



## **SEND – A graduated Response**

Tees Valley Education Trust

Version:	3.1
Ratified by:	TVED
Date ratified:	
Name of originator/author:	Jennifer Duncan/Emma Lowe
Circulated to:	ALL TRUST STAFF MEMBERS
Date issued:	September 2018
Reviewed date:	February 2020
Target audience:	ALL TRUST STAFF MEMBERS

# 1. Introduction

The special educational needs of the great majority of pupils should be met effectively within mainstream settings without the LA needing to make an Education, Health and Care (EHC) Needs Assessment.

The following graduated response supports the academy in deciding whether a child should be placed on SEN support, or whether, after the collection of evidence, an EHC assessment may be required.

For the purposes of our Academy, and to meet the needs of our children, we have developed the following graduated response to ensure early intervention. Within this there are four stages:

## Graduated Response

Cause for Concern	Diary Child	SEN Support / SS Plan	EHCP
<p>This is the first stage on the graduated response. If professional 'alarm bells' begin to ring and staff are concerned about a child, evidence is then collected and staff will highlight on planning /assessments areas of concern</p>	<p>This stage is for internal monitoring and assessment and will help build a picture of any child who may be registered at the SEN support stage. At this stage, the child will be able to access internal intervention and an IEP/IBP will be written to track progress, intervention and to support Quality First Teaching. A record will be kept by the SENCO. Teachers should keep any relevant evidence of support.</p>	<p>This is where formal SEND registration and support begins. Both year group leaders and the SEND team will be aware of the child by now and the child will have an IEP and be closely tracked. School registration forms will now be completed with parents and the child will be registered on sims as having a SEN. External agency reports may be required to build the picture of evidence and support required.</p>	<p>This replaces the statement process. There will now be a growing picture of evidence in terms of support, assessments and multi-agency work. At this stage the SEND team will lead the referral and the meetings required to gain an EHC needs assessment</p>

The Graduated Response Quick Guide should help determine whether a child does need registering.

Please use the identification document by referring to the relevant section. Bring this along with classroom based evidence to the SEND team and we can discuss registration, for example:

- Work
- Observations
- Records of intervention
- Specific reference to support given in planning
- Diary Sheets
- Assessments and progress rates

You do not need to go through the whole Graduated Response, just focus on the area/s of need that are most relevant to the child.

# 1. Graduated response for learning – quick guide

Cause for Concern	Diary Child	SEN Support	EHCP
<p>If professional ‘alarm bells’ begin to ring and you are concerned about a child begin to collect evidence and highlight on your planning/assessments areas of concern</p>	<p>If a child continues to make little or no progress over time (2 terms) despite QFT, differentiation or in class interventions, then speak to a member of the SEND team and use the graduated response to begin the process of support</p>	<p>At this stage we need to carry out assessments and gather evidence showing a lack of progress over time (3+ terms). This shouldn’t be the first time we have considered the child using the graduated response. <b>A SEN Support Plan may be required.</b></p>	<p>If an EHC Plan is needed the school must have evidence over time of interventions, support in place and lack of progress and attainment. By now, as a team we should have a growing bank of evidence to support the application</p>
<p><b>Points to consider:</b></p> <ul style="list-style-type: none"> <li>• Beginning to fall behind age related expectations</li> <li>• Lack confidence in some areas of learning</li> <li>• Difficulty accessing some curriculum areas</li> <li>• Pupil may be withdrawn and have difficulties with social interaction</li> <li>• Slow or zero progress</li> </ul>	<p><b>Points to consider:</b></p> <ul style="list-style-type: none"> <li>• The child has difficulty in acquiring skills notably in language, literacy and numeracy skills (or early development skills) <u>despite appropriate teaching and good attendance record</u></li> <li>• Some evidence of lack of confidence in one or more areas</li> <li>• The child requires some level of extra support from a TA to access the curriculum</li> <li>• Shows some lack of understanding in language and comprehension which may affect more than one area of learning</li> <li>• Pupil may show frustration</li> </ul>	<p><b>Points to consider:</b></p> <ul style="list-style-type: none"> <li>• Sustained low levels of attainment in one or more areas</li> <li>• Inadequate progress despite classroom and internal interventions</li> <li>• Evidence of lack of confidence in one or more areas</li> <li>• The child requires high levels of extra support from a TA to access the curriculum</li> <li>• The child lacks understanding in language and comprehension which may affect all areas of learning</li> <li>• Pupil may be withdrawn, isolated, uncooperative or attention seeking</li> </ul>	<p><b>Points to consider:</b></p> <ul style="list-style-type: none"> <li>• The child is well below age related expectations in more than one area</li> <li>• Little or no progress has been made</li> <li>• Evidence of additional spending on interventions and support is available from the SEND team (HNF)</li> <li>• Provision map shows clearly the level of support given over and above everyday norms of intervention and support including the involvement of other professionals</li> </ul>
<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Differentiated learning</li> <li>• QFT</li> <li>• Advice and guidance from the SEND team</li> <li>• Speak to parents about your concerns and record any concerns the parents may have with regards to home (this dialogue will continue at every stage). Keep a record of this dialogue through CPOMs recorded as SEN</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Differentiated learning and classroom interventions</li> <li>• SEND team observation to give advice and guidance</li> <li>• IEP written</li> <li>• Learning and language team assessment</li> <li>• Educational Psychologist observation</li> <li>• Speech and language assessment</li> <li>• Internal intervention (e.g. Lexia, Numbers count, Starfish, Beanstalk reading, Behaviour)</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• IEP written</li> <li>• SEN Support Plan drafted</li> <li>• Internal and external intervention which is over and above everyday classroom practice</li> <li>• Language and Learning team assessment and intervention work</li> <li>• Educational Psychologist Assessment</li> <li>• Possible CAMHS assessment</li> <li>• Speech and language assessment and intervention</li> <li>• Behaviour Intervention</li> <li>• Possible Common Assessment Framework (CAF) assessment</li> <li>• Possible High Needs Funding application to LA (HNF)</li> </ul>	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• SEND team will collate and gather the evidence from reports, assessments and progress over time.</li> <li>• A Referral Planning Meeting will be organised and a decision about whether an EHCP application is appropriate will be made</li> <li>• The process of acquiring an EHCP will be led by one of the SEND team along with other professionals, parents and class teachers</li> </ul>

Area of SEND		Diary Children (Monitoring list/IEP/in school interventions)	SEN Support (External Agency Involvement, gather evidence) SS Plan
Moderate Learning Difficulty	Points/terms Behind NE	<ul style="list-style-type: none"> <li>• Lower levels of attainment across the board, in all forms of assessment, than age equivalent peers.</li> <li>• Continued difficulty in acquiring skills notably in language, literacy and numeracy skills (or early development skills) <b><u>despite appropriate teaching and good attendance record</u></b></li> <li>• May have some associated difficulties notably in speech and language development and/or in social emotional development</li> <li>• May have more difficulty in dealing with abstract ideas and generalising from experience than age equivalent peers</li> <li>• Inadequate progress despite purposeful and appropriate Quality First Teaching</li> </ul>	<ul style="list-style-type: none"> <li>• <b><u>Sustained</u></b> low levels of attainment across the board, in all forms of assessment, significantly below those of age equivalent peers.</li> <li>• Difficulty in acquiring skills notably in language, literacy and numeracy skills (or early development skills)<b><u>despite appropriate targeted interventions affecting access to the whole curriculum</u></b></li> <li>• Usually has associated difficulties notably in speech and language development and/or in social emotional development</li> <li>• Clear difficulty in dealing with abstract ideas and generalising from experience than age equivalent peers</li> <li>• Inadequate progress despite purposeful classroom and internal interventions</li> </ul>
Specific Learning Difficulty	Points/terms Behind NE	<ul style="list-style-type: none"> <li>• Low attainment in one or more curriculum areas, despite access to appropriate learning opportunities and which may be traced to difficulties in some aspects of underlying literacy and/or numeracy skills</li> <li>• Continuing difficulties in acquisition of literacy/numeracy skills, phonological awareness and/or fine or gross motor skills</li> <li>• Specific Learning Difficulties may be most obvious where there is a discrepancy with strengths in other areas e.g. verbal/comprehension skills/spatial awareness, but can occur across the full ability range</li> <li>• Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities</li> <li>• Some evidence of lack of confidence in approaching learning tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Low attainment in one or more curriculum areas, despite access to appropriate learning opportunities and which may be traced to difficulties in some aspects of underlying literacy and/or numeracy skills</li> <li>• Continuing difficulties in acquisition of literacy/numeracy skills, phonological awareness and/or fine or gross motor skills</li> <li>• Specific Learning Difficulties may be most obvious where there is a discrepancy with strengths in other areas e.g. verbal/comprehension skills/spatial awareness, but can occur across the full ability range</li> <li>• Emerging evidence of difficulties in tasks involving specific abilities such as sequencing, organisation or phonological or short-term memory abilities</li> <li>• Some evidence of lack of confidence in approaching learning tasks</li> </ul>
Severe Learning Difficulty	Points/terms Behind NE	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Sustained low levels of attainment across the board in all forms of assessment significantly below those of age equivalent peers</li> <li>• Difficulty in acquiring skills, notably in language, literacy and numeracy skills (or early development skills), despite appropriate targeted interventions, affecting access to the whole curriculum</li> <li>• Associated difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills</li> <li>• May use sign and symbols but most will be able to hold simple conversations and gain some literacy skills</li> <li>• Clear difficulty in dealing with abstract ideas and generalising from experience compared to age equivalent peers</li> </ul>
PMLD		<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Severe and complex learning needs</li> <li>• Usually associated other significant difficulties such as physical difficulties of sensory impairment</li> <li>• High level of adult support required for both learning and personal care needs</li> </ul>

Area of SEND		Diary Children (Monitoring list/IEP/in school interventions)	SEN Support (External Agency Involvement, gather evidence) SS Plan
Social Emotional and Mental Health Difficulties	PIVAT Level for behaviour	<ul style="list-style-type: none"> <li>• Pupil may be withdrawn and isolated</li> </ul> <p>AND/OR</p> <ul style="list-style-type: none"> <li>• Pupil may be unpredictable/disruptive, attention seeking, reluctant to share, frequently ignoring instructions and following few routines</li> <li>• Pupil has difficulties with interpersonal skills, reluctant to share, reluctant to participate in social skills groups, distracts other pupils, careless with learning materials</li> <li>• Pupil has short concentration span, even when tasks are structured and well-focused. Frustration can impede academic progress</li> </ul>	<ul style="list-style-type: none"> <li>• Pupil may be withdrawn and isolated, appearing to be unhappy, with limited or selective communication, may not communicate feelings or fail to engage in a play or group activity. May be bullied</li> </ul> <p>AND/OR</p> <ul style="list-style-type: none"> <li>• Frustration may lead to unpredictable outbursts. Evidence of unpredictable mood swings. Difficulty co-operating with another pupil, disruptive</li> <li>• Sometimes exhibits aggressive (verbal and physical) responses, fails to follow whole class instructions or collaborate in group work</li> <li>• Regular inappropriate attention-seeking</li> <li>• Sometimes bullies. Responds aggressively to other pupils</li> <li>• Pupil follows routines only with adult supervision</li> <li>• <b>Has difficulty participating effectively in a large group, or concentrating for up to 5 minutes (2 minutes at KS1), or remaining on task without frequent adult prompting. Behaviour is beginning to affect own and other pupils' progress</b></li> </ul>

Area of SEND		Diary Children (Monitoring list/IEP/in school interventions)	SEN Support (External Agency Involvement, gather evidence) SS Plan
Autistic Spectrum Disorders	PIVAT Level for interaction and communication	<p><b>Learning Ability</b></p> <ul style="list-style-type: none"> <li>Mainly working within same level as peers. Occasional difficulty in learning in whole class teaching group. Needs some support to work on same task as peers</li> </ul> <p><b>Communication Skills</b></p> <ul style="list-style-type: none"> <li>Apparently good expressive language but may require individual instructions repeated if required to ensure instructions are not misinterpreted</li> </ul> <p><b>Socialisation</b></p> <ul style="list-style-type: none"> <li>Interested in peers. Attempts to interact but frequently ‘gets it wrong.’ Peers make allowances</li> </ul> <p><b>Behavioural Features</b></p> <ul style="list-style-type: none"> <li>Some distress when routines change, avoided if properly prepared. May exhibit other routines/rituals which may need managing/advice. Behaviour does not usually disrupt learning of self and/or others. Plays/works mainly alongside rather than with peers.</li> </ul> <p><b>Self-help/independent Living Skills</b></p> <ul style="list-style-type: none"> <li>Levels of development commensurate with age</li> </ul>	<p><b>Learning Ability</b></p> <ul style="list-style-type: none"> <li>Needs some differentiation and individual support. Better in small groups than in whole class structure. May be working at one level lower than peers in Key Stage</li> </ul> <p><b>Communication Skills</b></p> <ul style="list-style-type: none"> <li>Obvious language difficulties. Frequently needs instructions clarified. Needs visual support/prompts</li> </ul> <p><b>Socialisation</b></p> <ul style="list-style-type: none"> <li>Interested in peers but attempts to interact are bizarre or ineffective, or may be passive but able to respond to the approaches of others</li> </ul> <p><b>Behavioural Features</b></p> <ul style="list-style-type: none"> <li>Distressed when routines changed. Does exhibit behaviours which need managing. Behaviour may occasionally disrupt learning of self and/or others</li> </ul> <p><b>Self-help/independent Living Skills</b></p> <ul style="list-style-type: none"> <li>Evidence of delay in some aspects of the development of self-help/independent living skills</li> </ul>
Speech, language and communication		<ul style="list-style-type: none"> <li>Some delay/difficulties in verbal comprehension and/or spoken language and/or social use and understanding of language when compared to age equivalent peers</li> <li>Difficulties sometimes impeding effective communication with familiar people</li> <li>Some difficulty in conveying complex information</li> <li>Difficulties accessing some curriculum areas</li> </ul>	<ul style="list-style-type: none"> <li>Obvious delay/difficulty in verbal comprehension and/or spoken language and/or social use and understanding of language, when compared to age equivalent peers</li> <li>Difficulties sometimes impeding effective communication with familiar people in context</li> <li>Able to convey simple information</li> <li>Child’s access have impact on access to curriculum without school-based support</li> </ul>

Area of SEND	Diary Children (Monitoring list/IEP/in school interventions)	SEN Support (External Agency Involvement, gather evidence) SS Plan
Physical Difficulty	<ul style="list-style-type: none"> <li>• Some physical needs. May need some help for personal activities</li> <li>• Progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact</li> <li>• Ability to participate in most classroom activities, but problems in undertaking some tasks or activities</li> <li>• Working at a slower pace than peers or signs of increasing fatigue during school day</li> </ul>	<ul style="list-style-type: none"> <li>• Progress within the curriculum, but at lower levels than may be expected from performance on tasks where physical difficulty has less impact</li> <li>• Ability to participate in most classroom activities, but problems in undertaking some tasks or activities</li> <li>• Working at slower pace than peers or signs of increasing fatigue during school day</li> <li>• Physical difficulty impacting on independent functioning in some curricular areas and around the learning environment</li> <li>• May need help/supervision/support for self-help skills e.g. toileting</li> </ul>
Multi-sensory impairment	<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Range of complex needs that may affect all senses</li> <li>• Usually other significant physical and/or medical difficulties – may have poor balance, limited movement, impaired sense of smell and under or over-sensitive touch</li> <li>• High level of adult support required for both learning and personal needs</li> </ul>
Hearing Impairment	<ul style="list-style-type: none"> <li>• Progress within the curriculum, but at lower levels than might be expected from performance on tasks where hearing is not central</li> <li>• Generally poor listening skills</li> <li>• Physical changes such as persistent discharges from the ears, tilting of the head to maximise aural input</li> <li>• On-going mild to moderate hearing loss (medical diagnosis), which is under investigation</li> </ul>	<ul style="list-style-type: none"> <li>• Pupil generally appears to make good use of personal aids, though difficulties may arise in noisy environments or where the speaker is at a distance</li> <li>• Hearing loss may affect the pupil's social interaction</li> <li>• He/she may have difficulty with new vocabulary and concepts</li> <li>• Specific listening activities may give problems, e.g. tape work, spelling test</li> <li>• Problems in following instructions/making self-understood</li> </ul>
Visual Impairment	<ul style="list-style-type: none"> <li>• Deterioration in areas such as hand/eye coordination, excessive straining of eyes to read the board, watch the television</li> <li>• Progress within the curriculum, but at lower levels than might be expected from performance on tasks where visual acuity is not central</li> </ul>	<ul style="list-style-type: none"> <li>• Progressive anxiety and tentativeness in certain physical activities and reticence about moving around the playground</li> <li>• Able to participate in most classroom activities, but problems with those dependent on vision</li> </ul>

# Education Health and Care Plan Needs Assessment

## 2. Moving from SEN Support to an EHCP Needs Assessment:

The special educational needs of the majority of children should be met effectively within mainstream settings without the LA needing to make an EHC Needs Assessment. In a very small number of cases the LA will need to make an EHC Needs Assessment and then consider whether or not to issue an Education Health and Care Plan (EHC Plan).

An EHC Needs Assessment itself **will not always** lead to an EHC Plan. Before an EHC Assessment is made a Referral Planning Meeting will take place. This meeting will consider whether the SEN Support Plan sufficiently meets the needs of the child, or should assessment proceed - are there other services and interventions which would meet the child's needs (Stage 1: EHCP Pathway) or more specialist placement required?

## 3. Referral Planning Meeting (RPM):

For the RPM a SEN referral form must be completed with the SEND Team. This will capture specific issues regarding the child's / young person's areas of additional needs against:

- schools identification of additional learning need;
- timeline for identification
- involvement of other professionals;
- use of allocated resources to support children and young people with additional needs (6K plus);
- individual education plans / provision map / SEN Support Plan.

Schools and colleges will need to **clearly demonstrate** if they have taken all relevant and purposeful action in trying to meet a child's / young person's needs.

In some cases, a Common Assessment Framework (CAF) assessment may have been undertaken. Although not a pre-requisite, if a CAF has been completed, it must be provided in addition to the SEN referral form.

If the decision is made to proceed with the referral to the EHC panel, then all documentation and supporting evidence will need to be submitted as a complete pack of information by the Lead Professional.

## 4. Is an EHC plan needed?

In deciding whether to request a EHC assessment, the key question is whether there is convincing evidence that, despite the school, with the help of external specialists, taking relevant and purposeful action to meet the child's learning difficulties, those difficulties remain or have not been remedied sufficiently.

The Multi-agency EHC Panel will need to examine a wide range of evidence:

\* Evidence that the school has responded appropriately to the requirements of the curriculum, especially the section entitled "inclusion providing effective learning opportunities for all children"



- \* Evidence provided by the child's school, parents and other professionals as to the nature, extent and cause of the child's learning difficulties
- \* Evidence of action also taken by the school to meet and overcome those difficulties (interventions, support, reports)
- \* Evidence of the rate and style of the child's progress (Assessment tracking)
- \* Evidence that where some progress has been made, it is as a result of much additional effort and instruction at a sustained level **over and above** normal classroom intervention and provision without an EHC Plan
- \* Financial resources available to the school (notional SEN funding) have been used fairly and appropriately (up to 6k).

The Multi-agency EHC Panel will always require evidence of academic attainment in all areas of learning. Key indicators include:

- \* The results of assessments and tests in the core subjects of the National Curriculum
- \* The outcomes of baseline assessment
- \* Information about progress in the early learning goals
- \* Attainment levels assessed by an Educational Psychologist (but not a pre-requisite).

## **5. Checklist: Evidence to be provided by the school:**

When making a request for an EHC Needs Assessment, the school should state clearly the reasons for the request and submit the following evidence relating to the SEN Support stage:

- \* The views of parents
- \* The ascertainable views of the child
- \* Copies of relevant information relating to SEN provision (i.e. Short term SEN targets/ IEPs/SEN Support Plan)
- \* Evidence of progress over time
- \* Copies of recent (within 9 – 12 months) advice, where available, from Educational Psychologist, Health and Social Care
- \* Evidence of the involvement and views of professionals with relevant specialist knowledge and expertise outside the normal competence of the school
- \* Evidence of the extent to which the school has followed such advice

**If you feel one of the children in your class needs such an assessment there will already have been a sustained dialogue with the SEND team and other agency involvement over a sustained period of time. Therefore evidence will already have been collected and together we will move forwards with the referral panel meeting and EHC needs assessment**