NORTHAMPTON SCHOOL FOR GIRLS

Respect for Self | Respect for Others | Respect for Learning

SEND Ranges
Range 1
Teacher / Tutor
Support Booklet

Contents

Introduction

Welcome to the Northampton School for Girls SEND Ranges (Range 1) Teacher / Tutor Support booklet.

We are an inclusive school that welcomes all. Therefore, it is important for us to provide a high-quality educational service that meet the needs of all of our students. To do this effectively SEND must be everyone's responsibility as outlined by the statutory SEND Code of Practice (DfE 2015). It is also an important part of the Teacher Standards:

5. Adapt teaching to respond to the strengths and needs of all pupils

- know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively
- have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these
- demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development
- have a clear understanding of the needs of all pupils, including those with special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them.

It is essential that at every Range we are able to provide evidence that the Graduated Approach (assess, plan, do, review) has been applied. This will enable us to evidence and action the appropriate provision at the latter ranges if appropriate, including referrals and funding applications.

This booklet has been created to support all school staff to recognise presenting behaviours across the 4 areas of SEND, to ensure early identification and subsequently deliver high quality first teaching to meet individual needs.

The SEND RANGES

West Northamptonshire Council have produced a comprehensive provision map for supporting students with needs across the full spectrum of SEND which are known as the SEND Ranges. In creating this booklet we have used these SEND Ranges to ensure our model provides the opportunity for high quality, evidenced informed provision for all.

Range	Responses	Where	NSG	Graduated Approach	Responsibility
Range 1 Mild	School based responses	Universal Mainstream	Classroom/curriculum / pastoral responses	**Cycle 1** • Baseline testing and screening • Data Points: subject data	• Classroom Teacher • Tutors • HoY/HoAS • Curriculum Leaders
Range 2 Mild -Moderate	School based responses	Universal / Targeted Mainstream	Specific subject /pastoral responses to meet need Student Learning (Plan)	**Cycle 2** • SEND Referral • Subject Round Robin • Potential Exact / Recall Screening	• Classroom Teacher/Tutor • SEND Admin • Operational SENDCo • HLTA/ELSA
Range 3 Moderate	School based responses	Targeted Mainstream	SLP plus external support SLP Review with parents / carers	**Cycle 3** • SLP Review • Assessment Data review • Learning Intervention (Lit/Num/EAL) • SEMH Intervention • Consider referral to external services (EP/ ASD/ADHD / Lowdown / Counselling etc)	• Operational SENDCo • Intervention Lead • Lit/Num leads • SEND Admin • Tutor/HoAS • Specialist teachers (Int/ext) • HLTA / ELSA
Range 4 Significant	Targeted / Specialist	Mainstream /specialist additional resource	Planned Provision / specialist support EHA / RSA/ EHCP/HNF SLP Review with parents / carers	**Cycle 4** • SLP Review • Assessment Data review • Consider HNF • Consider RSA	• Operational SENDCo • Intervention Lead • Lit/Num leads • SEND Admin • Tutor/HoAS / AH KS Lead • Specialist teachers (int/ext) • Director of Inclusion and SEND
Range 5+ Severe/ Profound	Specialist Resource	Alternative Provision (AP)	EHA Monitor AP		• Director of Inclusion and SEND • Deputy Headteacher

Using this booklet to apply the graduated approach

Identifying the Range

1. If you have concerns about the progress, attainment
2. Read the descriptors for each area of SEND and identify those that best describe your student. You may find it useful to print off a copy of these and highlight ones that apply.
3. Use the SEND guidance descriptor information and presenting behaviours to think about how the student's individual profile affects their access to the curriculum and school/setting life.
4. Steps 1 and 2 above should enable tutors / teachers to make a judgement about the support that It is important to recognise that these ranges can alter either because the student's profile changes or because of context changes such as times of transition/ school/setting placement.

Using the Guidance to Support Learning

Once the range has been established, professionals will find advice about how to support the learning of students at each range. It is important to recognise that **Quality First Teaching will provide a firm basis upon which to use the additional strategies identified at each range.** Strategies and advice from earlier ranges need to be utilised alongside more specialised information as the ranges increase. Specialist health interventions may be required at any level and this is an indicative framework as to how health resources may be deployed.

Range 1: Staffing and Resources

At Range 1 the staffing and resources are likely to be:
- Main provision by subject teacher / tutor with support from Head of Subject / Faculty / Head of Academic Standards
- Mainstream class with enhanced scaffolding / support
- Students should be in mainstream classes and should not routinely be withdrawn
- All school staff should have access to regular, targeted Continuing Professional Development
- Full inclusion within the curriculum through use of scaffolding and Quality First Teaching (QTF) support
- Activities planned through QFT with emphasis on concrete, experiential and visual supports
- Multi-sensory learning opportunities
- Strategies employed to encourage cognitive engagement, transferring and generalising learning e.g., Thinking Skills and problem solving
- Links established between new and prior learning with support from review and overlearning techniques
- Utilisation of de-escalation strategies

Range 1: Cognition and Learning Needs Guidance

Range 1 Mild: Descriptors Overview & Presenting Behaviours

The student will have mild difficulties in aspects of literacy, numeracy or motor co-ordination despite regular attendance, appropriate intervention, and quality teaching. Student may have difficulties with some or all the following:

- May be below age-related expectations
- Difficulty with the acquisition/use of language, literacy, and numeracy skills
- Difficulty with the pace of curriculum delivery
- Some problems with concept development
- Evidence of some difficulties in aspects of literacy, numeracy, or motor coordination
- Attainment levels are likely to be a year or more delayed

Curriculum / Intervention

- Quality First Teaching
- Simplify level/pace/amount of teacher talk
- Emphasis on identifying and teaching gaps assessment
- Opportunities for skill reinforcement/revision/transfer and generalisation
- Formal teaching of vocabulary and concepts

Teaching and Learning Strategies

- Mainstream class with flexible grouping arrangements
- Consider Kagan structures
- Opportunities for reinforcement based on identified need e.g., listening/thinking
- Mainstream class with flexible grouping arrangements
- Opportunities for reinforcement based on identified need e.g., reading, maths, motor skills
- Opportunities for generic type one-to-one programmes aimed at addressing gaps – any intervention should have clear entry and exit criteria

Range 1: Communication and Interaction Needs (ASC/D) Guidance

Range 1 Mild: Descriptors Overview

The children and young people to whom this guidance relates will present with a range of communication and interaction differences which challenge their learning and social inclusion.

Individual students display a range of differences which will vary in severity and intensity and which may change over time. It is not expected that any students will match all the descriptors listed below. Students who display social communication and interaction differences but who are not diagnosed with an autism spectrum disorder share some of the difficulties in social imagination, inflexibility of thought and sensory differences seen in students on the autism spectrum.

The suggested provision and resourcing at the appropriate range will support effective teaching and learning for this group of children and young people. Children and young people with communication and interaction differences/autism have differences in the areas identified below. Use these descriptors to identify the needs of an individual student:

ASC/D Descriptors: Communication and Reciprocal Social Interaction (Social Effect)

• Difficulties recognising that they are part of a class, group, or wider social situation
• Social situations present challenges resulting in emotional outbursts, withdrawal, social vulnerability and/or isolation
• Poor empathy, imagination and play skills which affect social understanding and impact on learning in subjects such as English and RE
• Unusual eye gaze or eye contact
• Facial expressions may be limited or reduced in range
• May not use or understand non-verbal communication
• Difficulties with understanding spoken language or difficulties expressing their own wishes and feelings (expressive and receptive needs)
• Speech may be delayed or unusual and have an odd intonation pattern with immediate or delayed repetition (echolalia)
• Literal interpretations of language and learning with poor understanding of abstract language
• Higher order language skills may be impaired, e.g., understanding and use of metaphor, inference and emotional language
• Issues with interpreting and understanding whole class instructions and general information
• Difficulties with the concept of time and sequencing of events significantly affect everyday activities
• Difficulties with personal space - may invade other's space or find close group work difficult
• May have little awareness of danger in comparison to children of their age
• May 'run' or 'climb' with no regard to hazards, or be unaware of hurting others
• May have coping strategies that enable successful social interaction with peers. At times of stress or anxiety, however, responses will be unusual and socially awkward

Restricted and Repetitive Behaviours

• Anxiety over even small unplanned changes in the environment or learning tasks, leading to reactions of outbursts or withdrawal

• Unusual or different behaviours or obsessions with everyday objects, people or toys, which can lead to difficulties with finishing desired activities
• May display an intense interest in a topic that is explored with a high level of frequency and/or inappropriateness to context or audience
• Difficulties managing transition between different environments or tasks
• Inability to maintain focus and concentration age appropriately
• Easily distracted or unable to switch attention easily
• Inconsistent patterns of behaviour across a spectrum from challenging or impulsive to extreme passivity

Sensory Differences

• Unusual over- or under-responsiveness to sensory stimuli e.g., touch or noise which may affect access to everyday events or activities e.g., dining halls
• Difficulties in environments with a lot of people, especially in spaces where the number is people of heightened and noise becomes expansive
• Show signs of delayed hand/eye co-ordination and/or fine/gross motor skills or display unusual body movements such as flapping, toe walking, tics or unusual posturing
• Display unusual sensory responses to the environment at times of heightened stress: this may present as anxiety
• Sensory differences can affect physical milestones such as toileting and eating development: these can cause high anxiety in the child/young person and those who care for them

All students are likely to present differently and therefore, may display different combinations of the outlined behaviours.

Presenting Behaviours

1. Use the first section of this document to identify the relevant descriptors for the child or young person with whom you are working.
2. Consider whether the following statements describes how the student is affected within school:

   - *Student at range 1 will have communication and interaction needs identified by the range descriptors that affect their access to some aspects of the National Curriculum, including the social emotional curriculum and school life.*
   - *The student does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team.*
   - *Progress / Attainment /NC Level across the expected range with an unusual learning profile showing relative weaknesses in some areas and strengths in others.*

3. If this statement accurately describes the child use the advice given in range 1.
4. If not, you will need to complete a SEND referral form so the next steps can be completed.

Curriculum and Intervention

Resources/Provision:
- The use of Quality First teaching approaches to support the development of social communication and interaction skills
- Must have full inclusion to the National Curriculum
- Flexibility may be required to enable the student to follow instructions and/or record work
- Instructions may need to be supported by use of visual and written cues
- Preparation for change and the need for clear routines will be required
- Reduction of complex language, especially when giving instructions and asking questions, will be required

Teaching and Learning Strategies

- Must be included in mainstream class with specific support for targets which involve communication and interaction
- Should be offered opportunities for small group work within the usual classroom planning and management

Range 1: Communication and Interaction Needs: Speech, Language and Communication Needs Guidance

The term SLCN is used in this guidance to refer to children and young people with speech, language and communication needs as described below. There are four distinct and overlapping reasons for students to have SLCN:

1. Primary need: a persistent developmental difficulty specific to the speech and language systems associated with speech sounds, formulating sentences, understanding, social interaction or fluency.

2. Secondary need: primary developmental factor related to autism, physical, hearing or cognitive impairments which affect speech, language and communication.

3. Reduced developmental opportunities meaning that language is impoverished or delayed; mainly linked to social disadvantage.

4. EAL: Speaking and understanding English as an additional language (EAL) does not in itself constitute a SLC difficulty. The varied structures and phonologies of different languages however cause initial short-term difficulties. It is important to recognise that children with EAL may also have the above 3 reasons for their SLCN.

Identification:
- There is wide variation in children's early development meaning that SLCN is not often identified before the age of 2, unless due to secondary factors present pre-natal or from birth
- The nature of SLCN can change over time
- A range of interventions, screening, observation, and assessment over time, involving both health and education professionals, are necessary to establish the nature of the difficulty
- Depending on the nature of the difficulty, students' performance levels range between 'well above average' to 'well below average'

When planning provision and personalised learning, it is essential that the strengths and needs of individual students are considered rather than a diagnostic category of need. As such, this guidance should be used flexibly with regard to an individual's need at any one time. For example, a child at Range 1 may require aspects of provision at Ranges 2/3 for a measured period of time.

All students need to be taught in a communication-friendly learning environment, reflected in the whole school ethos:
- An understanding of the importance of language skills on social development and attainment
- Structured opportunities to support children's speech and language development
- Effective and positive adult-child interaction
- High quality verbal input by adults
- Where applicable, guidance for students with autism, physical, cognition and learning, hearing and behavioural and emotional difficulties should also be consulted

Range 1 Mild: Descriptors Overview & Presenting Behaviours

Student will have communication and interaction needs which may affect access to some aspects of the National Curriculum, including the social emotional curriculum and school life.

SLCN may be an emerging but not yet clearly identified primary area of need; the student has some difficulty with speaking or communication. Students will present with some/all of the difficulties below and these will mildly affect curriculum access and social development:

- Student does not have a diagnosis of an autism spectrum disorder made by an appropriate multi-agency team
- Speech is understood by familiar adults but has some immaturities, which may impact on social interaction. Phonological awareness (speech sound awareness) difficulties impact on literacy development.
- Difficulties with listening and attention that affect task engagement and independent learning
- Comments and questions indicate difficulties in understanding the main points of discussion, information, explanations and the student needs some support with listening and responding
- Difficulties in the understanding of language for learning (conceptual language: size, time, shape, position)
- Reduced vocabulary range, both expressive and receptive
- May rely on simple phrases with everyday vocabulary
- Social interaction could be limited and there may be some difficulty in making and maintaining friendships
- **Behaviour as an indicator of SLCN:** difficulties with independent learning, poor listening and attention, frustration, stress, lack of engagement
- May present with difficulty in talking fluently e.g., adults may observe repeated sounds, words, or phrases, if this is consistent, higher levels of need may be present

Curriculum and Intervention

- Literacy tasks may require some modification
- Instructions supported by visual and written cues
- To support students in attending to/understanding information and instructions, adults to use short instructions with everyday vocabulary, with repetition
- Flexibility in expectations to follow instructions /record work
- Opportunities for developing the understanding and use of language across the curriculum
- Opportunities for time limited small group work based on identified need
- Planning shows opportunities for language-based activities
- Family supports targets at home
- Student involved in setting and monitoring their own targets

Teaching and Learning Strategies

- Mainstream classroom with attention paid to position in the classroom and acoustics
- Flexible student groupings / seating plan; positive peer speech and language models
- Groupings reflect ability with modifications made to ensure curriculum access
- Opportunity for planned small group activity focusing on language and communication

Range 1: Sensory and/or Physical and Medical Needs Guidance: Hearing Impairment

Children with a permanent sensorineural and aided conductive hearing loss are identified by local audiology and ENT departments and referred directly to the West Northamptonshire Council Children's Sensory Impairment Service and through the New-born Hearing Screening Programme. On referral, support is offered by specialist staff from the team to children, families and schools/settings. Support from Teachers of the Deaf and specialist staff is offered, based on the Nat SIP Eligibility Framework.

Glossary

Types of Deafness

Conductive Hearing Loss: when sound can't pass efficiently through the outer and middle ear to the cochlea and auditory nerve. The most common type of conductive deafness in children is caused by glue ear – when fluid builds up in the middle ear. For most children this is a temporary condition and clears up by itself. For some children, the problem may be a chronic or permanent problem and they may have grommets inserted or be fitted with hearing aids.

Sensorineural deafness: when there is a fault in the inner ear or auditory nerve. Sensorineural deafness is permanent.

Mixed hearing loss: a combination of conductive and sensorineural hearing loss. Auditory Neuropathy Spectrum Disorder (ANSD): occurs when sounds are received normally by the cochlea but become disrupted as they travel to the brain.

Degrees of Deafness:
The British Society of Audiology descriptors are used to define degrees of hearing loss. These descriptors are based on the average hearing threshold levels at 250, 500, 1000, 2000, 4000Hz in the better ear (where no response is taken to have a value of 130 dBHL).

1. **Mild loss** Unaided threshold 21-40 dBHL	2. **Moderate loss** Unaided threshold 41-70 dBHL
3. **Severe loss** Unaided threshold 71-95 dBHL	4. **Profound loss** Unaided threshold in excess of 95 dBHL

Range 1 Mild: Descriptors Overview and Presenting Behaviours

• Children who are not aided (see previous proposed descriptor). Local Authority Assessment may be carried out at the request of Audiology/ENT to support decisions.

• Unilateral/bilateral hearing loss greater than 20dBHL. This is likely to include children with a mild or unilateral loss which may be temporary/fluctuating conductive or permanent sensorineural but whom can manage well with reasonable adjustments and are subsequently not aided. Advice offered by Teacher of the Deaf.

Curriculum and Intervention Strategies & Teaching and Learning Strategies

- Full inclusion in National Curriculum.
- Mainstream class: Must have attention to seating, lighting, and acoustics LA
- Local Authority: provide speech testing and other specialist tools may be used to assess to spoken language

Range 1: Sensory and/or Physical and Medical Needs Guidance: Vision Impairment

Descriptor Overview and Presenting Behaviours

Targeted offer Range 1- 3

These descriptors outline the support and provision that must be made available to students with a visual impairment who do not have an Education, Health and Care Plan, by the school, and by the Local Authority Vision Impairment Teacher.

These descriptors are intended to be general indicators of a visual impairment which may be affecting learning. All the descriptions of visual functioning assume the student is wearing glasses if these have been prescribed, i.e., the visual acuities are based on the best achievable vision. Some conditions are not correctible with glasses. Some students have reduced vision in 1 eye only or have variable vision. Some students have deteriorating vision, and this should be monitored on a regular basis.

- Mild visual impairment
- Student finds concentration difficult
- Student peers or screws up eyes
- Distance vision approximately 6/12: this means that the student needs to be about 2 m away to see what fully sighted students can see from 6 m.
- Can probably see details on a whiteboard from the front of a classroom as well as others can see from the back of the room
- Near vision: likely to have difficulty with print sizes smaller than 12 point or equivalent sized details in pictures
- Students who have nystagmus may be within this range or subsequent ranges depending on what their visual acuity is at worst. Students who have nystagmus have fluctuating vision. Their vision can worsen if they are tired, upset, angry, worried, or unwell. It is likely their vision will worsen in unfamiliar places. They may struggle with depth perception and may find unfamiliar steps difficult or be cautious if the ground is uneven.

Curriculum and Intervention and Teaching and Learning Strategies

- Additional adults are deployed appropriately to increase student success and independence
- Resources made available from within school – liaise with VI support
- Learning materials must be selected for their clarity

Range 1: Physical and Medical Needs Guidance

Range 1 Mild: Descriptor Overview and Presenting Behaviours

- Some mild problems with fine motor skills and recording
- Mild problems with self-help and independence
- Some problems with gross motor skills and coordination often seen in PE
- Some implications for risk assessment e.g., educational visits, high level P.E. or playground equipment
- May have continence/ toileting issues
- Possible low levels of self-esteem
- May have medical condition that impacts on time in school and requires an Individual Healthcare Plan that includes provision for when the student has time off school. Range 1 examples could include Mild Asthma, Type II diabetes etc.

Further Support:
- A Children's Occupational Therapist may see children at any range, which may include assessment for equipment/adaptations. Teachers can refer to OT via the SENCO
- Application to the Community Equipment panel can be made for moveable equipment
- Physio may intervene with children who have mild physical issues to prevent further deterioration/reduce impact of condition/early intervention to achieve more successful outcomes
- Physio will accept referrals from the school SENCO if referred by teaching / tutoring staff.

Curriculum and Intervention

- Quality First Teaching
- Follow school handwriting scheme with slight modifications
- Refer to Sensory/Physical Team information on the website on adapted equipment/aids if necessary
- Some differentiation to PE curriculum if appropriate
- Access to appropriate ICT provision i.e., accessibility options on Windows
- Staff awareness training of relevant medical conditions on a 'need to know' basis

Teaching and Learning Strategies

- Mainstream class with occasional additional individual or small group support
- Attention to positioning in classroom
- Encourage a good sitting position when working.
- If young person has difficulties in maintaining a functional sitting position whilst working, using the toilet/changing facilities, manual handling and accessing the physical environment consider referral to Children's Occupational Therapy, via the SENCO.
- ***Children's Occupational Therapy are currently not commissioned to provide sensory assessment.***
- Consider advice and guidance from SENCO who will refer to Occupational Therapy Parent and Schools Toolkit and Sensory Toolkit.

Range 1 Mild: Descriptors Overview

Student experiences low level / low frequency difficulties with behavioural, emotional and social difficulties which mildly affect curriculum access.

- They may sometimes appear isolated, have immature social skills, be occasionally disruptive in the classroom setting, be overactive and lack concentration
- They may follow some but not all school rules/routines around behaviour in the school environment
- They may experience some difficulties with social /interaction skills
- They may show signs of stress and anxiety and/or difficulties managing emotions on occasions Acting-in behaviours - reduction to usual levels of social interaction. Student's attendance begins to decline

Presenting Behaviours

Student may have difficulties with some or all of the following:
- Following classroom routines
- Complying with adult direction
- Responding appropriately to social situations
- Forming and sustaining relationships with peers
- Immature social/ emotional skills e.g., difficulties with turn-taking, reciprocal attention, sharing resources etc.
- Some social isolation e.g., tends to play alone
- Low-level anxiety in social situations
- Feeling sad or down

Curriculum and Intervention

- The school can demonstrate an inclusive ethos that supports the learning and wellbeing of all children and young people.
- Positive whole school attendance ethos
- The wider curriculum promotes positive examples of diversity
- Well-planned and stimulating PSHE/ Character curriculum, scaffolded to needs of cohort/class
- Anti-bullying is routinely addressed, and students are confident in reporting incidents
- SEAL styled materials and interventions available for staff use in the classroom
- Provision of planned opportunities to learn and practice social and emotional skills during structured activities
- De-escalation and appropriate restorative practice approaches
- Educational visits are planned well in advance and consider the needs of all students
- Close links with Parents/Carers
- PSO support for anxiety (Circle of Friends) and anger management.

Teaching and Learning / Pastoral Support Strategies

The teacher is held to account for the learning and progress of the student in the mainstream class.

- Quality First Teaching meets the needs of all student including SEMH
- Flexible teaching groups
- Scaffolding of activities, materials and questioning
- Awareness that a student may need more time to complete tasks and that equality of access may mean that they need to do some things differently (chunking)
- Resources and displays that support independence
- Routine feedback to students
- Environmental consideration to classroom organisation, seating and group dynamics Transparent system of class/ school rewards and sanctions
- Rules and expectations consistent across staff
- Clear routines e.g., for transitions
- Nurturing classroom approaches offering student opportunities to take on responsibilities e.g., class monitors, prefects, school council reps

Assessment and Planning

- Assessment will continue as part of normal school and class assessments.
- Monitoring of the student's response to feedback, change in routine or environment
- Assessment for learning opportunities can be used to record observations and assessment of behaviour/anxiety levels
- Information from the student regarding their views using person-centred approaches
- Observations by Teacher/ Learning Support Assistant /Head of Academic Standards
- School is proactive in identifying individual needs and monitors that action is taken
- SENDCO may initiate more specific assessments and observations if required
- SEMH training for all staff

Referral to SEND

Once a student has been identified as not making the progress that we would like in terms of cognition and learning, attainment, emotionally or physically and you have completed the Range 1 Graduated Approach (Assess, Plan, Do, Review) using the information in the appropriate sections of this booklet, complete a Referral to SEND form.

This will enable the SEND team to gather information from across subjects / areas of the school and make a decision about next steps including potentially moving onto Range 2 and delivering more precise and bespoke provision.

It is essential that parents are contacted and liaison with the pastoral team (if academic referral) by the referring teacher at this stage so that they are aware of the referral and can contribute any further relevant information.

Referral to SEND

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PLEASE MAKE A COPY BEFORE TYPING INTO THIS FORM

Member of Staff:		Date:	
Subject area:		Tutor Group:	
Student Name:		Referred to:	
Date Informed Parents of this referral:			
Date Spoken to HOY			

Range 1: Graduated approach Cycle 1 evidence : Please complete fully, identifying all of the QFT /Pastoral assessments and strategies planned and completed and how successful they have been.

Reason for Referral/Nature of Concern:

Cognition and Learning	SEMH	Communication and Interaction	Sensory, Physical, Medical

Assess:

Plan:

Do:

Review:

Possible Intervention required from SEND team:

Additional Information from parents / Pastoral team:

SEND TEAM ONLY

Detail of Action taken by
JDT/LFR/ SLT

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