or parent/carer drop-ins and signposting to other agencies

High quality, bespoke training and whole school CPD:

- ✓ Behaviour: improving behaviour from Ofsted 'requires improvement' to 'good'
- ✓ Attendance: improving overall attendance, including vulnerable groups and persistent absence
- ✓ Bullying: creating and maintaining an anti-bullying culture, including whole school policy and practice
- ✓ Targeted group work: improve the capacity of teaching assistants to confidently manage small group work which will improve the motivation, confidence and ability of pupils to manage their behaviour
- ✓ Peer mentoring: improve the capacity of the children and young people in your school to effectively listen and support their peers to improve their emotional concerns and links to staff
- ✓ The lunch pack: building the capacity of mid-day supervisors to manage behaviour effectively at lunch, as part of a whole school policy

### 5e: Educational Psychology

The EP service are a team of Educational Psychologists and Trainee Educational Psychologists with qualifications, knowledge, skills and experience in the fields of psychology, education and special educational needs.

The service supports the most complex and vulnerable groups of children and young people and settings, schools and colleges.

In addition to work around individual children and young people, the service will also deliver strategic support to schools and other education settings across North Yorkshire.

The service is predominantly a traded service, offering a wide range of packages, consisting of blocks of time that can be used flexibly by schools or alliances/partnerships of schools who jointly commission.

The EP service is highly effective and offers forward-looking provision to meet the needs of the diverse range of schools and settings now making up the educational landscape.

All EPs are registered with the Health and Care Professions Council (HCPC), engage in a programme of CPD to ensure their knowledge and skills are up to date and have regular supervision with their line manager.

## 5f: Early Years Advisory Teachers & Portage Home Visiting

### Early years and portage consists of...

Early years advisory teachers offer specialist advice, support and training to parents/carers and early years settings to help them meet children’s additional needs.

This enables children to be fully included and to make maximum progress whilst accessing a broad and balanced early education with their peer group, wherever possible.

Portage home visitors are an educational service for pre-school children with additional needs and their families. They support children from 0-5 years old with additional needs.

The aim of the service is to empower parents and carers in developing their child's play and learning and promote positive outcomes.

The Portage team also support the successful transition from home to an early year’s provider.

North Yorkshire Portage home visitors are registered with the National Portage Association (NPA) and are required to adhere to the values, principles and procedures outlined in the NPA Code of Practice and Ethical Guidelines (Revised 2006).

If you wish to make a request for involvement (RfI) for early years and portage in relation to a child, 0-5 years old, the following essential eligibility criteria outlined in section four must be met in addition to:

- 1) There must be complex, significant or specific learning needs
- 2) There is evidence that the child’s difficulties are persistent and require appropriate early intervention
- 3) There will be a significant delay in more than one area of development

In requests for Portage, consideration is given to the amount and type of other provision a child is accessing, e.g. where a child is receiving funded early education within settings or child-minders for more than eight hours per week it may be more appropriate for an early year’s advisory teacher to provide support to the setting.

Portage may still continue, however, until a suitable transition has taken place that enables the setting to meet the child’s needs. This can also involve continued support from other specialist areas of the inclusive education service.

A formal medical diagnosis is not required for the involvement of an early years advisory teacher or Portage home visitor

### Core services of the early year's advisory teachers include;

- ✓ Individual advice and support around including children with SEND
- ✓ Support to carry out identified activity where a child has an education, health and care plan
- ✓ Assessment
- ✓ Support around children transitioning to school or other settings
- ✓ Advice and signposting to other agencies
- ✓ Advice and support with SEND specific resources and strategies
- ✓ Provision planning and development of specialist interventions
- ✓ Support and challenge for local SEND processes and procedures
- ✓ High quality bespoke training and whole school/ setting CPD, where SEND has been identified by the LA as an area for development

### Core services of Portage home visitors include;

- ✓ Regular home visits to an agreed number of children and families where there is identified SEND
- ✓ Establish relationships where parents/carers feel confident and empowered to work closely with their home visitor
- ✓ Work in partnership with parents/carers and other agencies to provide early education and family support in accordance with the Portage model, in particular;
  1. Structured teaching
  2. Child led play
  3. Family focus
- ✓ Contribute towards initial and on-going assessment of a child's strengths and needs within the context of the family
- ✓ Support the transition of each child from home based education to nursery or school provision
- ✓ Support the inclusion of young children with additional needs and their families in the community in their own right
- ✓ Support involvement in local community play experiences and early years settings
- ✓ Be involved in the organisation and delivery of events where families can meet informally
- ✓ Work closely with other professionals through liaison and joint visits, incorporating their advice into the Portage support offered to children and families
- ✓ Support the delivery of training for parents and other early years practitioners as required, including the Portage basic workshop

## 6: Enhanced Mainstream Schools

Enhanced mainstream schools (EMS) were designed to be part of network of specialist provision across North Yorkshire, for children and young people with special educational needs and/or disabilities (SEND).

The core purpose of EMS is to provide specialist support to enable children and young people with high need, to access and make progress within a mainstream environment. To do this, EMS;

- Provides outreach to schools in their local area in order to share and develop specialist skills, knowledge and practice.
- Provide specialist support for mainstream schools to enable them to better support children and young people with a wide range of high needs in their home school.
- Ensure that individual children and young people with defined high needs access appropriate support, on occasion through in-reach (either part time or full time).

*In-reach:* Exceptionally, where it is agreed by professionals that a local mainstream school (without EMS status) cannot meet need, and with the prior agreement of the EMS, some children and young people may access provision at the EMS (part time or full time) through in-reach places.

In-reach at EMS consist of places for children and young people who attend the mainstream school and who have access to a supportive environment with the addition of specific interventions to work on priority areas associated with SEND.

*Part time access:* In the case of part time EMS access, children and young people will remain on roll of their home school. They will be integrated back into their home school on a full time basis unless the original placement has broken down. In that case, the most appropriate school to meet needs will be identified. This is not automatically the EMS.

*Full time access:* In the case of full time EMS access, children and young people will most likely be placed on roll at the EMS, which does not have a separate roll to the main school one. Children and young people who access places at EMS, with a need for support from EMS staff, will have significant needs although there is an expectation that they will access the mainstream setting, curriculum and learning opportunities as far as possible.

*Designation:* EMS are not ‘units’ or ‘bases’ but are what they say in the title – ‘enhanced mainstream schools’, However, they will have withdrawal areas for use at specific times, dependent on the needs of individual children and young people and where specific interventions can be carried out. These spaces should not be exclusive to pupils based on a diagnosis or area of need.

Part of the expectation of a school being an EMS is that the whole setting has enhanced provision for children and young people with SEND. There may be some withdrawal sessions for specific interventions; however, these are not intended to be at the expense of learning opportunities and curriculum access. All children and young people will work with their peers in mainstream enhanced provision.

## Appendix I: SPA Frequently Asked Questions

<p><b>Why has a single point of access (SPA) been developed by the Inclusive Education Service (IES)?</b></p> <p>The SPA has been developed to provide a more effective route for accessing the IES and the main aims are to ensure that;</p> <p>The service is more responsive and timely.</p> <p>The <i>needs</i> of the child or young person take precedence and absence of a formal diagnosis is not a barrier to accessing support.</p> <p>.There is a clear route to accessing specialist educational support, based on clear eligibility criteria, and this is equal to all.</p> <p>These FAQ's provide an overview of the SPA process, whilst more detailed information and request forms, etc. can be found on the local offer website (link in the footer), which will be the main information point for the IES. This will ensure that the most current and up to date information is always available in the same place.</p> <p>The SPA process is closely aligned to that of the Prevention Service to ensure a coordinated approach.</p>	<p><b>What's the timescale for submitting an Rfl?</b></p> <p>The Rfl forms are accessible via the local offer website and the completed form should be emailed (securely) back to; <a href="mailto:inclusiveeducation@northyorks.gov.uk">inclusiveeducation@northyorks.gov.uk</a></p> <p>Guidance for completing the Rfl can be found at the end of this document.</p> <p>The deadline for inclusion at the weekly Rfl meeting will be <i>noon of each Tuesday</i>, during term time. This is because business support need time to prepare the Rfl's for the panel meeting and if they come in after the deadline there is not time for this. Any Rfl's that come in after the deadline will be left until following weeks meeting.</p> <p>In exceptional circumstances, if a CYP is at serious risk of permanent exclusion, contact should be made with the behaviour and attendance advisor in the first instance. The referral can them be acted upon immediately.</p>
<p><b>When should a request for involvement (Rfl) be made and who by?</b></p> <p>In <i>all cases</i>, settings should ensure they have exhausted their own resources and expertise before making an Rfl (see SEND Mainstream Guidance on the local offer website). Exceptions to this may occur when a child or young person with high needs moves in from another LA, in which case an immediate Rfl may be appropriate.</p> <p>An Rfl will usually be made by educational settings including in the early years and post 16.</p> <p>Health professionals may also make a request where this is appropriate, e.g. in relation to sensory impairment and the new born hearing screen, which applies for children up to one year old and has a direct route into the IES, which is apart from the SPA process.</p> <p>Where a child under five is not in an educational setting, other professionals can make an Rfl if it is deemed appropriate, following close collaboration with parents/carers.</p> <p>Rfl's are not dependent on any form of diagnosis or on having a statement of SEN or an education, health and care plan (EHCP), so can be made where these are not present.</p> <p>If the IES have previously been involved but there has been no involvement for over a year then a new Rfl needs to be made.</p>	

## What does the Rfl meeting involve?

The Rfl meeting will take place once per week on Wednesday afternoons. A broad range of specialist IES staff, including from EMS's, will attend the meeting to ensure moderation.

The first half an hour of the panel meeting will be used for looking at the Rfl's and an agenda will be available that lists all of the Rfl's that will be discussed during the panel, which will usually take half a day. Discussion will be held as to the needs of each CYP.

Diagnosis may be considered however, as mentioned above, this will not be the key driver for allocating a service area for support as the decision will be needs led; this is one of the reasons why full completion of the Rfl form is crucial.

If specialist staff cannot attend the panel meeting then it is their responsibility to nominate a replacement (or the lead for their service area does this in the case of unavailability due to illness, etc.).

The meeting will be chaired by specialist leads from the IES on a rotation basis – this means that leads will be expected to chair no more than twice in any half term period. During the meeting Rfl's will be viewed on a laptop/projector to avoid unnecessary printing and to ensure security. Each Rfl will be considered by the panel and agreement for the involvement of specialist staff will be decided.

A database will be filled in during the meeting, which will also identify allocation of the service specialist area.

## What happens following the panel meeting?

After the panel meeting, allocated cases will be forwarded to service area leads and EMS teachers-in-charge as appropriate for action. Business Support will update all IES records as necessary.

It is the responsibility of leads and EMS teachers-in-charge to ensure that the relevant specialist staff are provided with the details of new Rfl's and that contact with the setting is actioned within the given timescale.

The response time to a setting, after the Rfl has been received will be within ten working days during term time. This means ten working days from when IES centrally receives the completed RFI, including signed parental consent, via Business Support.

Specialist staff will make contact with the setting immediately (no later than five working days from the Rfl meeting); this is a priority to ensure support is offered in a timely manner.

Responses to settings can be an initial phone call or email offering dates for a visit, or asking for more information, if that is required, before a visit is arranged.

The IES will err on the side of caution so that settings receive support where there is a query about whether or not an Rfl meets the eligibility criteria. Therefore, it is anticipated that most Rfl's will generate an initial visit.

## What happens during the initial contact?

The person who arrives from IES is not necessarily the person who will be solely involved.

Just because a particular box on the Rfl has been ticked it does not mean that someone from that service area will make the initial contact as the panel may decide, based on the information provided, that another service area is more appropriate.

Initial visits will be used to assess need further and to make a decision whether or not this will be core work, i.e. it meets the IES eligibility criteria, of traded work, where this is not the case.

In some cases, where complex needs are indicated, the case may not be appropriate for the specialist staff who make the initial visit. When this happens it is *the IES staff's responsibility* to liaise with staff from the appropriate specialist area of the IES to transfer involvement and to notify the lead/business support that this has happened.

Schools/settings are *not required* to re-submit an Rfl to access different service areas within IES.

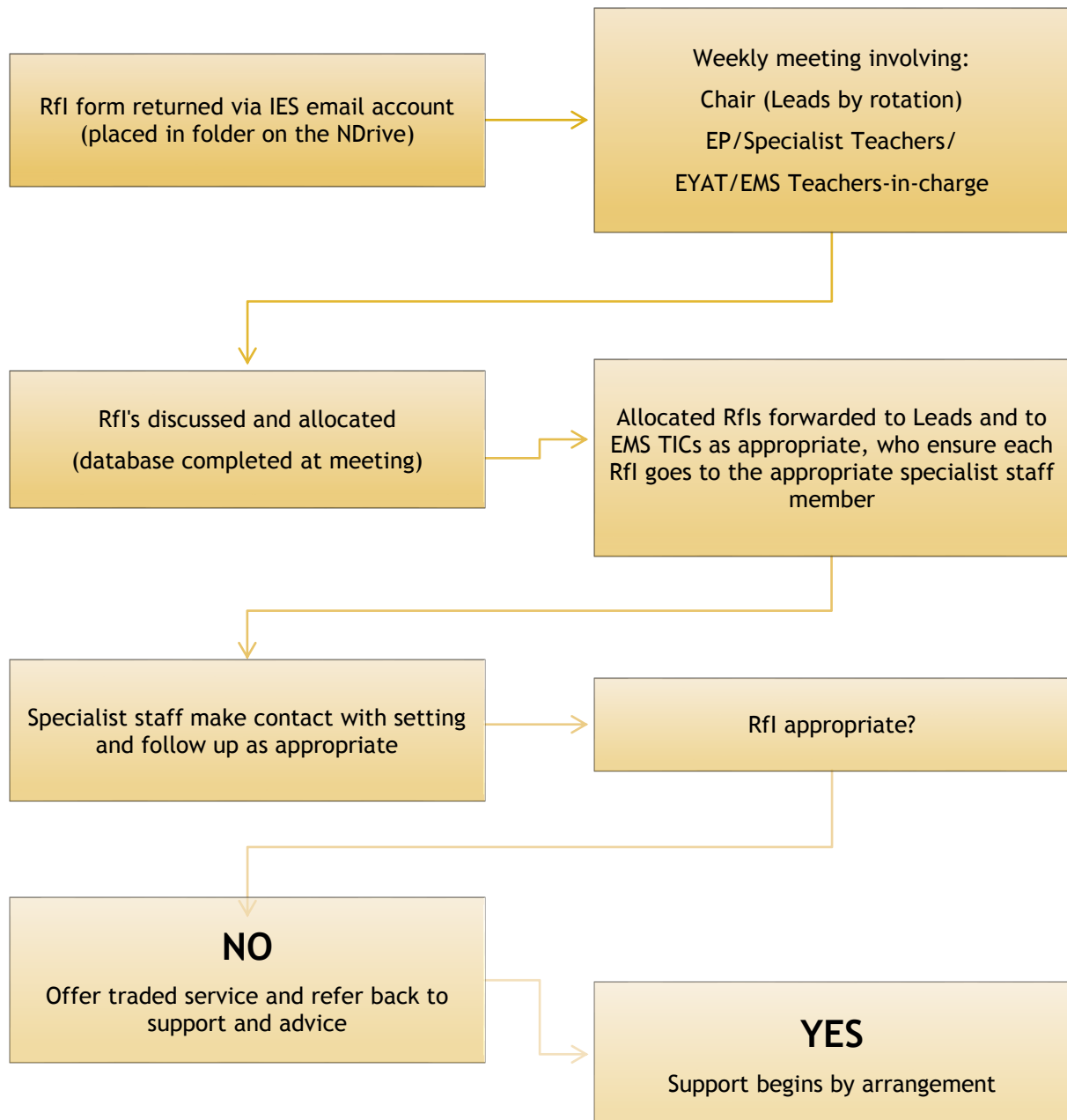
Once a case is activated, more than one different service area can be involved but the case will be held by a lead professional from the IES.

<p><b>What are the main implications for EMS's?</b></p> <p>EMS's, as now, are able to work directly with schools, prior to formal referrals being made to a central panel where support is for general guidance. However, a formal Rfl must be made through the new process where a CYP requires direct involvement of specialist staff.</p> <p>To avoid inappropriate referrals being made by schools, EMS TiC's can undertake contextual assessment to ascertain areas for development about the teaching and learning environment. This will ensure that schools are reflecting on their own practice before attributing CYP difficulties to a 'within child' deficit.</p> <p>Outcomes of the Rfl meeting will be communicated to EMS TiC's directly. This will be done through business support via EMS admin and TiC's to ensure that individual staff absence does not delay an Rfl being actioned.</p>	<p><b>How are decisions made?</b></p> <p>Eligibility criteria for service involvement will be used when considering allocation of specialist support (see the local offer website). This is based on the code of practice along with nationally and internationally recognised descriptors of need, e.g. Diagnostic Statistical Manual; World Health Organisation; National Sensory Impairment Partnership; Autism Education Trust, etc.</p> <p>Where an Rfl is deemed to be inappropriate settings will be notified and the reason given.</p> <p>If there isn't enough information on the form that goes to panel then the Rfl will be rejected and notification of this will be given. In these cases, re-submission with more detail is suggested. More guidance about filling in the Rfl can be found at the end of this document.</p>
<p><b>How are incoming Rfl's managed?</b></p> <p>Parental consent MUST be included for the Rfl to proceed. If this is not included, settings will be notified by return email. In those cases, the deadline for responding to the Rfl will not begin as it will be considered incomplete.</p> <p>Post 16 Rfl's must be accompanied by the young person's consent.</p> <p>As the Rfl form will ask for sufficient details in order to assess whether or not IES support is appropriate, further documentation will not be required at this stage (there is insufficient information on the Rfl it will be returned for fuller completion (see guidance at the end of this document). Receipt of the Rfl will be acknowledged with the requesting school/setting via the auto reply when an email comes directly to the IES mailbox.</p> <p>An Rfl <i>should not</i> be made directly to an EMS but should be forwarded to the IES mailbox.</p> <p>The response timeline begins only when IES admin receive a completed RFI, with completed parental consent.</p> <p>If there is a safeguarding issue then settings should follow the appropriate safeguarding route.</p>	<p><b>What happens for medical referrals?</b></p> <p>Medical Referrals are for children/young people who cannot access education for medical reasons for a period of greater than 15 days. These may be a one-off event, i.e. short term medical issue, where reasonable adjustments cannot be made to allow the young person to access the school premises, or a chronic/long-term/recurring medical condition.</p> <p>In both instances above, the school should make a referral for home tuition directly to either the <i>EMS SEMH</i> (for primary aged young people) or to the <i>collaborative</i> (for secondary aged young people) referrals.</p> <p>Medical out of school provision is only available to those of compulsory school age. For more information, please refer to the <a href="#">Medical Needs Protocol</a> on the CYPS website.</p> <p>Any medical referral should be supported by a medical note from a Doctor/medical practitioner In medical cases.</p> <p><b>Please Note:</b> Medical referrals <i>do not need to go the IES RFI panel.</i></p>



<p><b>What about cases where the IES are already involved?</b></p> <p>Where CYP are already being supported by the IES, this will continue. If a different service area is required arrangements should be made by the specialist IES staff who are already involved to transfer the case internally.</p> <p>If the initial member of IES staff goes to the first visit and feels that the case should go to another service area then the two professionals have the conversation, agree and then complete the transfer form and send back to inclusive education to log.</p>	<p><b>What if there is only a need for general advice or guidance and not a full request for involvement?</b></p> <p>Where this is the case settings can still access IES specialist staff. The process maps document, located on the local offer website, identifies three levels of support;</p> <p>General information – settings can make contact with the relevant specialist staff either directly or via the inclusive education email address.</p> <p>Support and guidance – settings can make contact with the relevant specialist staff either directly or via the inclusive education email address.</p> <p>Involvement with individual CYP – an RfI must be completed and submitted for any IES staff to become involved directly with a CYP.</p>
<p><b>Which agencies can be accessed by the SPA?</b></p> <p>The Inclusive Education Service SPA can be used to access educational specialist services. Any health services, e.g. S&amp;LT, physiotherapy, etc. <i>cannot</i> be accessed through this route.</p>	<p><b>What if it's unsure which service area to refer to?</b></p> <p>If there is uncertainty about which service area to request then the fully completed RfI form can be submitted. This will help the panel to decide which service area is required based on described needs of the CYP.</p>
<p><b>What happens if it is felt a decision is not correct?</b></p> <p>In the event that a RfI does not result in services being offered and setting staff feel that this was the wrong decision they should email IES and they will be contacted by a service area lead to discuss</p>	
<p><b>Please note:</b> NO involvement with outside agencies can occur without parental consent. Without this the RfI will not be carried forward to the SPA panel.</p>	

## Appendix II: SPA Process Map



## Appendix III: Guidance notes for completion of the request for involvement (Rfi) form

<b>Details of current issues, concerns and/or support requirements</b>
<p>Please give a brief description of your concerns and the challenges being presented in your setting:</p>
<p>These could include a range of the following;</p> <ul style="list-style-type: none"> <li>• Assessment information e.g. P scales or NYEY Assessment levels which clearly illustrate the attainment gap between the child or young person's (CYP) actual progress and that which would be expected for a typically developing CYP of the same age</li> <li>• Other developmental assessment information e.g. Health Visitors 2 year old checks, Early Support developmental journey assessment levels; Portage checklists</li> <li>• Changes in the CYP's behaviour, both verbal and non-verbal, indicative of an unmet need</li> <li>• Level of anxiety, participation, engagement, passivity, etc.</li> <li>• Risk Assessments (RAs) completed and the result is significantly concerning</li> <li>• Family/social details that may be impacting negatively on the CYPs current development, e.g. house move, bereavement, new baby, break up in parental relationship, issues with siblings, issues with substance abuse</li> </ul>
<b>What strategies have been tried so far and what was the outcome?</b>
<p>This section should summarise the interventions that the education provider has put in place as part of the Assess, Plan, Do, Review cycle of the graduated response and the impact these interventions have had. These could include;</p> <ul style="list-style-type: none"> <li>• ILPPs dates and review dates and notes that focus on learning targets, including any professional generalised advice used in writing targets/outcomes/plans</li> <li>• Generalised advice from a specialist about supporting a CYP with needs in the area described not recorded on an ILPP or support plan</li> <li>• Any adaptations to the environment, routines, staffing levels, etc.</li> <li>• Inclusion passports or traffic light systems</li> <li>• Simplified language and to what level e.g. one word</li> <li>• Visual timetables or real objects as clues</li> <li>• Behaviour management strategies</li> <li>• Any evidence based interventions</li> <li>• Learning interventions/withdrawal groups/targeted work (over and above expected differentiation)</li> <li>• NYCC Provision Menus and/or strategies taken from the SEN Mainstream Guidance document</li> </ul>
<b>What outcomes for the CYP are you making a request for involvement for?</b>
<p>These are what you would like the CYP to achieve in the long term and why you are asking for the support. For example;</p> <ul style="list-style-type: none"> <li>• For a child with SLCN who will be progressing on to school next September it may be that you would like their SLC needs to develop sufficiently so that they experiences a positive move, are able to make their needs understood and are also able to make new friends.</li> <li>• Outcomes could be related to positive transitions, positive social interactions, and an increase in self-confidence, self-regulation of emotions or the ability to cope with change.</li> <li>• The outcomes should always be expressed in terms of what is desired for the child or young person and not the adults in the education establishment.</li> </ul>

<b>What are staff views?</b>			
Always put something in here that explains why staff conclude that there is a significant difficulty.			
<b>Pupil's views (if appropriate):</b>			
Always put something in here. In the early years phase of education this would be through the child's observable behaviour if they are unable to articulate their views. Where CYP are non-verbal or have difficulty expressing their views, use other methods of collecting information, e.g. visual, observable, structured conversations, through role play, etc.			
<b>Parent/Carer's views:</b>			
Parental/Carer (P/C) consent should be informed consent. The education provider should have talked through the SPA process with the P/C so that they understand the process. This conversation should help the P/C to articulate their views and share their wishes about the outcome for the CYP. P/C's should be encouraged to be realistically aspirational for the child.			
Portage home visitors (see note below)		Educational psychology	
Early years advisory teachers		EMS cognition and learning (SpLD)	
Communication and interaction (autism) outreach		EMS primary communication and interaction	
Communication and interaction (SLCN) outreach		EMS secondary communication and interaction	
Hearing impairment outreach		EMS social, emotional and mental health	
Vision impairment outreach		EMS early years speech and language	
Medical needs outreach		Special school outreach (SLD)	
Physical needs outreach		NYCAP (communication aids)	
<p><b>Note:</b> A request for involvement of portage home visitors must also include a completed "Lone Working Risk Indicator Assessment" form. This is available at;</p> <p><a href="https://www.northyorks.gov.uk/send-specialist-support-and-provision">https://www.northyorks.gov.uk/send-specialist-support-and-provision</a></p>			

## Appendix IV: Definitions

<p>Autism</p> <p>Sources:</p> <p>1) <a href="#">Autism Research Centre</a></p> <p>2) <a href="#">ICD 10</a></p>	<ol style="list-style-type: none"> <li>1. Autism is a spectrum of neurodevelopmental conditions, characterised by difficulties in the development of social relationships and communication skills, in the presence of unusually strong narrow interests, repetitive behaviour, and difficulties in coping with unexpected change.</li> <li>2. Autism is a type of pervasive developmental disorder (PDD) that is defined by:             <ol style="list-style-type: none"> <li>a. the presence of abnormal or impaired development that is manifest before the age of three years</li> <li>b. the characteristic type of abnormal functioning in all the three areas of: reciprocal social interaction, communication, and restricted, stereotyped, repetitive behaviour.</li> </ol> <p>In addition to these specific diagnostic features, a range of other nonspecific problems are common, such as phobias, sleeping and eating disturbances, temper tantrums, and (self-directed) aggression.</p> </li> </ol>
<p>Child in need</p>	<p>A child in need is defined under the Children Act 1989; Section 17 (10) as a child who;</p> <ol style="list-style-type: none"> <li>a) is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority</li> <li>b) has health or development that is likely to be significantly impaired, or further impaired, without the provision of services</li> <li>c) is disabled</li> </ol> <p>(‘family’, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom they have been living)</p>
<p>Complex learning difficulties and disability (CLDD)</p>	<p>Children and young people with complex learning difficulties and disabilities have conditions that co-exist i.e. autism and SLD. These conditions overlap and interlock creating a complex profile. The nature of complex learning difficulties requires a personalised learning pathway.</p> <p>Children and young people with CLDD present with a range of issues and combination of layered needs, e.g. mental health, relationships, behavioural, physical, medical, sensory, communication and cognitive.</p> <p>Their attainments may be inconsistent, presenting an atypical or uneven profile. In the school setting, learners may be working at any educational level, including the National Curriculum and P scales.</p>

<p>Developmental coordination disorder (formerly Dyspraxia)</p>	<p>Children and young people with DCD will have difficulties with many aspects of the educational curriculum which require motor coordination, particularly handwriting, art, and physical education; aspects of self-care skills such as dressing/undressing, feeding and personal organisation; and social/emotional relationships.</p> <p>Children/young people with co-ordination difficulties lack the fine and gross motor co-ordination necessary to perform tasks that are considered age appropriate. These children are physically performing in the bottom 5 -15% for their age group despite having average intellectual ability.</p> <p>Onset is apparent in the early years, but usually DCD is not formally diagnosed before the age of 6 years. It has a varying, but significant, impact throughout an individual's life, and its symptoms are consistent across culture, race, socio-economic status and gender.</p>
<p>Dyscalculia</p>	<p>Dyscalculia is a specific learning difficulty that affects the ability of an otherwise academically able child to acquire arithmetical skills i.e. the branch of mathematics that deals with addition, subtraction, multiplication, and division; and the use of numbers in calculations.</p> <p>This difficulty can hinder progression in obtaining skills such number relationships, shapes, and quantities, algebra, calculus, geometry, and trigonometry. Comprehension of quantities, numerical symbols, and basic arithmetic rules are also a challenge. The difficulties experienced are not consistent with the person's chronological age, educational opportunities, or educational abilities.</p>
<p>Dysgraphia (handwriting difficulties)</p>	<p>Dysgraphia is sometimes referred to separately as a specific learning difficulty; however it can also be viewed as part of dyslexia. Dysgraphia affects how easily children acquire written language. It rarely occurs independently of DCD and dyslexia and therefore its incidence is difficult to determine.</p>
<p>Dyslexia</p>	<p>Dyslexia is a specific learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. The severity and persistence of dyslexic difficulties can be gauged by examining how the individual responds, or has responded, to researched interventions.</p> <p>Children and young people with dyslexia typically read aloud inaccurately and slowly, and experience additional problems with spelling. Dyslexia appears to arise principally from a weakness in phonological (speech sound) skills, verbal memory and verbal processing speed (Rose 2009).</p>
<p>Learning difficulty or disability</p> <p>Source: <u><a href="#">SEND Code of Practice 2015</a></u></p>	<p>A child of compulsory school age or a young person has a learning difficulty or disability if they:</p> <ul style="list-style-type: none"> <li>a) have a significantly greater difficulty in learning than the majority of others of the same age; or</li> <li>b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.</li> </ul>

<p>Low Incidence SEND</p> <p>Source: <a href="#">NatSIP</a></p>	<ul style="list-style-type: none"> <li>• A need which has the potential to have an adverse impact on learning and development unless additional measures are taken to support the child/young person.</li> <li>• The prevalence rate is so low that a mainstream setting is unlikely to have sufficient knowledge and experience to meet these requirements. Settings will need to obtain specialist support and advice on how to ensure equitable access and progression (against national standards).</li> <li>• The prevalence rate is so low that any formula for allocating specialist resources for additional needs, which is based on proxy indicators of need, will not reflect the true distribution of children and young people identified as having low incidence SEND.</li> </ul>
<p>Profound and multiple learning difficulties (PMLD)</p>	<p>Pupils with PMLD have very severe learning difficulties. They may have other significant difficulties such as physical disabilities, sensory impairment or a severe medical condition i.e. cerebral palsy and/or epilepsy.</p> <p>Some pupils will communicate by gesture, eye pointing or symbols, others by very simple language.</p> <p>Their attainments are likely to remain in the early P-scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).</p>
<p>Speech, language and communication disorders</p> <p>Source: <a href="#">ICD 10</a></p>	<p>Speech, language and communication disorders may be present when normal patterns of language acquisition are disturbed from the early stages of development. The conditions are not directly attributable to neurological or speech mechanism abnormalities, sensory impairments, mental retardation, or environmental factors.</p> <p>Specific developmental disorders of speech and language are often followed by associated problems, such as difficulties in reading and spelling, abnormalities in interpersonal relationships, and emotional and behavioural disorders. A child with speech, language and communication needs (SLCN) will not be following the expected pattern of speech, language and communication development for their age.</p> <p>SLCN may co-exist with other conditions such as autism or a hearing impairment. Environmental factors impact on speech, language and communication development, with social disadvantage and the home environment playing a role. In some cases the cause of a child or young person's SLCN is simply unknown.</p>
<p>Severe learning difficulties (SLD)</p>	<p>A severe learning disability will be identified at birth or in early childhood. Pupils with SLD will have significant intellectual or cognitive impairments. This will have a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and coordination, communication and perception and the acquisition of self-help skills.</p> <p>Some pupils may use sign and symbols but most will be able to hold simple conversations.</p> <p>Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum). They will need life-long support.</p>

<p>Special educational needs</p> <p>Source: C&amp;F Act, 2014; Equality Act, 2010</p>	<p>The SEN Code of Practice (1.8) defines SEN as, ‘a child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them.’</p> <p>A child under compulsory school age has special educational needs if they fall within the definition at (a) or (b) above or would so do if special educational provision was not made for them. Public bodies and other agencies covered by the SEND Code of Practice also have duties in relation to disabled children and young people under the Equality Act 2010;</p> <ul style="list-style-type: none"> <li>• They must not discriminate and they must make reasonable adjustments for disabled children and young people.</li> <li>• Public bodies are also under wider duties to promote equality of opportunity.</li> </ul> <p>The definition of disability in the Equality Act includes children with long term health conditions such as asthma, diabetes, epilepsy, and cancer.</p> <ul style="list-style-type: none"> <li>• Children and young people with such conditions do not necessarily have SEN, but there is a significant overlap between disabled children and young people and those with SEN.</li> </ul>
<p>Specific learning difficulty</p>	<p>Specific Learning Difficulties refer to those who have persistent difficulties in reading, writing, motor coordination and/or arithmetic; with a mismatch between the student’s cognitive ability, and their ability to acquiring skills for literacy, numeracy, and/or motor competence.</p> <p>Skills in these areas are significantly below expected levels, given the person's chronologic age and previous opportunities for skill acquisition. They significantly interfere with academic achievement, occupational performance, and/or activities of daily living, and are not due to a general medical condition.</p>



## Further Information & Links

For more information about the inclusive education service there is a range of supporting documents on the Local Offer website, including;

1. SEND Mainstream Guidance; outlining SEND provision in mainstream schools/settings
2. Request for Involvement form; to make a request for involvement for the inclusive education service

Any queries or requests for involvement should be sent to;

[inclusiveeducation@northyorks.gov.uk](mailto:inclusiveeducation@northyorks.gov.uk)

For access to traded services go to; North Yorkshire Education Solutions.