



CO-ORDINATED ASSESSMENT PROCESS

GUIDANCE AND INDICATIVE CRITERIA

London Borough of Southwark

1st September 2014

Contents

- 1. The SEN Framework 2014**
- 2. Requesting an Assessment**
- 3. Southwark's Indicative Criteria**
 - **Level**
 - **Process**
 - **Resource**
- 4. Early Help Service Thresholds**
- 5. Criteria for Disability Registration**
- 6. Social Care Thresholds**
- 7. Health Care Thresholds**

INDICATIVE CRITERIA FOR INITIATION OF CO-ORDINATED STATUTORY ASSESSMENT

The SEN Framework 2014.

Key principles;

- Involvement of children, parents/carers and young people in decision making.
- Identification of needs
- Collaboration between education, health and social care services to provide support.
- High quality provision to meet needs.
- Greater choice and control for young people and their parents.

In order to achieve the best possible educational and other outcomes in preparation for adulthood.

The legislation and its related guidance recognise the often complex nature of children and young people's needs. It strengthens the requirement for greater partnership between the agencies, and with families, to secure appropriate identification and assessment of needs and provision to address those needs. This is especially true where the needs are health or care related, where in addition to the impact upon education they also extend into life beyond school.

However, the majority of children and young people with SEN will have their needs met within local mainstream early years providers, schools or colleges, (settings) utilising the resources available to settings through their core and delegated funding*, and with support as appropriate from specialist agencies such as those available through the Early Help Service or within the LA's local offer.

The LA must conduct an assessment of education, health and care needs and prepare an Education, Health and Care plan (EHCP) when it considers it may be necessary for special educational provision to be made for the child or young person through an EHCP. This is likely to be where the special provision required to meet the child or young person's needs cannot reasonably be provided from within the resources* normally available to mainstream early years providers, schools and post 16 institutions

*See Funding Document for further explanation

Statutory assessment may not always lead to an EHCP. The information gathered during an assessment may indicate ways in which the provider can meet the child or young person's needs from within available resources. CoP Chapter 9

Requesting an assessment:

The following people have a specific right to request that a local authority conduct an education, health and care needs assessment for a child or young person aged between 0 and 25:

- a. The child's parent (or an advocate on their behalf).
- b. The young person over the age of 16 (or an advocate on their behalf).
- c. A person acting on behalf of a school or post-16 institution (this should be with the knowledge and agreement of the parent or young person where possible).

In addition, anyone can bring a child or young person who has (or may have) SEN to the attention of the local authority. This could include, for example foster carers, health and social care professionals, early year's practitioners, youth offending teams or probation services, those responsible for education in custody, school or college staff or a family friend. Again, this should be done with the knowledge and agreement of parents or the young person where possible.

(Taken from - CoP Chapter 9)

Settings & professionals can request an EHC Assessment via the EHCP Settings request form (*Appendix 1*) or EHCP Request-info professionals form (*Appendix 2*)

Parents/Carers/Young person can request an assessment via a letter giving reasons why they think an assessment is necessary & providing relevant evidence (e.g. reports)

The following proposed thresholds/indicative criteria are part of a co-ordinated assessment process that reflects the requirements of current legislation and statutory duties for SEN and disability. They also take account of recently published DFE and Ofsted research, audits and guidance on SEN, which have identified and focussed on acknowledged best practice.

The wider LA assessment process has a focus on early intervention and prevention through multi-agency approaches to eliminate where possible the need for statutory assessment or statutory intervention by Children's Social Care.

(See Southwark Co-ordinated Assessment Process (*Appendix 3*) and Early Help thresholds (see Page 21) Schools and settings should be able to demonstrate that they have utilised such an approach before seeking EHC assessment.

Southwark Indicative Criteria:

Children 0-2

In most circumstances there will be no EHCs initiated by Education for children in this age group. The need for a statutory coordinated assessment for children under the age of two years is likely to be identified by Health and Social Care in the first instance.

Primary, universal, hospital and Specialist Community Children's Health Services work together to identify, assess, deliver interventions and manage children with significant and/or severe additional needs.

Some children may have significant social and developmental concerns requiring considerable support for their daily functioning. Where children have medical as well as ongoing developmental needs they are most likely to require continuing care from community nursing to support their medical needs. They may also require continued input from hospital based services i.e. specialist clinicians, dieticians, ophthalmology, audiology & dentistry. Most of these children require lifelong follow up depending on their severity of their needs and level of functioning.

Following the identification, assessment, a management plan for children significant and/or severe additional needs includes:

- Health management
- Informing Early Help of the significant health needs, and likely social and educational needs.
- Making recommendations regarding children's learning and care needs
- Notify Education to ensure seamless transition at the age of 2 yrs to the EHC pathway.
- Participating in the process of the EHC assessment as and when required.

Where a child identified in this way or by the parent/carer or other agencies, the LA will initiate a coordinated statutory assessment when the following indicate that it is necessary;

- The thresholds provided by the Health and Social Care are met.
- The child and family meet the thresholds for access to Early Help Services
- The child is likely to require significant support to access early years education in an early years setting i.e. a prospective setting would be successful in applying for early years SEN support
- The child is likely to meet the indicative criteria for initiation of a statutory assessment at 2 years old even with a significant level of early support

(See Early Help Services Thresholds documents (see Page 21)

Children 2-5

Between two years old and statutory school age, the LA will consider all the above indicators, and will initiate a coordinated statutory assessment when the following indicate it is necessary

- where a child attends a setting that has applied successfully for early years SEN support funding and made appropriate provision in line with the indicative process, level and resource criteria laid out in this document, but concerns remain and the LA believes that a significant level of support will continue to be required on transition to school
- where the child's needs meet the threshold for support from the Early Help Service and the intervention, assessment and monitoring carried out by the Team Around the Child (TAC) or equivalent indicate that the child meets the indicative process, level and resource criteria for statutory assessment.
- where appropriate other documentation indicates that the child meets the LA's indicative developmental and attainment criteria laid out below and would be likely to meet the process and resource criteria if in a setting.

Children and Young People (C+YP) 5-19

The LA will initiate a coordinated statutory assessment when the following indicate it is necessary

- where a C/YP attends a setting that has made appropriate provision in line with the indicative process, level and resource criteria laid out in this document, but concerns remain and the LA believes that a significant level of support will continue to be required
- where the child's needs meet the threshold for support from the Early Help Service and the intervention, assessment and monitoring carried out by the Team Around the Child (TAC) or equivalent indicate that the child meets the indicative process, level and resource criteria for statutory assessment.
- where appropriate other documentation indicates that the child meets the LA's indicative developmental and attainment criteria laid out below and would be likely to meet the process and resource criteria if in a setting.

There is a clear expectation upon settings, through the evidence submitted in the request, to demonstrate that;

- The Equalities legislation is adhered to and that it underpins inclusive practice which plays a full and supporting role in the planning and provision offered to children and due regard has been given to acknowledging the wide diversity of the cultural, religious, ethnic and linguistic backgrounds of all.
- Teaching and learning is adapted to reflect this diversity and to remove potential barriers to learning. Assessments identifying children as having SEN and/or a disability also recognise and take into account such issues as appropriate.
- Appropriate use has been made of nationally developed guidance, research evidence and related materials.

- Clear, coherent and appropriate planning and provision has been in place, monitored and evaluated as part of a graduated response, having regard to the SEN Code of Practice.
- The localised expectations and advice, as detailed in the LA guidance document 'SEN support: a graduated approach have been utilised to support school-based provision.
- Pupils and parents have been encouraged and enabled to participate in decision making and planning.

Assessment post 19 (Young People and adults)

The systems, processes and specific criteria for assessment for this age group are to be developed over the next few months.

In considering a request for statutory assessment, the LA will have regard to, and apply, these published criteria within a transparent and consistent procedure.

The criteria/thresholds are intended to allow for consideration of a wide range of needs, including those that extend beyond the impact of the need on the educational life of the child or young person. The criteria are sub-divided into the three main areas (Education, Health and Care) for ease of use but it is recognised that there will be overlaps between each strand;

The LA will always apply the educational strands when considering assessment for any Child /Young Person, whereas the health and/or care criteria may not always apply.

These Education criteria have three strands: **LEVEL** **PROCESS** **RESOURCE**

Not every statement in all 3 strands needs to be met, but overall the range and amount of statements evidenced demonstrates that the child/ young person's needs are complex, enduring and impact on functioning. Also, that they are beyond expectations of school based resources and so require the LA to determine provision.

The LEVEL strand

This indicates the nature and severity of needs, impact on learning and participation and/or the barriers to achievement for the child.

The PROCESS strand

This reflects the expectations of mainstream Early Years providers, schools, colleges and other education providers (settings) to identify, assess and provide (assess, plan, do, review) for the education of children with special educational needs, as laid out in the SEN Code of Practice The LA has published more detailed local guidance for schools in the document SEN support: a graduated approach

The RESOURCE strand

This takes account of the necessity for additional provision above that expected from core and delegated funding, or other funding the setting can bring to bear, that needs to be made in order for the child to be included successfully within school/setting and to make adequate progress

LEVEL

**The child /young person has special educational needs, which may be in the areas of cognition and learning, social, mental and emotional health, communication and interaction, sensory and/or physical needs,
The child /young person's needs significantly impede the ability to learn and/or result in inadequate progress**

- Nature and severity of need: The child/ young person has long-term and significant difficulties

Indicated and evidenced by

- Specialist diagnosis
- Professional and specialist assessments

- Impact on learning and progress: The child/ young person's achievements are significantly below expectations or the child/ young person's rate of progress is unsatisfactory, despite appropriate evidenced based interventions or the child/ young person's achievements and/or rate of progress are adequate only because of consistently high levels of intervention

Indicated and evidenced by

- Professional and specialist assessment and judgement over time
- Levels of achievement considered in relation to age-related norms, setting/school/cohort norms and individual potential
- Rate of progress considered in relation to age-related norms, setting/school/cohort norms and individual potential

- Impact on curricular access and participation: - The child young person's / needs are such as to create barriers to learning and participation in the wider world of the school/setting.

Indicated and evidenced by

- Professional and specialist assessment and judgements over time

- Impact on personal and social development - The child / young person's needs are such as to impair independence skills, social relationships, confidence or self-esteem. (preparation for adulthood)

Indicated and evidenced by

- Professional and specialist assessment and judgements over time
- The views of the child, young person and parent/carers

PROCESS

The school/setting has taken purposeful and focused actions to meet the child/young person's needs. These will include

- Thorough and appropriate assessment processes over time, utilising school/setting and specialist advice

Indicated and evidenced by - Records of assessment (key worker, teachers, curriculum tracking data, CAF, specialist, diagnostic etc)

- Carefully planned and implemented provision that reflects the assessment information and advice

Indicated and evidenced by - Records of planning (key worker, teacher, SENCO, individual provision map, personalised plan, CAF, other records)

- Use of resources and expertise which is available within and to the school

Indicated and evidenced by - Records of planning
- Records of interventions (specialist reports, timetable of interventions etc)
- Costed provision map

- Monitoring, amendment and evaluation of interventions over time

Indicated and evidenced by - Records of planning
- Records of interventions
- Views of pupil and parent/carer

- Rigorous analysis of interventions giving clear indication of the need for a full, multi-disciplinary assessment.

Indicated and evidenced by - Records of regular evaluation and professional judgements and decisions
- Records of planning reflecting evaluation

- Statutory assessment is needed to clarify future provision, which may in turn indicate the necessity for an EHCP to be made.

Indicated and evidenced by - Records of assessment, planning, intervention and evaluation
- Analysis of records over time and professional and specialist judgements

RESOURCES

The child /young person's needs are such that interventions need to be made at a level which exceeds those which the school can realistically be expected to provide using resources available to them. The child/young person requires the LA to make additional resources available to him or her in order to ensure that they can be fully included and to remove the barriers to achievement.

- Health, Safety and personal care needs: - The child/young person's needs are such as to require significant additional inputs to ensure safety and meet on-going personal care needs

Indicated and evidenced by

- Health Services reports and advice, completed CAF & delivery plans
- Detailed risk assessment
- Detailed analysis of time, staffing and material resources required to meet these needs

- Specialised facilities, equipment, aids or resources : - The child /young person requires significant adaptation of the physical environment, or access to specialised facilities, or specialised equipment or aids to access the ordinary school environment

Indicated and evidenced by:

- Health Services reports and advice, completed CAF & delivery plans
- Detailed risk assessment
- Detailed analysis of adaptations, facilities and equipment required

- Specialist inputs: - The child/young person's needs require that the school utilise significant levels of on-going, specialist advice, training or support

Indicated and evidenced by:

- Professional and specialist assessments
- Records of interventions
- Records of training

- Highly individualised curricular or other arrangements - Specialist planning is required to develop and implement an individualised curriculum supported by specific teaching approaches

Indicated and evidenced by:

- Professional and specialist assessment of child's needs
- Records of planning
- Details of individualised arrangements

Area of need: COGNITION AND LEARNING Criteria strand: LEVEL

Nature & severity of need (L1)	Impact on learning and progress (L2)	Impact on curricular access & participation (L3)	Impact on personal and social development (L4)
<p>L1a (cog) Child has long-term and significant difficulties with most aspects of thinking and learning. For example</p> <ul style="list-style-type: none"> ♦ Acquiring concepts ♦ Developing & applying learning skills ♦ Processing & retaining information ♦ Generalising learning, concepts, skills ♦ Acquiring specific skills <p>Or</p> <p>L1b (cog) Child has a diagnosed condition which includes cognitive impairment among its effects. Child has long-term and significant difficulties with most aspects of thinking and learning, as above.</p> <p>Or</p> <p>L1c (cog) Child has significantly greater, and long-term, difficulties in acquiring learning skills and competencies in specific area(s) compared to their general cognitive abilities as demonstrated across the curriculum</p>	<p>L2a (cog) Child's achievements are significantly below age-related expectations</p> <p>See Indicative curriculum criteria table;</p> <p><i>Note:</i> Where developmental assessments refer to age norms caution is needed in interpretation of such levels, especially for younger children..</p> <p><i>These are not prescriptive,</i></p> <p>L2b (cog) Child's rate of progress is unsatisfactory. For example:</p> <ul style="list-style-type: none"> ♦ Gap between child and peers is significantly widening beyond expectations ♦ Progress is slowing in relation to peers starting from the same baseline ♦ Progress is slowing in relation to child's own previous rate of progress <p>L2c (cog) Adequate progress has been achieved only because of consistently high levels of intervention, beyond normally expected setting-based responses</p> <p>L2d (cog) Is likely to require continued access to education/training to support successful transition to adult life</p>	<p>L3a (cog) Child's difficulties manifest in one or more of the following ways::</p> <ul style="list-style-type: none"> ♦ The child's level of cognitive functioning and reduced learning skills are insufficient to meet the content and cognitive demands of the normally differentiated curriculum ♦ Child's pace of learning is inadequate to meet the time and pace requirements of the normally differentiated curriculum ♦ Child's limited learning skills impede ability to learn from normal range of differentiated teaching methods and styles. ♦ Child lacks competencies and skills needed to utilise and learn from normally used teaching materials and equipment ♦ Necessary specialist inputs cause child's regular absence from some class lessons <p>L3b (cog) The impact upon curriculum access, as above, is of a severity as to require careful overall planning to minimise barriers to learning and enhance curriculum access.</p> <p>L3c (cog) This will include specific highly individualised curriculum responses. For example:</p> <ul style="list-style-type: none"> ♦ reduced or alternative curricular content ♦ increased emphasis on core curriculum areas ♦ specialist teaching approaches ♦ significantly adapted or alternative materials and equipment <p>L3d (cog) Requires continued access to education/training to support successful transition to adult life.</p>	<p>L4a (cog) Child's difficulties have prevented the development of age-appropriate independence skills which impedes child's ability to manage independently the requirements of the school or setting. This requires planning, support and specific teaching around issues such as :</p> <ul style="list-style-type: none"> ♦ basic self care ♦ personal safety awareness ♦ remembering and following routines ♦ remembering and following instructions ♦ understanding of time and timetables ♦ managing possessions ♦ task organisation <p>L4b (cog) Child's difficulties affect the development of age-appropriate social skills and relationships. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ possible isolation and bullying ♦ inappropriate social behaviours ♦ over-reliance on other(s) ♦ making & maintaining peer relationships <p>L4c (cog) Child's difficulties adversely and significantly affect development of confidence and self-esteem. This requires planning, support and specific inputs around issues such as:</p> <ul style="list-style-type: none"> ♦ possible withdrawal ♦ work avoidance ♦ changeable behaviours ♦ frustration
<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, assessments and judgements, over time, of child's learning needs, style, and difficulties. ♦ Professional and specialist assessments ♦ Diagnosis by an appropriate agency. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting tracking data over time ♦ curriculum and standardised assessments ♦ Professional and specialist judgements over time ♦ Annotated work samples. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based curriculum records and judgements over time ♦ Professional and specialist advice ♦ Records of planning and curricular and teaching adaptations. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, observations, assessments and judgements, over time ♦ Specialist assessment and advice ♦ The views of the child and parent/carer.

Comment [m2]: These are alternatives not all apply but it got to looking very messy when I tried to sub number.e.g. L3a(i) (cog), L3a(ii) (cog) so decided not to

Comment [m1]: These are egs not alternatives

Indicative developmental and curricular levels

Age	Yr Group	Developmental level / Attainment level
2 y	EYFS	0-11 months
3 y	EYFS	8-20 months
4 y	N EYFS	16-26 months
5 y	R EYFS	22-36 months
6 y	1	30-40 months or P4
7 y	2	38-44 months / P5 or below
8 y	3	42-50 months / P6 or below
9 y	4	48-62 months / P7 or below
10 y	5	60-70 months / P8 or below, or where specialist provision may be considered at secondary
11 y	6	6 yrs / emergent skills, knowledge and understanding within yr 1/2 curriculum or where specialist provision may need to be considered at secondary transfer
12 y	7	6.5 years / developing skills, knowledge and understanding within yr 1/2 curriculum
13 y	8	7 yrs / secure skills, knowledge and understanding within yr 1/2 curriculum
14 y	9	7.5 yrs / emergent skills, knowledge and understanding within yr 3/4 curriculum
15y	10	8 yrs / developing skills, knowledge and understanding within yr 3/4 curriculum and additional vulnerabilities/needs
16y	11	8.5 yrs / secure skills, knowledge and understanding within yr 3/4 curriculum and additional vulnerabilities/needs
17y	12	Young person
18y	13	<ul style="list-style-type: none"> • Is unlikely to be able to work towards / achieve Gs at GCSE without a significant level of support & special arrangements. • Has functional literacy/numeracy skills is at entry level and is entered for entry level qualifications and/or Is still working on acquiring basic levels of literacy and numeracy • Needs continuing programmes of life skills, training or rehabilitation despite appropriate learning opportunities & resourcing as specified in process and resource criteria [
19y	13+	

Comment [j3]: Reference IMCA mental capacity assessment and ICF checklist after checking with Marion Levine – looks at disability and the impact of disability

Area of need:	LANGUAGE AND COMMUNICATION		Criteria strand: LEVEL
Nature & severity of need (L1)	Impact on learning and progress (L2)	Impact on curriculum access & participation (L3)	Impact on personal and social development (L4)
<p>L1a (lang) Child has long-term and significant speech, language or communication difficulties. These may present as:</p> <ul style="list-style-type: none"> ♦ Severe communication impairment ♦ Developmental language disorder ♦ Significant developmental language delay ♦ Severe expressive language difficulties ♦ Severe receptive language difficulties ♦ Severe auditory processing difficulties ♦ Social communication difficulties - semantics and pragmatics ♦ Phonological - severe pronunciation difficulties ♦ Motor speech disorder (eg dyspraxia) <p>L1b (lang) Child has a diagnosed condition which includes language or communication impairment among its effects. Child has long-term and significant speech, language or communication difficulties as above.</p> <p>L1c (lang) Child has significantly greater, and long-term, difficulties in acquiring learning skills and competencies in specific area(s) compared to their general cognitive abilities as demonstrated across the curriculum</p>	<p>L2a (lang) Child's language development is significantly impaired or delayed</p> <p>L2b (lang) Child's achievements are significantly below age-related expectations (see Cognition & Learning criteria)</p> <p>L2c (lang) Child's rate of progress is unsatisfactory. For example:</p> <ul style="list-style-type: none"> ♦ Gap between child and peers is significantly widening beyond expectations ♦ Progress is slowing in relation to peers starting from the same baseline ♦ Progress is slowing in relation to child's own previous rate of progress <p>L2d (lang) Adequate progress has been achieved only because of consistently high levels of intervention, beyond normally expected setting-based responses</p> <p>L2e (lang) Is likely to require continued access to education/training to support successful transition to adult life</p>	<p>L3a (lang) Child's difficulties manifest in one or more of the following ways:</p> <ul style="list-style-type: none"> ♦ The child's reduced communication, language and learning skills are insufficient to meet the content, language or cognitive demands of the normally differentiated curriculum ♦ Child's pace of learning is inadequate to meet the time and pace requirements of the normally differentiated curriculum ♦ Child's language difficulties impede ability to learn from normal range of differentiated teaching methods and styles. ♦ Child lacks competencies and skills needed to utilise and learn from normally used teaching materials and equipment ♦ Necessary specialist inputs cause child's regular absence from some class lessons <p>L3b (lang) The impact upon curriculum access, as above, is of a severity as to require careful overall planning to minimise barriers to learning and enhance curriculum access.</p> <p>L3c (lang) This will include specific highly individualised curriculum responses. For example:</p> <ul style="list-style-type: none"> ♦ reduced or alternative curricular content ♦ increased emphasis on core curriculum areas or language development ♦ specialist teaching approaches ♦ significantly adapted or alternative materials and equipment ♦ augmentative or alternative communication methods 	<p>L4a (lang) Child's difficulties have prevented the development of age-appropriate independence skills which impedes child's ability to manage independently the requirements of the setting. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ basic self care ♦ personal safety awareness ♦ understanding and participating in routines, communication of instructions ♦ understanding of time and timetables ♦ managing possessions ♦ task organisation <p>L4b (lang) Child's difficulties affect the development of age-appropriate social skills and relationships. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ possible isolation and bullying ♦ inappropriate social behaviours ♦ over-reliance on other(s) ♦ making & maintaining peer relationships <p>L4c (lang) Child's difficulties adversely and significantly affect development of confidence and self-esteem. This requires planning, support and specific inputs around issues such as:</p> <ul style="list-style-type: none"> ♦ possible withdrawal ♦ work avoidance ♦ changeable behaviours ♦ frustration ♦ depression
<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, assessments and judgements, over time, of child's learning, communication and language needs. ♦ Professional and specialist assessments ♦ Diagnosis by an appropriate agency 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting tracking data over time ♦ curriculum and standardised assessments ♦ Professional and specialist judgements over time ♦ Annotated work samples 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based curriculum records and judgements over time ♦ Professional and specialist advice ♦ Records of planning and curricular and teaching adaptations 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, observations, assessments and judgements, over time ♦ Specialist assessment and advice ♦ The views of the child and parent/carer

Area of need: SOCIAL COMMUNICATION AND INTERACTION Criteria strand: LEVEL

Nature & severity of need (L1)	Impact on learning and progress (L2)	Impact on curricular access & participation (L3)	Impact on personal and social development (L4)
<p>L1a (CI) Child has a diagnosis of Autistic Spectrum Disorder and long-term and significant impairment of social interaction, social communication and imaginative development. This may present as:</p> <ul style="list-style-type: none"> ♦ Reduced desire to interact, isolation ♦ Inappropriate interactions ♦ Inappropriate responses to environmental expectations and constraints ♦ Limited or no use or understanding of language ♦ Significantly delayed or unusual use of language ♦ Semantic/pragmatic language disorder ♦ Severe expressive language difficulties ♦ Limited or absent peer play ♦ Limited or absent creative play ♦ Obsessive interests or behaviours ♦ Stereotypic movements <p>L1b (CI) Child has a diagnosed condition, such as Fragile X or Pervasive development Disorder, which includes significant impairment of social interaction, social communication and imaginative development among its effects. Child has long-term and significant difficulties as above.</p> <p>L1c (CI) Child has impairment of social interaction, social communication and imaginative development which cause significantly greater, and long-term, difficulties in acquiring learning skills and competencies in specific area(s) compared to their general cognitive abilities as demonstrated across the curriculum</p>	<p>L2a (CI) Child's communication and language development is significantly impaired or delayed.</p> <p>L2b (CI) Child's social and behavioural development demonstrates an unsatisfactory level of progress over time, despite focussed interventions</p> <p>L2c (CI) Child's achievements are significantly below age-related expectations (see Cognition & Learning criteria)</p> <p>L2d (CI) Child's rate of progress is unsatisfactory. For example:</p> <ul style="list-style-type: none"> ♦ Gap between child and peers is significantly widening beyond expectations ♦ Progress is slowing in relation to peers starting from the same baseline ♦ Progress is slowing in relation to child's own previous rate of progress <p>L2e (CI) Adequate progress has been achieved only because of consistently high levels of intervention, beyond normally expected setting-based responses</p> <p>L2f (CI) Is likely to require continued access to education/training to support successful transition to adult life</p>	<p>L3a (CI) Child's difficulties manifest in one or more of the following ways:</p> <ul style="list-style-type: none"> ♦ Child's social interaction, communication, skills are insufficient to allow independent participation in the range of setting activities ♦ The child's reduced communication, language and learning skills are insufficient to meet the language or cognitive demands of the normally differentiated curriculum ♦ Child's pace of learning is inadequate to meet the time and pace requirements of the normally differentiated curriculum ♦ Child's difficulties impede ability to learn from normal range of differentiated teaching methods and styles. ♦ Child lacks competencies and skills needed to utilise and learn from normally used teaching materials and equipment ♦ Necessary specialist inputs cause child's regular absence from some class lessons <p>L3b (CI) The impact upon curricular access, as above, is of a severity as to require careful overall planning to minimise barriers to learning and enhance curriculum access.</p> <p>L3c (CI) This will include specific highly individualised curriculum responses. e.g</p> <ul style="list-style-type: none"> ♦ reduced or alternative curricular content including the teaching of social and communication skills, ♦ specialist teaching approaches ♦ significantly adapted or alternative materials and equipment ♦ augmentative or alternative communication methods 	<p>L4a (CI) Child's difficulties have prevented the development of age-appropriate independence skills which impedes child's ability to manage independently the requirements of the setting. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ self care, personal safety awareness ♦ participating in routines, communication of instructions ♦ managing time, timetables possessions ♦ task organisation <p>L4b (CI) Child's difficulties affect the development of age-appropriate social skills and relationships. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ possible isolation and bullying ♦ inappropriate social behaviours ♦ under/over-reliance on other(s) ♦ making & maintaining peer relationships <p>L4c (CI) Child's difficulties adversely and significantly affect development of confidence and self-esteem. This requires planning, support and specific inputs around issues such as:</p> <ul style="list-style-type: none"> ♦ possible withdrawal ♦ work avoidance ♦ changeable behaviours ♦ frustration ♦ depression
<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ School-based records, assessments and judgements, over time, of child's learning, communication and language needs. ♦ Professional and specialist assessments ♦ Diagnosis by an appropriate agency 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ School tracking data over time ♦ curriculum and standardised assessments ♦ Professional and specialist judgements over time ♦ Annotated work samples, observations 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ School-based curriculum records and judgements over time ♦ Professional and specialist advice ♦ Records of planning and curricular and teaching adaptations 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ School-based records, observations, assessments and judgements, over time ♦ Specialist assessment and advice ♦ The views of the child and parent/carer

Area of need: SOCIAL, EMOTIONAL AND MENTAL HEALTH Criteria strand: LEVEL

Nature & severity of need (L1)	Impact on learning and progress (L2)	Impact on curriculum access & participation (L3)	Impact on personal and social development (L4)
<p>L1a (SEMH) Child has long-term and significant difficulties in managing emotions and/or social interactions. These may present as behaviours which are:</p> <ul style="list-style-type: none"> ♦ disruptive, inattentive or hyperactive ♦ defiant, confrontational, aggressive ♦ unpredictable, excessive, hypersensitive ♦ Socially immature, inappropriate, isolated ♦ self harming, self-denigrating <p>L1b (SEMH) Child has a diagnosed condition, such as, Conduct disorder, Attachment disorder, ADHD, Foetal Alcohol Syndrome that includes long-term and significant social, emotional and behavioural regulation impairment among its effects. Child has long-term significant difficulties as above.</p> <p>L1c (SEMH) Child shows specific behaviours which are long-term consequences of diagnosed or assessed emotional, or mental health conditions, or result from trauma or abuse. For example</p> <ul style="list-style-type: none"> ♦ Tourette's Syndrome ♦ Obsessive Compulsive Disorder ♦ Selective/elective mutism ♦ Eating disorders ♦ Depression, bi-polar disorder <p>As a result the child has significantly greater difficulties in managing some aspects of the curriculum or setting life, or in acquiring learning skills and competencies in specific area(s)</p>	<p>L2a (SEMH) Child's emotional, or social or development is significantly impaired or delayed</p> <p>L2b (SEMH) Child's social or emotional development demonstrates an unsatisfactory level of progress over time despite focussed interventions.</p> <p>L2c (SEMH) Child's achievements are significantly below age-related expectations (see Cognition and Learning Criteria) or below assessed capability</p> <p>L2d (SEMH) Child's rate of progress is unsatisfactory. For example:</p> <ul style="list-style-type: none"> ♦ Gap between child and peers is significantly widening beyond expectations ♦ Progress is slowing in relation to peers starting from the same baseline ♦ Progress is slowing in relation to child's own previous rate of progress <p>L2e (SEMH) Adequate progress has been achieved only because of consistently high levels of intervention, beyond normally expected setting based responses</p> <p>L2f (SEMH) Is likely to require continued access to education/training to support successful transition to adult life</p>	<p>L3a (SEMH) Child's SMEH difficulties manifest in one or more of the following ways:</p> <ul style="list-style-type: none"> ♦ significant impact on expected cognitive and learning skills development in some or all aspects of the curriculum impedes the child's ability to learn from normal range of differentiated teaching methods and styles. ♦ Child's pace of learning, or ability to sustain focus, is inadequate to meet the time and pace requirements of the normally differentiated curriculum ♦ Child lacks competencies and skills needed to utilise and learn from normally used teaching materials and equipment ♦ Necessary specialist inputs cause child's regular absence from some class lessons ♦ child's difficulties impede their ability to fully participate in the wider life of setting <p>L3b (SEMH) The impact upon curriculum access, as above, is of a severity as to require careful overall planning to minimise barriers to learning and enhance curriculum access.</p> <p>L3c (SEMH) This will include specific highly individualised curriculum responses. E.g.</p> <ul style="list-style-type: none"> ♦ reduced or alternative curricular content including teaching specific social /emotional skills programmes ♦ increased emphasis on core curriculum areas ♦ specialist teaching approaches ♦ significantly adapted or alternative materials and equipment 	<p>L4a (SEMH) Child's difficulties have prevented the development of age-appropriate independence skills which impedes child's ability to manage the requirements of the setting. This requires planning, support and specific teaching around issues such as :</p> <ul style="list-style-type: none"> ♦ self care, personal safety awareness ♦ remembering, recognising and adhering to rules, routines, instructions ♦ managing time, timetables, possessions task organisation <p>L4b (SEMH) Child's difficulties affect the development of age-appropriate social skills and relationships. This requires planning, support and specific teaching around issues such as:</p> <ul style="list-style-type: none"> ♦ possible isolation and bullying ♦ inappropriate social behaviours ♦ under/over-reliance on other(s) ♦ making & maintaining peer relationships ♦ anger management, emotional literacy <p>L4c (SEMH) Child's difficulties adversely and significantly affect development of confidence and self-esteem. This requires planning, support and specific inputs around issues such as:</p> <ul style="list-style-type: none"> ♦ possible withdrawal ♦ work avoidance ♦ changeable behaviours ♦ frustration ♦ depression
<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, assessments and judgements, over time, of child's BESD and learning needs, style, and difficulties. ♦ Professional and specialist assessments ♦ Diagnosis by an appropriate agency. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting tracking data over time ♦ curriculum and standardised assessments ♦ Professional and specialist judgements over time ♦ Annotated work samples, observations. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based curriculum records and judgements over time ♦ Professional and specialist advice ♦ Records of planning and curricular and teaching adaptations. 	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> ♦ Setting-based records, observations, assessments and judgements, over time ♦ Specialist assessment and advice ♦ The views of the child and parent/carer

Criteria strand: PROCESS

Assessment procedures (P1)	Planned and implemented provision (P2)	Use of resources and expertise (P3)	Monitoring, amendment and evaluation (P4)	Analysis of interventions (P5)	Reason for Statutory Assessment (P6)
<p>P1a Setting ,has made use of information on progress and achievement to identify that the child may have learning and cognition difficulties</p> <p>P1b Setting has, over time, undertaken investigation and assessment to clarify the nature and impact of the child's learning and cognition needs</p> <p>P1c Setting has undertaken more focused or diagnostic assessments, and sought specialist diagnostic assessment</p> <p>P1d Setting may need to obtain further assessment by health or social care services.</p> <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Information from previous setting, parent, Health Cohort screening Records of teacher observations Continuing curriculum assessments over time Setting tracking data Records of focused observations Records of focused or diagnostic assessments Specialist assessments, and reports 	<p>P2a Setting has used a range of early intervention options to address child's learning needs and support learning</p> <p>P2b Setting has utilised assessment information to enhance and refocus differentiation and support strategies to better address the child's learning needs and support learning</p> <p>P2c Setting has utilised a range of appropriate and evidenced based interventions</p> <p>P2d Setting has utilised diagnostic and specialist assessment advice to plan and develop a highly individualised and clearly focused intervention package to address the child's identified difficulties, improve access / participation and support learning</p> <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Records of planning meetings and discussions indicating how assessment advice will be implemented Records of planning and interventions including: <ul style="list-style-type: none"> class teacher planning curricular adaptations specialist programmes Individual provision map, Personalised plans child's support timetable Records from setting and external staff teaching and supporting the child. 	<p>P3a Setting has identified and utilised resources and expertise, normally available within setting, to make interventions for the child.</p> <p>P3b Setting has identified, sought and utilised more specialist resources and expertise, normally available within setting, Early Help, LA, ,Health, Social care, other children's services, or equivalent</p> <p>P3c Setting has used integrated tools including CAF to enhance interventions for the child.</p> <p>P3d Setting has utilised additional support funding and other relevant funding streams to further enhance interventions for the child</p> <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Records of interventions over time Records of specialist advice and inputs over time CAF delivery plans and TAC records Records of provision of specialised equipment Records of use of funding <ul style="list-style-type: none"> detailed costed personal provision maps 	<p>P4a Setting has, in planning interventions for the child, identified arrangements for monitoring, specifying</p> <ul style="list-style-type: none"> focus frequency roles <p>P4b Setting has made use of CAF and delivery plans and regularly reviewed</p> <ul style="list-style-type: none"> package of interventions child's progress towards objectives effectiveness of strategies <p>P4c Setting has, over time, reviewed and amended provision informed by monitoring, or new, information</p> <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Records of SENCO planning, class teacher planning & evaluation Individual provision map, CAF delivery plans or personalised plans Records of review meetings and recommendations for amendments to intervention or approaches Records of parent and/or pupil involvement 	<p>P5 Setting has critically considered the evidence from monitoring and evaluation and used it to</p> <ul style="list-style-type: none"> enhance understanding of the child's needs identify need for further specialist advice to clarify needs review and/or reformulate objectives identify effectiveness of approaches and strategies used to inform continuing planning identify the need for further specialist or additional interventions. <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Records of SENCO planning, class teacher planning & evaluation Individual provision map, CAF and delivery plan Personalised plans Records of decisions regarding advice and actions to be taken Records of professional judgements, over time, which have informed planning and judgements on cost effectiveness of provision 	<p>P6 Evaluation and analysis indicate that:</p> <p>P6a child's needs are not being adequately addressed and a coordinated, time-bound assessment is required to clarify needs and inform planning and decisions for future provisions</p> <p>P6b interventions are working to some extent but require enhancement or refinement to adequately address child's needs</p> <p>P6c interventions are working but child's needs are increasing and interventions will require enhancement or refinement to adequately address child's needs</p> <p>P6d interventions are effective, need to continue and are commensurate with EHC provision,</p> <p>Indicated and evidenced by</p> <ul style="list-style-type: none"> Records of assessment, planning, interventions, review Records of outcomes, achievements, and progress Records of how available resources have been used to support the delivery of planned and appropriately focused interventions for the child Indications of planning for next steps

Comment [m4]: THESE ARE SUB PARTS OF THE WHOLE BULLET SO HAVE NUMBERED THEM

Criteria strand:

RESOURCE

Health, Safety and personal care (R1)	Specialist facilities, equipment, aids or resources (R2)	Specialist inputs (R3)	Highly individualised curricular or other arrangements (R4)
<p>R1a Child has specific health needs that necessitate interventions that require additional training and time</p> <p>R1b Child's difficulties are such as to require specific and on-going teaching of safety issues</p> <p>R1c Child's difficulties are such as to require additional adult supervision or support for all or most of the setting day to ensure safety of self or others</p> <p>R1d Child's difficulties are such as to require specific and on-going teaching of personal care and or child requires adult support to perform regular and on-going personal care tasks</p> <p>May also meet Health or Social Care thresholds for assessment, provision and services (see Threshold documents.)</p>	<p>R2a Child requires significant adaptations (beyond DDA (??) "reasonable adaptation") to access some or all parts of the setting environment</p> <p>R2b Child requires access to specific facilities which can be provided in setting but which are beyond that which is normally expected</p> <p>R2c Child requires transport and adult supervision to access specific facilities off-site</p> <p>R2d Child requires personalised specialist equipment, aids or ICT packages which are additional to those provided by Health Services and are specifically needed to access the setting facilities and educational activities</p> <p>R2e Child's personalised additional aids and equipment require on-going maintenance, updating or replacement</p>	<p>R3a Setting needs to commission specific training, focused around the particular needs of the child, for all or some staff in order to address the child's needs.</p> <p>R3b Setting needs to commission specific training for staff working with the child, to develop specific knowledge and expertise</p> <p>R3c Setting requires regular specialist advice, planning and evaluation to devise and implement effective provision for the child</p> <p>R3d Child needs regular specialist interventions</p> <p>R3e Child requires use of integrated processes to plan effective joint responses, intervention and evaluation. (?)</p>	<p>R4a Child needs highly individualised Curriculum planning and differentiation, informed by specialist advice, and requiring identified additional teaching staff time</p> <p>R4b Child needs significant adaptations of the resources, materials and delivery normally used in order to access the Curriculum</p> <p>R4c Child needs additional adult support in order to access the differentiated Curriculum</p> <p>R4d Child requires teaching within small groups or individually to address specific needs or for some aspects of the curriculum</p> <p>R4e Child needs a reduced, adapted or alternative curriculum, which necessitates</p> <ul style="list-style-type: none"> - specialist advice and planning - personalised resources - individualised teaching approaches - additional adult support <p>R4f Child requires significant personalisation of pastoral systems that necessitate input as above</p>
<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> •Reports from Health Services on nature and severity of needs, inputs required, and breakdown of time requirements to meet needs •Records of planning and evaluation of specific programmes detailing human, time and material resources required •Risk assessments, identifying preventative planning and analysing staffing implications •Analysis of time, staffing, and resource implications to meet identified needs <p>Records of integrated working including CAF delivery plan. Costed provision map</p>	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> •Reports from Health Services or other specialists on nature and severity of needs, and requirements in respect of: <ul style="list-style-type: none"> - adaptations, - facilities - specialist aids and equipment •Setting reports analysing environmental and curricular demands and identifying requirements in respect of: <ul style="list-style-type: none"> - adaptations, - facilities - specialist aids and equipment •Analysis of time, staffing, and resource implications to meet identified needs <p>Records of integrated working including CAF delivery plan</p>	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> •Professional assessment and advice indicating the need for highly specialised involvements •Records of training and training plan •Records of planning and interventions •Analysis of time, staffing, and resource implications to meet identified needs <p>Use of Integrated tools and processes e.g. CAF & TAC reviews</p>	<p><i>Indicated and evidenced by:</i></p> <ul style="list-style-type: none"> •Professional and specialist reports •Records of achievement and progress •Records of planning and review •Details of curricular arrangements •Records of interventions •Analysis of time, staffing, and resource implications to plan and deliver appropriate curricular arrangements <p>Costed provision map demonstrating that the interventions required are beyond that reasonably expected from resources available to setting e.g. base plus 6000</p>

Thresholds and criterion for partner agencies

Children, young people and their families may be supported by one or more agencies, for a range of needs within and outside of education, and at different levels of intervention

Each agency has its own thresholds for engagement and decisions about level of intervention, based on assessment of need. Terminology and levels are not common across all agencies, and meeting the threshold for one service does not automatically mean the threshold for other services will be met. Although meeting one agency's threshold may be useful supporting evidence for other agencies.

Comparison glossary;

Service	Terms used and comparative levels				
Health	No need	Mild e.g. difficulty present less than 25% tolerable impact	Moderate e.g. difficulty present less than 50% interfering in daily life	Severe e.g. difficulty present more than 50% disrupting daily life	Profound e.g. difficulty present more than 95% totally disrupting daily life
Children with Disabilities (social care)	No problem	Mild e.g. Difficulties expected to improve/ limited impact/ manageable	Moderate e.g. Difficulties persistent/ recurrent/ ongoing impact on functioning /aids or support required	Severe e.g. Difficulties permanent / daily impact on functioning / intensive assistance required	Profound e.g. Total impairment / permanent and total impact on functioning /total care required
Adult social care		Low e.g. Inability to carry out one or two aspects of daily living	Moderate e.g. Inability to carry out several aspects of daily living	Substantial e.g. Inability to carry out the majority of aspects of daily living	Critical e.g. Inability to carry out or exercise control over vital aspects of daily life.
Education	No need	Vulnerable/additional needs e.g. Some transient or mild difficulties learning/ acquiring skills/ short term or focussed interventions needed	Moderate Difficulties e.g. Greater difficulties learning/acquiring skills than peers / ongoing educational intervention and support needed	Severe difficulties e.g. Complex or permanently limited learning, understanding, communication, skills /considerable educational intervention and support needed	Profound and multiple difficulties e.g. More than one disability /extremely limited learning, understanding, communication, skills /intensive educational intervention and support needed

Many agencies operate a graduated approach to the level of service provision available. There may be a slight variation in terms used but all cover services available to all through to those required by law to protect a very small minority of the population who are most vulnerable and with the highest needs. e.g.

Service level	Needs Level	Education	Health
services available to all	little/no needs,	Universal	Universal
services required by some	mild needs/needs may develop	Early Help	Universal enhanced
services required by some	moderate needs	Targeted	Universal targeted
services required by very few	complex needs	Specialist	Specialist
services required by law (minority)	Severe / acute needs,	Statutory	Statutory

Early Help Service Thresholds

Level 2 - Low to Vulnerable Targeted Support – EARLY HELP THRESHOLD	
A common assessment should be completed with the child to identify their strengths & needs and to gain specialist support. Programmes aiming to build self-esteem and enhance social/life skills, Prevention, Positive activities. Parental consent required.	
Features	Example Indicators (not an exhaustive list)
Developmental Needs	
<p>2a Vulnerable</p> <p>These children have low level additional needs that are likely to be short-term and that maybe known but are not being met</p> <p>2b Vulnerable</p> <p>Child's needs are not clear, not known or not being met</p> <p>Child with additional needs – requiring multi-agency intervention Lead professional and Team around child</p>	<p>Learning / Education</p> <ul style="list-style-type: none"> ❖ Children with development delay within Early Years Foundation Stage, not making expected progress ❖ Children at SEN Support and not making expected progress in meeting targets of action plan. ❖ Children with Education, Health and Care Plans not making expected progress. ❖ Children with low attendance at school (below 85%) and persistent absence ❖ Children with identified language and communication difficulties, and not making expected progress ❖ Children with persistent short term exclusions and risk of permanent exclusion ❖ Children who are missing education <p>Health</p> <ul style="list-style-type: none"> ❖ Children who are delayed in reaching developmental milestones ❖ Children whose physical and emotional development raises concerns ❖ Children with chronic/recurring health problems ❖ Children with a pattern of missed appointments – routine and non-routine ❖ Children with complex needs requiring specialist support in both mainstream and specialist provision ❖ Children who are showing early signs of organic or non-organic failure to thrive <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> ❖ Children with mental health or emotional issues requiring intervention ❖ Children with an early onset of offending behaviour or activity (10-14) ❖ Children who come to the notice of police on a regular basis but not progressed ❖ Children where there is evidence of low level substance/alcohol misuse ❖ Children with low self esteem which is impairing their the educational and personal development ❖ Children where there is an early onset of sexual activity and who may be vulnerable to sexual exploitation ❖ Young parents under age of 16. ❖ Children who display a pattern of risk taking/inconsequential behaviours ❖ Children who are victims of crime which could include discrimination and sexual exploitation ❖ Children who are bereaved

	<p>Self-Care and Independence Children who lack age appropriate behaviours and independent living skills, likely to impact negatively on development</p> <p>Family and Social Relationships and Family Well-Being</p> <ul style="list-style-type: none"> ❖ Children are impacted upon negatively by the significant relationship difficulties of parents/carers which could include domestic abuse (at levels 1 or 2)/ substance and alcohol abuse/mental health needs. ❖ Children's behaviour results in parents/carers requesting support to manage behaviour ❖ Children negatively affected by difficult family relationships which could include bullying ❖ Children who are young carers who exhibit additional needs which are a direct result of their caring responsibilities <p>Housing, Employment and Finance</p> <ul style="list-style-type: none"> ❖ Children are negatively affected as a result of overcrowded living conditions and potential homelessness ❖ Children are negatively affected by their family's low income or unemployment <p>Social and Community Resources</p> <ul style="list-style-type: none"> ❖ Children are negatively affected as a result of insufficient facilities to meet needs or to access local services ❖ Children are negatively affected as a result of the family's social exclusion ❖ Children are associating with anti social or criminally active peers ❖ Children have limited access to age appropriate advice including contraceptive and sexual health advice, information and services
Parents and carers	
	<p>Basic Care, Safety and Protection</p> <ul style="list-style-type: none"> ❖ Children affected negatively by inconsistent care ❖ Children affected negatively by significant issues of parents which could include learning difficulties, disability, domestic abuse, substance misuse, mental health needs. ❖ Children affected negatively by parental non – compliance which could include non attendance at school <p>Emotional Warmth and Stability</p> <ul style="list-style-type: none"> ❖ Children's emotional and behavioural development affected negatively by inconsistent parenting <p>Guidance Boundaries and Stimulation</p> <ul style="list-style-type: none"> ❖ Children's development negatively affected by inconsistent parenting in relation to boundaries, responses and engagement in learning

Level 3 – High or Complex additional needs requiring integrated targeted support OR child in need	
Section 17 CHILDRENS SOCIAL CARE	
A Common assessment to be completed as supporting evidence to gain specialist targeted support. CAF form to be used to refer child to Children’s social care – Parental consent required - Other specialist assessments may be required	
Features	Medium Risk - Example Indicators (not exhaustive and there may be a constellation of issues)
	Developmental Needs
<p>Children with high level additional unmet needs</p> <p>Complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p>Child in need: These children may be eligible for a child in need service from children’s social care and are at risk of moving to a high level of risk if they do not receive early intervention. These may include children who have been assessed as “high risk” in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional</p>	<ul style="list-style-type: none"> • Disability requiring specialist support to be maintained in mainstream setting • Physical and emotional development raising significant concerns • Chronic/recurring health problems • Missed appointments - routine and non-routine which are impacting significantly on the child’s health • Over 13 but under 16 and pregnant or in a sexual relationship • Coming to notice of police on a regular basis but not progressed • Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention • Evidence of regular/frequent drug use which may be combined with other risk factors • Mental health issues requiring specialist intervention in the community • Self-harm * Suspicion of sexual abuse e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour carer. • Victim of crime including discrimination • Lack of age appropriate behaviour and independent living skills, likely to impair development .
	Family and Environment Factors
	<p>Risk of relationship breakdown with parent or carer and the child which would lead to the child coming into care.</p> <ul style="list-style-type: none"> • History of domestic abuse, current domestic abuse <p>See Safeguarding Children Abused Through Domestic Violence (London Board, 2006)</p> <ul style="list-style-type: none"> • Young carers , Privately fostered children, children of those detained in prison, • Severe overcrowding, temporary accommodation, homelessness, transience, which is significantly impacting on the parent’s ability to look after the child. • Family require support services as a result of social exclusion which has a serious impact on the child such as hate crime
	Parents and Carers
	<p>No available parent and child is in need of accommodation</p> <ul style="list-style-type: none"> • Parental learning disability, parental substance misuse or mental ill-health impacting on parent’s ability to meet the needs of the child * Parent is unable to meet child’s needs without support * Allegation of physical assault with no visible or only minor injury (other than to a pre- or non- mobile child). * Physical care or supervision of a child is inadequate * Allegations concerning parents making verbal threats to children * Pregnant woman who has no access to public funds or services due to their immigration status or who are receiving a service during confinement. • Inconsistent parenting significantly impairing the emotional or behavioural development of the child * Allegations of neglect including poor supervision, poor hygiene, clothing or nutrition. * Failure to seek/attend treatment or appointments.

Children with Disabilities and Complex Needs Team

Criteria for Disability Registration

The criteria for disability registration in Southwark is that of a child or young person having a severe to profound and permanent disability in the categories listed below, with the exception of behavioural/ emotional / interpersonal which would not be seen on its own as a basis for disability registration.

MOTOR (MO)

0.	No Problem	
1.	Mild	Able to walk and function independently but with some limitations of function e.g. walks more slowly, asymmetry between left and right, unable to run, able to get up off floor and climb stairs but with difficulty. Motor organisational difficulties.
2.	Moderate	Able to walk only with aids or assistance. May have a wheelchair for intermittent use.
3.	Severe	Unable to walk. May be able to stand with support. Able to manoeuvre self at least some of the time in the wheelchair, either electric or manual type.
4.	Profound	Totally dependent on carer for mobility in wheelchair.

MANIPULATION / HAND FUNCTION (MA)

0.	No Problem	
1.	Mild	Problem in one or more of the following: some difficulties in play, writing, drawing, e.g. tremor, unsteadiness, awkward release, lack of fine control or delay in acquiring skills but expected to do so.
2.	Moderate	Able to play, write, type or draw through hand movements but with considerable difficulty or requiring aids or assistance.
3.	Severe	Mostly unable to use hands effectively but able to (or expected to) use switch system to operate toys, computer, wheelchair or communication aid.
4.	Profound	No useful hand function.

VISION (VI)

0.	No Problem	
1.	Mild	Able to function independently 6/18 corrected in better eye. Problem with one eye only (including amblyopia). Partial visual field loss (less than half).
2.	Moderate	Measured visual acuity 6/24 – 6/36 corrected in better eye or impaired distant vision but enough awareness for normal mobility. Nystagmus with good near vision. Able to read print with simple aids (low tech.) and/or educational assistance. Defect of at least half visual field (hemianopia). Unable to hold driving licence.
3.	Severe	Registered partially sighted 3/60 – 6/60 corrected visual acuity in better eye. Severe visual field defect with impaired visual acuity. Unable to see in the distance, restricting mobility without special provision and/or unable to read large print without intensive educational assistance and/or sophisticated aids.
4.	Profound	Registered blind. Corrected visual acuity less than 3/60. Very little useful vision e.g. light / dark differentiation only. Totally dependent on carer for mobility. Totally unable to read print and not expected to learn.

HEARING (HR)

0.	No Problem	
1.	Mild	Profound loss in one ear only. Other ear normal.
2.	Moderate	Bilateral hearing loss 45 – 70 db.
3.	Severe	Bilateral hearing loss 70 – 90 db or profound loss 90 db in one ear and moderate loss of 45 – 70 db in other ear.
4.	Profound	Bilateral loss 90 db.

COMMUNICATION (SP)

0.	No Problem	
1.	Mild	Delayed language development, expected to improve.
2.	Moderate	Delayed or disordered language development causing difficulty in communication outside the home or speech supplemented by an alternative method of communication or inability to use speech in a socially interactive manner.
3.	Severe	None or very little speech used but able to communicate at least basic needs using any method e.g. speech, signing system or communication aid.
4.	Profound	Unable to communicate need by any method. Unable to use communication aid.

DEVELOPMENTAL DELAY / LEARNING (LE)

0.	No Problem	
1.	Mild	Currently functioning slightly behind that of expected developmental age.
2.	Moderate	Currently functioning at up to 2/3 of the expected developmental age. Attending MLD School.
3.	Severe	Functioning at half the expected developmental age or less. Attending SLD School.
4.	Profound	Not to be used (<i>N.B. Specific learning difficulties go into the moderate category.</i>)

CONSCIOUSNESS (seizures)

0.	No Problem	
1.	Mild	Known persistent disease, under control.
2.	Moderate	Intermittent limitations of normal activities. Regular treatment/ often required.
3.	Severe	Daily interruption of normal activities due to physical ill health e.g. daily fits, daily asthma, despite treatment. Organ failure due to renal, respiratory, cardiac or liver disease, causing daily symptoms and / or regular organ support.
4.	Profound	Terminally ill. Comatose.

PERSONAL CARE (SC) Definitions for eating/drinking, washing/dressing and continence.

0.	No Problem	
1.	Mild	Slight problem but manages independently or as expected according to developmental age.
2.	Moderate	Assistance required for part of activity or use of aid.
3.	Severe	Assistance required from carer throughout activity. A little assistance provided by the child.
4.	Profound	Total care, no assistance from the child.

BEHAVIOURAL / EMOTIONAL / INTERPERSONAL (EM)

0.	No Problem	
1.	Mild	Slight problems at times causing mild concern.
2.	Moderate	Persistent problems causing dysfunction severe enough to need some extra support or supervision. Marked difficulty in relating to other children or adults.
3.	Severe	Unable to function in a group without considerable help, support and supervision. Unwilling or unable to relate to other children and adults.
4.	Profound	Totally unable to function in a group. May be self injurious.

Adult Social Care Thresholds

The Fair Access to Care Services (FACS) criteria is used to determine whether young people are eligible for a service from adult LD. The young people will only be eligible if their needs are considered 'Critical' or 'Substantial'.

Critical – when:	Substantial – when:	Moderate – when:	Low – when:
<ul style="list-style-type: none"> • life is, or will be, threatened; and/or • significant health problems have developed or will develop; and/or • there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or • serious abuse or neglect has occurred or will occur; and/or • there is, or will be, an inability to carry out vital personal care or domestic routines; and/or • vital involvement in work, education or learning cannot or will not be sustained; and/or • vital social support systems and relationships cannot or will not be sustained; and/or • vital family and other social roles and responsibilities cannot or will not be undertaken. 	<ul style="list-style-type: none"> • there is, or will be, only partial choice and control over the immediate environment; and/or • abuse or neglect has occurred or will occur; and/or • there is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or • involvement in many aspects of work, education or learning cannot or will not be sustained; and/or • the majority of social support systems and relationships cannot or will not be sustained; and/or • the majority of family and other social roles and responsibilities cannot or will not be undertaken 	<ul style="list-style-type: none"> • there is, or will be, an inability to carry out several personal care or domestic routines; and/or • involvement in several aspects of work, education or learning cannot or will not be sustained; and/or • several social support systems and relationships cannot or will not be sustained; and/or • several family and other social roles and responsibilities cannot or will not be undertaken <p>Fair Access to Care Services (FACS): prioritising eligibility for care and support</p>	<ul style="list-style-type: none"> • there is, or will be, an inability to carry out one or two personal care or domestic routines; and/or • involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or • one or two social support systems and relationships cannot or will not be sustained; and/or • one or two family and other social roles and responsibilities cannot or will not be undertaken

Thresholds and framework for Health related impact on learning and function

RED = on site delivery of specialist resources with allocated funding

ORANGE= some of above may be required depending on other factors e.g. 2 or more aspects

BLACK = needs can be met from core offer

Impairment of Functions and systems	Level of severity	Health related needs and provision
Intellectual impairment or learning disability	<p>4: Severe or profound global developmental impairment affecting all aspects of development and adaptive function to a severe degree.</p> <p>3: Severe or profound global developmental impairment affecting most aspects of development and adaptive function to a severe degree</p> <p>2: Moderate degree of global developmental impairment affecting most aspects of development and adaptive function.</p> <p>1: Mild global developmental impairment</p>	<p>4 & 3: Likely to require more specialist input within an educational setting with input/advice/programme from HCP for accessing curriculum</p> <p>2: likely to require specialist educational support with short term focussed intervention /advice/programme from HCP. This may be provided outside the school environment within a clinic setting e.g attendance at 'pees and poos'group</p> <p>1: likely to require some additional support in education setting may require advice only from HCP for accessing curriculum.</p>
Mobility	<p>4: Unable to stand or walk independently; assisted wheelchair user/ requires special seating</p> <p>3: unable to walk without walking frame , very poor balance, requires leg splints, or independent wheelchair user but requires assistance in school environment; able to stand and transfer with support</p> <p>2: Occasional use of walking aids/ may require splints/ special footwear / occasional assistance in mobility</p> <p>1: independent walker but may have some coordination difficulties</p>	<p>4. and 3. child requires ongoing support for safe mobility and posture management with regular HCP input or monitoring, with highly personalised programme</p> <p>2. child needs enabling access to school; minimal mobility support and a personalised physio program- may be being reviewed in clinic based setting. May attend treatment block in clinic setting.</p> <p>1. child needs minimal mobility support /supervision.</p>
Hand function	<p>4: Does not handle objects and has severely limited ability to perform even simple actions or Handles a limited selection of easily manageable objects in adapted situations. Requires total assistance.</p> <p>3. Handles objects with difficulty, needs help to prepare and/ or modify activities. Requires continuous support and assistance</p> <p>2: Handles most objects but with reduced quality and/or speed of achievement. May avoid some tasks or use alternative methods of performance</p> <p>1: Handles most objects easily and successfully. At most limitations are in the ease of performing manual tasks requiring speed and accuracy.</p>	<p>4. Permanent use of aids eg: splints, switches, eye-gaze. Targeted HCP input or programme/ advice</p> <p>3. Permanent use of aids eg: splints, switches, eye-gaze. Targeted HCP input or programme/ advice</p> <p>2. Intermittent use of aids where functionally beneficial. Targeted HCP input or programme/ advice</p> <p>1. Minimal use of aids and support with HCP programme/ advice only when required.</p> <p>Categories 2, 3 & 4 may require IT software and support to complete school-based tasks requiring speed and accuracy (eg: handwriting)</p>

<p>General Health (e.g. seizures, diabetes, feeding, asthma, bladder and bowel)</p>	<p>Generally the level of severity of health concerns is to be described as their impact on the child's activity, learning and participation.</p> <p>4. severe and persistent impact on function (need for continuous on-site provision of health support)</p> <p>3. significant and frequent disruption of function (need for close provision of health support)</p> <p>2. significant but infrequent disruption of (need for a health care plan and described provision)</p> <p>1. no significant disruption of function (need for parent/patient engagement with management)</p>	<p>4. regular on site training and support required to range of carers involved in school based setting e.g.:</p> <ul style="list-style-type: none"> - feeding: e.g. NG tube or gastrostomy - breathing: e.g. tracheostomy <p>3. onsite monitoring and regular safe administration for:</p> <ul style="list-style-type: none"> - seizure management - monitoring blood sugar and administer insulin - intermittent catheterisation <p>2. Regular medicine management training and support to ensure school is able to meet loco parentis requirements e.g.:</p> <ul style="list-style-type: none"> - epipen, inhaler, rectal and buccal medicine for seizure control - other regular medicine administration <p>1. child manages own treatment but requires a health care plan for staff awareness and contingency management</p>
<p>Psychological /emotional (includes impaired emotional/behavioural/social/self-regulation development due to a developmental disorder or mental health disorder)</p>	<p>4. Frequent and severe disruption of the child's social/behavioural functioning, posing a risk to self and to others and with poor response to management.</p> <p>3: Severe disruption of the child's social/behavioural functioning requiring specialist management, with good response.</p> <p>2: Less severe but frequent disruption of the child's social/behavioural functioning responsive to management through structure and support.</p> <p>1: Infrequent difficulties / family/school coping with existing difficulties</p>	<p>4 Likely to require more specialist input within an educational setting with input/advice/programme from HCP for accessing curriculum</p> <p>3. Likely to require specialist support with regular HCP programme or input.</p> <p>2: Likely to require additional support from specialists with regular HCP programme or input.</p> <p>1: likely to require support with input/programme from HCP for accessing curriculum</p>

Attention	<p>4: unable to hold attention to learn/participate; Hyperkinetic disorder</p> <p>3: Needs support or intervention to attend to learn/participate</p> <p>2: Needs support for attention/activity level</p> <p>1: functions within normal range with awareness and structure</p>	<p>4. Likely to require more specialist support in an educational environment with regular HCP programme or input.</p> <p>3. Likely to require specialist support with regular HCP programme or input. May require medication and medication monitoring in clinic setting</p> <p>2: Likely to require additional support from specialists with regular HCP programme or input.</p> <p>1: likely to require some support within educational setting, input/programme from HCP for accessing curriculum</p>
Vision:	<p>4: Restricted mobility and learning; registered blind</p> <p>3: Unable to read large print without aids. Severe field defect with poor acuity; registered blind</p> <p>2: Assisted visual function</p> <p>1: One eye defect; independent function without assisted devices.</p>	<p>4 & 3: Likely to require a specialist educational environment or a resource base with input/programme from HCP or Specialist teacher for accessing curriculum</p> <p>2: likely to require specialist educational support with input/programme from HCP or specialist teacher</p> <p>1: likely to require an IEP with support with input/programme from HCP for accessing curriculum</p>
Hearing	<p>4: Restricted learning and communication due to hearing deficit; HL>95 dB</p> <p>3: Restricted learning and communication due to hearing deficit; HL 71-94dB</p> <p>2: Hearing aids issued ; HL 41-70 dB</p> <p>1: One sided severe hearing deficit; HL 20-40 dB, bilateral mild sensorineural hearing loss.</p> <p>[EHCP will depend on child's development, communication /language development rather than just the degree of hearing loss. All children with hearing impairment are regularly reviewed by the PAS to monitor any changes.]</p>	<p>4 & 3 Likely to require a specialist educational environment with regular ToD /SALT programme input. Regular monitoring of hearing by paediatric audiology service (PAS) in clinic setting.</p> <p>3. Likely to require specialist support with regular ToD/SALT programme or input. Regular monitoring by PAS in clinic setting.</p> <p>2: Likely to require additional support from specialists with regular ToD/SALT programme or input. Regular monitoring by PAS in clinic setting.</p> <p>1: likely to require an IEP with support with input/programme from ToD/SALT for accessing curriculum, depending level and nature of difficulties Regular monitoring of hearing by (PAS)in clinic setting.</p>
Self care	<p>4. Completely dependent for personal care e.g. toileting, feeding, dressing</p> <p>3. Able to contribute to process, although dependent on assistance to complete task</p> <p>2. Needs support and supervision to initiate, sustain and complete task. May require assistance with complex elements eg: cutting food, buttons, bottom wiping</p> <p>1. Aware of own personal care needs, managed with external structuring.</p>	<p>4. Targeted HCP input or programme/ advice. The child needs complete assistance and specialised equipment for all activities of self care.</p> <p>3. Targeted HCP input or programme/ advice with moderate assistance and/or specialised equipment for most aspects of self care.</p> <p>2. Targeted HCP input or programme/ advice and/or equipment with minimal assistance and on site supervision to promote independence</p> <p>1. Limited HCP advice required with minimal on site assistance for self care needs may attend short term focussed group in clinic setting..</p>

Speech, Language & Communication

1	2	3	4
<p>Speech, Language, Communication and Fluency appropriate or mild difficulties</p> <p><i>(AAC need)</i> normal language, comprehension and expression not reliant on AAC except to reinforce new concepts.</p> <p><i>(Functional impact of SLC)</i> appropriate strategies in place for e.g. when has not understood/repair, confidence not affected by difficulties, able to access the curriculum with general differentiation</p> <p><i>(Benefit from)</i> Indirect support through staff training to increase knowledge and raise awareness of supportive strategies</p>	<p>Mild-Moderate phonological and/ language impairment, Mild social communication impairment Fluency; mild-moderate stammering</p> <p>effective communication with familiar people, but unable to reliably communicate with(in) unfamiliar people/contexts, child is able to verbalize most needs but still has need for augmentative communication to support spoken language</p> <p>developing strategies e.g. for when hasn't understood/repair, to access curriculum needs some specific differentiation, difficulties prevent participation in some aspects of social interaction</p> <p><i>(Benefit from)</i> SLT programme, delivered by trained competent adult in learning/educational or natural communicative environment(s)</p>	<p>Moderate phonological impairment Moderate to severe language impairment Moderate social communication impairment Fluency; moderate-severe stammering</p> <p>can communicate basic needs, reliant on AAC for other communication and necessary for development</p> <p>beginning to develop understanding that there are strategies to help self, limited confidence, difficulties prevent most access to curriculum/needs high level of differentiation to access curriculum, communication frequently does not meet needs, degree of social isolation as a result of SLCN.</p> <p><i>(Benefit from)</i> high level of SLT support, anticipated parent/TA deliver programme with high rate of repetition</p>	<p>Severe phonological impairment and/LI and/social communication that impacts on ability to communicate functionally and access a highly differentiated curriculum. Fluency; severe stammering, may include prolongations, blocks, facial grimaces and body movements</p> <p>wholly dependent on AAC for comprehension and expression; large discrepancy between comprehension and expression, and expression non-functional, wholly dependent on AAC</p> <p>None or very few self help skills, poor self esteem as a result of communication difficulties, severely restricted access to learning/curriculum as a result of communication, communication does not meet basic needs significant behaviour issues clearly socially isolated as a result of SLCN</p> <p><i>(Benefit from)</i> high level of SLT support, anticipated parent/TA high rate of repetition, MDT approach</p>

Dysphagia			
1	2	3	4
<p>Resolving or mild eating/drinking related concerns, no behavioural feeding responses</p> <p>Effective eating and drinking skills to meet nutritional needs compensatory strategies and techniques/safety precautions as well as additional time to complete meal may be needed no concern around growth or weight gain</p>	<p>Delayed oral motor skills but developmentally appropriate with appropriate management by caregivers, e.g. pacing and giving extra time</p> <p>Secretion management consistent</p> <p>No evidence of aspiration risk or recurrent chest infections, dehydration</p> <p><i>(Benefits from)</i> Indirect support through staff training to increase knowledge and raise awareness of supportive strategies</p>	<p>Evidence of delayed oral motor/swallowing skills and risk of aspiration evident on clinical assessment and/or VFSS</p> <p>Swallowing is adequate or part adequate to meet nutritional needs with specific modifications and eating/drinking guidelines in place</p> <p>May require long term enteral feeding</p> <p>Secretion management may require non-conventional intervention</p> <p><i>(Benefit from)</i> high level of SLT support, to assess and implement mealtime plan to ensure safety; ongoing support required to ensure competency of partners across environments and assess intervention needs e.g. developing more mature oral motor skills</p>	<p>Significant/severe aspiration risk evident on VFSS and clinical assessment. Evidence of 4 or more clinical indications of aspiration on VFSS</p> <p>Requiring supplementation of nutrition via Gastrostomy or Jejunostomy. NBM.</p> <p>History of recurrent chest infections, dehydration requiring medical support.</p> <p>Secretion management requires non-conventional intervention</p> <p><i>(Benefit from)</i> high level of SLT support, to assess and implement guidelines to ensure safety; ongoing support required to ensure competency of partners across environments and assess intervention needs e.g. transition from non oral to oral.</p>