

# Awsorth Primary and Nursery

## SEND Information 2025-26



Interventions at Awsorth Primary School share the same vision, values and aims as the Awsorth Primary Curriculum. We believe Awsorth Primary is a safe, happy and stimulating school that supports pupil's individual needs. The staff and the school community work hard to ensure that a nurturing approach supports all pupils through their education, and where necessary providing bespoke elements to the curriculum for each child depending on their current needs.

At APS, all aspects of school life are designed to inspire and engage pupils, through a mix of a learning curriculum, creative approaches, and essential life skills. The roles of communication and engagement are key to all we do and underpin our approach to learning.

Sometimes, as part of a unique offer to support learning, some pupils may require a specific intervention. Interventions are led by many staff members across school including Support Assistants, Teaching Assistants (TA's), Teachers, Speech and Language Therapists, councillors (through SBAP or CAMHS), and the SFSS (Schools and Family Support Services).

### Steps we take when we feel that a child needs SEN support at APS:

1. Refer to and adopt strategies from the Quality First Teaching of SEND document
2. Communication with parents.
3. Follow **SEN Pathway to Progress** and complete a **SEND Referral Form**
4. SEN or MAC register
5. Pupil Profiles
6. Intervention Records
7. Provision Map
8. Reviews
9. Referrals
10. Funding requests
11. EHCP's

### 1. Quality First Teaching of SEND

The county council have provided this working document of quality first strategies organised into area of need. It is an easily accessible tick list for teachers and SENDCOs to use when evaluating and planning provision for all learners, especially learners that may have additional needs. It outlines quality first teaching for all learners, then special education provision in that area. This enables a clear distinction to be made as to whether a child is receiving and in need of quality first teaching and is a MAC child (monitoring and concerned), or a child in need of SEND provision.

Teachers are encouraged to access this document and ensure that they are applying the quality first strategies appropriate for the child's area of need **before** placing a child on the SEND and MAC register.

Examples include:

## Area of Need: Cognition and Learning

<b>Quality First Teaching</b>
<b>'Next steps' for learning derived from what the pupil can already do – referring back to earlier stages when necessary</b>
Make sure you know the level of difficulty of <i>any</i> text you expect the pupil to read
Key words/vocabulary emphasised when speaking and displayed clearly
Pre-teaching of subject vocabulary
Instructions broken down into manageable chunks and given in sequence
Teach sequencing as a skill <u>e.g.</u> sequencing stories, alphabet etc
Pupils encouraged to explain what they have to do to check understanding
Resources, equipment, homework diaries make use of consistent symbols and colour coding

## 2. Follow SEN Pathway to Progress

Children can struggle in many ways to access the curriculum, and quality first teaching will usually enable you and your team to identify the problems and close that gap or meet that need. However, if quality first teaching is not enough for a particular pupil and you are concerned that they may have Special Educational Needs, your first action is to refer to the SEN Pathway to Progress flowchart. This flowchart gives step-by-step guidance on identifying need and planning for provision. Various screeners and profile tools may be suggested to identify the specific area of need or difficulty. These can be found on the shared drive.

- **Specific Learning Difficulties Profile Tool:** Used to identify the risks of specific learning difficulties such as dyslexia, ASD, ADHD, Specific language impairments and Dyscalculia. This is **not** diagnostic, but allows us to tailor our support and aid in any further diagnosis:
- **Sensory Audit:** This audit allows us to identify the specific areas of sensory need and better plan for sensory provision.
- **Mental Health Traffic Light Audit tool:** This audit helps us the RAG rate the mental health needs and assess the level of intervention needed for our children.
- **PIVATs assessment tool:** This assessment tool aids us in the assessment and progress tracking of our pupils who are not achieving within their current phase. The tracker allows us to see the gaps in skills and knowledge and plan for specific interventions/boosters to fill those gaps and allow for better progress.
- **Autism Education Trust Assessment Framework:** Where the needs are communication based and the child is or may be on the autistic spectrum, the AET profile and assessment tool is used to assess and needs regularly updating to track progress towards targets. The tool can be found using the following link, and training on this tool can be accessed through Helen Bray.
- **The Boxall Profile:** This profile is used to assess behaviour for learning where challenging behaviour is identified. Through the profile, targets can be set and appropriate interventions identified. [Boxall \(boxallprofile.org\)](http://boxallprofile.org)
- **Dyslexia Screening:** GL dyslexia screens can identify key areas of weakness and indicate a child's risk of dyslexia. [GL Ready](#)

Once area of need is identified, the flowchart details support interventions, resources and external services that can be accessed, as well as signposting staff to TA's, teachers and members of SLT with specialisms in that area of need (**see appendix 1 for TA and staff specialist areas**).

Once area of need and ideas for initial support are established, complete a **concern form** and send this to the SENCO (AS), detailing the area of concern, identified needs, targets and provision put in place for a 4 -6 week cycle.

## 2. SEN or MAC register

The SENCO will place the child on the monitoring and concern register (MAC). This form details the area of concern, what is already in place and your monitoring plan moving forward for the next 4 school weeks.

This is then reviewed with the SENCO and the decision made whether to:

- Remove the child from the MAC register if the problem is resolved,
- More time is needed to judge the effectiveness of the strategies in place. Keep them on for another round of 4 weeks and review, or:
- Move them to the **SEN register** as a special educational need has been identified.

A child can go onto and be taken off the MAC register where needed. It is a fluid process. However, if a trend becomes apparent, the SENCO may investigate further.

A child will be put on the SEN register when a SEN is identified. They will usually have a **One Page Profile**, but not always (e.g. where a child has a physical needs and a health care plan is needed to ensure access to the curriculum).

## 3. One Page Profiles

Children's strengths, needs, important facts, targets and provision are put onto a **One Page Profile**. This is a child centred and child led back-to-back target document.

The One Page Profile is reviewed **half termly** and new SMART targets set using the **PIVATs assessment tool, AET Assessment Framework, B-Squared** or the child's individual **EHCP** or **SALT (speech and language therapy) targets**. Support from the SENCO to set these targets is readily available.

## 4. Intervention Cycles

At APS we offer a wide range of interventions to meet the diverse needs of our pupils. These encompass communication and interaction needs, speech and language needs, specific learning difficulties, behaviour and mental health needs and cognition and learning needs. The full list of interventions can be found in our **Intervention Directory (appendix 2)**. Interventions are usually reviewed **half termly**. This may be more or less depending on the intervention.

Teachers and TA's should hold regular, preferably **bi-weekly, catch-up sessions** to discuss interventions and provision. These sessions can include:

- Review of each child and their intervention progress. Is the intervention suitable? Are they making progress? Is the time allocated sufficient?
- Discuss progress towards meeting targets and edit, if needed, timeline or success criteria.
- Update child's PIVATS assessment grid to show progress points made if relevant.

- Where the target is communication based and the child is or may be on the autistic spectrum, the AET profile and assessment tool is used to assess and needs regularly updating.

If the intervention is judged as not suitable, it is stopped and the process begins again with a new intervention.

TA's carrying out interventions will record them using the intervention record sheets. These are working documents that detail the date, time, purpose and evaluation of the intervention and are kept with the child's One Page Profile. At the end of the intervention cycle, the progress is reviewed against the child's targets, new, SMART targets set and intervention provision continues.

## 5. Reviews

One Page Profiles and Interventions are to be reviewed half termly. Parents are to be invited to join these reviews and contribute.

When an intervention comes to an end, the teacher and TA can consult the SEN Provision Pathway and the SENCO to evaluate next steps. It may be that another round of the same type of intervention is planned, or the intervention may change, depending on the new targets and the rate of progress and success achieved. Details of this discussion are to be recorded on the review section of the intervention record.

Where a child is assessed to have made good progress and the gap between them and their peers has closed, they may no longer need a one page profile and interventions. This is to be discussed with the SENCO.

Where a child is not making progress, despite intervention and close monitoring, it may be that further assessment and support is needed. In this case, the SENCO may look to seek guidance or do a referral to external services for additional support.

## 6. Referrals

At APS with have access to a wide range of external support services. The SENCO will support teachers in the referral process to these services, and in some cases, may do the referral themselves. These services include:

- Family SENCO concern form and referral for visit and advice.
- Springboard: referrals to Schools and Family Support Services for children receiving High AFN, including the Cognition and Learning Team, Communication and Interaction Team, Early Years Specialist Support Team, Educational Psychology Team, and Schools Behaviour and Attendance Partnership (SBAP).
- SFSS Early Years Surgery: SENCO to book into the surgery with Carol Ward to discuss cases where high AFN is not awarded, but advice and support needed.
- The Physical Disability and Specialist Services (PDSS).
- Speech and Language Therapy services (NHS SALT).
- SALT Steph O'Neil – EMET Primaries private speech and language therapist.
- CAMHS mental health services

- Small Steps – referral to request the support of family health, leading to family behaviour support, ASD support, ADHD support, community paediatrician support and diagnosis if needed.

## 7. Funding Requests

Every child is entitled to six hours additional school needs support (ASN) if they have additional needs. This support should be documented using the processes above. Where this support is still not enough for them to progress even though additional referrals and services have already been accessed, the SENCO may consider an additional funding request.

Children are assessed against the **criteria for funding (See appendix 4)** and the SENCO will work with their key adults to put together a funding bid. Evidence that the above processes have taken place as a graduated response is required in order for the funding bid to be considered by the panel.

The levels of Additional Family Needs (AFN) funding are as follows:

- Low AFN (approx. £2000 p/a, 2.5 hours per week)
- Medium AFN (approx. £4000 p/a, 5 hours per week)
- High AFN (approx. £6000 p/a, 7 hours per week)

Where funding is awarded, the child **will still maintain their six hours of ASN**, plus their awarded funding hours. This needs to be reflected in the class provision timetable and available to the SENCO.

Sometimes ASN plus AFN funding is still not enough to provide the provision needed for some of our higher needs children. At KPS we have a number of children who have been awarded High Level Needs funding from the county. The SENCO has to bid externally for this funding and the criteria is clearly set out on the criteria for funding document in **appendix 4**.

Higher Level Needs funding levels:

- HLN 1: £11,000

## 8. EHCP'S

In some cases where a child has multiple needs and requires a high level of support, they may need an Education, Health and Care Plan (EHCP). We have children at APS who have or have had an EHCP. The parents or any lead professional working with the child or young person can initiate the EHCP process. The final EHCP plan sets out the targets and provision needed that the child is **legally entitled to until the age of 25 and is integral to use when target setting, assessing, and planning in school**. The SENCO will support you in the key areas of this document to focus on when planning the intervention process.

## Appendix 1: Intervention Directory

Area of Need	Interventions on offer
Cognition and learning	Maths and English quality first teaching interventions Dyslexia Interventions (Nessy) Catch up Maths 5 minute Box and 5 Minute Number Box (KS1) Precision Teaching for spelling, reading, maths recall and phonics, Phonics interventions – Rapid Catch up and SEN program – Little Wandle Pre-teaching of key vocabulary and facts. Inference training Talking tins resources Visual Timetables
Communication and Interaction	AET Assessment and target setting tool Socially Speaking Wellcom – Speech and Language Speech and Language therapist referral and package Social Stories Inference training Talking tins resources Visual Timetables Early years language screening tool
Social Emotional and Mental Health needs (SEMH)	Nurture Class – Shooting Stars ELSA support intervention Drawing and Talking Intervention Social and emotional 1:1 support, Nurture support, ADHD support strategies and resources to aid concentration EMET counselling service SBAP referral for counselling CAMHS referrals Breakwell Assault Cycle Boxall Profiling, Circle of friends
Physical and Sensory Needs	Sensory profiling and sensory diet provision Fine motor skills support Physio support (as guided by assigned NHS physiotherapist) Speech and language NHS package support Speech and language SJ Therapy Services Tube feeding, flushing and medication administration Epi-pen trained school Nut free dining hall and guidance in place

## Appendix 2: Criteria for Funding

### COGNITION AND LEARNING NEEDS

Key theme	CORE elements 1 and 2 (school resources)	TOP-UP funding levels 1 – 3 (AFN)	TOP-UP funding level 4 (HLN 1)	TOP-UP funding level 6 (HLN 3)
Cognitive development, attainment and progress	Attainment is at lower level than majority of peers even with some additional support. Progress is at slower rate than majority of peers.	Attainment is significantly lower than majority of peers – gaps in comparative attainment levels increasing. Operating at P scale in primary; unlikely to achieve above national curriculum level 2 in secondary. Slow progress, even with significant and increasing levels of intervention.	There is very little and very slow progress, even with high levels of intervention. Attainment in upper P scale range for much of school career.	Progress is minimal or regressive even with high levels of intervention.
Communication and participation	Some language and communication difficulties.	Significant communication difficulties inhibit regular participation, understanding and contribution to activities in classroom/setting.	Extreme communication difficulties seriously inhibit participation, understanding and contribution to activities in classroom/setting.	Extreme communication difficulties preclude participation, understanding and contribution to activities in the majority of settings.
Curriculum access/pupil participation	Some difficulties with concentration and retention even with some intervention and curriculum modification. Limited ability to transfer skills and knowledge.	Significant difficulties with concentration and retention requiring adult intervention and curriculum modification. Little evidence of skill and knowledge transfer.	Requires extensive adult support and a highly adapted curriculum.	Totally dependent on adult support and requires an individualised curriculum.
Social development	Some difficulties in making and maintaining friendships and relationships.	Significant difficulties in making and maintaining friendships and relationships, likely to occur as a result of delayed learning	Extreme difficulties in making and maintaining friendships and relationships, resulting in frequent social isolation vulnerability, with some disengagement. Likely to occur as a result of delayed learning	Little evidence of positive social relationships, resulting in extreme social isolation, vulnerability and disengagement.
Motor skills	Some delay in fine and gross motor skills.	Significant delay in fine and gross motor skills, requiring some adult intervention.	Extreme delay in fine and gross motor skills, requiring extensive adult intervention.	Motor skills at a level that prevents access to the curriculum without high levels of adult support.
Self-help skills	May need some additional support to develop independence in organisational skills and personal care needs.	Requires significant additional input to develop age-appropriate independence skills for daily living and personal care needs.	Requires extensive additional input to develop age-appropriate independence skills for daily living and personal care needs.	Totally dependent on adult for daily living and personal care needs.

### COMMUNICATION AND INTERACTION NEEDS

Key theme	CORE elements 1 and 2 (school resources)	TOP-UP funding levels 1 – 3 (AFN)	TOP-UP funding level 4 (HLN 1)	TOP-UP funding level 6 (HLN 3)
Communication and participation	Some language and communication difficulties.	Significant communication difficulties inhibit regular participation, understanding and contribution to activities in classroom/setting.	Extreme communication difficulties seriously inhibit participation, understanding and contribution to activities in classroom/setting.	Extreme communication difficulties preclude participation, understanding and contribution to activities in the majority of settings.
Social interaction	Some difficulties in making and maintaining friendships and relationships.	Significant difficulties in making and maintaining relationships.	Extreme difficulties in making and maintaining relationships, resulting in frequent social isolation and vulnerability, with some disengagement.	Little evidence of positive social relationships, resulting in extreme social isolation, vulnerability and disengagement.
Curriculum access/pupil participation	Some difficulties in following instructions and accepting adult <u>direction and</u> maintaining attention to task.	Significant difficulties in following instructions and accepting adult <u>direction and</u> maintaining attention to task.	Extreme and persistent difficulties following instructions and accepting adult <u>direction and</u> maintaining attention to task. Requires highly adapted access to curriculum.	Unable to follow instructions and accept adult direction in a classroom setting. Requires highly adapted access to a highly individualised curriculum.
Response to sensory stimuli	Unusual response to some sensory stimuli, requiring adjustments.	Unusual response to some sensory stimuli, requiring significant adjustments.	Unusual and frequent response to some sensory stimuli. Requires major adjustments, linked to complex sensory profile	Extreme and frequent response to a wide range of sensory stimuli. Requires major adjustments, linked to complex sensory profile
Flexibility of thought	Some evidence of inflexible thought. Support is required to manage change in everyday school situations.	Evidence of rigid thought, making the pupil inflexible and unlikely to cope with change, resulting in significant signs of stresses and anxiety.	Evidence of rigid thought, making the pupil inflexible and unlikely to cope with change, resulting in an extreme response.	Evidence of rigid thought, making the pupil totally inflexible and unable to cope with change, resulting in an extreme response.
Developmental profile	May have uneven developmental profile.	Uneven progress between subject areas due to problems with <u>particular aspects</u> of communication development.	Limited progress across subject areas due to problems with <u>particular aspects</u> of communication development which have an extreme impact on learning.	Little evidence of progress across subject areas due to problems with all aspects of communication development which have an extreme impact on learning.

**SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS**

Key theme	Core elements 1 and 2 (school resources)	TOP-UP funding levels 1 – 3 (AFN)	TOP-UP funding level 4 (HLN 1)	TOP-UP funding level 6 (HLN 3)
Pupil participation in education	Some SEMH inhibit participation, understanding and contribution to activities and learning in the classroom, which results in limited progress in many areas.	A pattern of frequent SEMH inhibiting regular participation, understanding and contribution to activities and learning in the classroom, resulting in very limited progress in most areas.	A pattern of persistent SEMH inhibiting most participation in, understanding of & contribution to activities & learning in the classroom, resulting in extremely limited progress in all areas.	SEMH inhibiting any participation, understanding and contribution to learning activities. SEMH is barrier to all learning.
Emotional health and wellbeing	Some periods of disruption to social and emotional wellbeing, resulting in an impact on learning. Without familiar & consistent adult support, anxiety significantly limits ability to recognise and manage emotional responses	A pattern of frequent disruption to social and emotional wellbeing, resulting in regular impact on learning. Mood is frequently very low, affecting self-esteem and limiting ability to engage. Anxiety significantly affects ability to engage in everyday life, including family life.	A pattern of extreme and persistent disruption to social and emotional wellbeing, resulting in extreme unhappiness/ stress. Possible prolonged periods of absence/disengagement.	Complete disruption to social and emotional state, leading to extreme isolation and disengagement.
Pupil response to education	Some unpredictable responses to learning tasks, resulting in periods of uncooperative behaviour and/or emotional withdrawal.	A pattern of frequent unpredictable responses to learning tasks, resulting in periods of uncooperative behaviour and/or emotional withdrawal.	A pattern of persistent extreme responses, resulting in prolonged periods of uncooperative behaviour and/or emotional withdrawal.	A sustained pattern of extreme responses, precluding the ability to engage with any formal learning situations.
Impact on self and others	Some behaviour which may be injurious or endanger self/others.	A pattern of frequent behaviours which may be injurious or endanger self/others, resulting in some social isolation and rejection.	A pattern of repeated extreme behaviours which are injurious to or endanger self/others. High level of rejection & social isolation, despite a carefully planned support package	A sustained pattern of behaviours resulting in significant risk of harm to self/others, despite close adult support, leading to extreme social isolation, vulnerability & disengagement.

**SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS *continued***

Key theme	Core elements 1 and 2 (school resources)	TOP-UP funding levels 1 – 3 (AFN)	TOP-UP funding level 4 (HLN 1)	TOP-UP funding level 6 (HLN 3)
Social interaction	Some difficulties in making and maintaining friendships and relationships, despite adult support intended to prevent social isolation.	A pattern of significant difficulties in making and maintaining appropriate relationships, despite adult support intended to prevent social isolation.	A pattern of extreme difficulties in making and maintaining relationships, resulting in frequent social isolation and vulnerability, with disengagement from education, social and family life.	Little evidence of positive social relationships, resulting in extreme social isolation, vulnerability and disengagement.
Intervention	Some modification of teaching styles. Increasing incidents of disruption/disaffection despite appropriate curriculum & strengthening of other classroom/setting strategies. Support requires parents'/carers' active participation.	A pattern of significant modification of teaching styles and an individualised curriculum in some areas are in place. Teaching and learning <u>is</u> disrupted frequently.	Teaching and learning <u>is</u> persistently disrupted despite an individualised curriculum being provided for most of the time. Support needs to be flexible and responsive, to reflect changes in need that may occur even <u>on a daily basis</u> .	A highly individualised programme is required.
Exceptional, complex circumstances	Alternative provision for SEMH is unlikely to be applicable for pupils matching the descriptors for place funding and AFN.		Exceptional safeguarding evidence demonstrates a high risk of significant harm as a <u>consequence of SEMH issues</u> not previously supported through SEN procedures.	Exceptional safeguarding evidence demonstrates a high risk of significant harm as a <u>consequence of SEMH issues</u> not previously supported through SEN procedures, which cannot currently be managed in a mainstream setting.

**SENSORY, MEDICAL AND/OR PHYSICAL NEEDS**

Key theme	CORE elements 1 and 2 (school resources)	TOP-UP funding levels 1 – 3 (AFN)	TOP-UP funding level 4 (HLN 1)	TOP-UP funding level 6 (HLN 3)
Curriculum access/pupil participation	Is able independently to participate in most classrooms/settings and activities. Progress requires some additional adult support.	Is able independently to participate in some classrooms/settings and activities. Progress requires significant adult support. Curricular information requires repetition/rephrasing/visual reframing. Classroom information and curriculum materials require significant modification to enable access.	Is only able to participate in limited classrooms/settings and activities. Progress requires extensive adult support. Classroom information and curriculum materials require extensive modification to enable access mostly using tactile and multi-sensory approaches. Pupil requires BSL interpretation to access much of the curriculum.	Pupil is totally dependent on adult support to meet all physical, medical care and educational needs. Pupil's sole access to curriculum requires BSL interpretation. Totally dependent on tactile approaches such as Braille or Moon.
Care/Mobility needs	Has care or mobility needs requiring some adult intervention. Pupil may have a personal and intimate care plan/ manual handling plan	Has care or mobility needs requiring significant adult intervention. Pupil will have a personal and intimate care plan / manual handling plan	Has care or mobility needs requiring extensive adult support.	Pupil is totally dependent on adult support to meet all care or mobility needs. Some interventions will require support from more than one adult e.g. hoisting
Medical needs	Has medical needs requiring some adult intervention.  Pupil may: <ul style="list-style-type: none"> <li>• need regular medication</li> <li>• receive funding from medical needs panel</li> <li>• have a health care plan</li> </ul>	Has medical needs requiring significant adult intervention. Pupil will have a health care plan. Pupil requires supervisory support as there is a predictable risk of harm requiring immediate adult intervention e.g. pupil with heart condition will need supervisory support during aerobic activities, break time, PE etc.	*Has medical needs requiring extensive adult support. Pupil will require supervisory support to ensure immediate intervention is available in foreseen, life-threatening circumstances which may occur at any time. Pupil's age and / or cognitive ability may impact upon their ability to self-manage their condition	*Pupil is totally dependent on adult support to meet all medical needs. Some interventions will require support from more than one adult.
Social interaction	Some difficulties in making and maintaining friendships and relationships, requiring some additional adult support.	Significant difficulties in making and maintaining appropriate relationships, requiring significant adult support.	Extreme difficulties in making and maintaining relationships, resulting in frequent social isolation and vulnerability, with some disengagement requiring extensive adult support.	Little evidence of positive social relationships, resulting in extreme social isolation, vulnerability and disengagement.
Language and/or written/oral communication	Communication/language difficulties requiring some specialist support and approaches.	Communication/language difficulties requiring significant specialist support and approaches.	Communication/language difficulties requiring extensive specialist support and approaches.	Pupil is totally dependent on specialist support and approaches.

\*Pupil's health care plan must be submitted with the HLN bid