**Last Updated December 2023 by Louisa Milner Federation SENDCo**

The aims of this Federation provision map are:

- To explain the three levels of provision that are provided by The Music Federation (TMF)

-To clearly set out what provision is available at The Music Federation for each of the four areas of Special Educational Needs and Disabilities (SEND)

**The three levels of provision**

There are three levels of provision provided at TMF. They are:

1. Universal level
2. Targeted
3. Specialist/personalised
4. **Universal: Inclusive quality first teaching for all.**

Universal provision forms the foundation for all other provision or support in The Music Federation (TMF) and comprises of high quality teaching that is made available to all. This includes strategies, resources and adaptations to the curriculum and environment that teaching staff use to remove barriers to learning for children and young people (CYP).

Universal provision is based on inclusive approaches to teaching and learning which benefit all CYP but are essential for those with SEND. Reasonable adjustments for individual needs are made to ensure schools and settings are, for example, communication-friendly or adaptive for any sensory and physical needs that pupils may have.

TMF’s universal provision for all CYP, including those with SEND includes:

* A broad, balanced and relevant curriculum with high engagement of pupils
* High quality teaching that is differentiated and personalised
* High expectations of every pupil
* Ambitious targets based on appropriate assessment and dialogue with pupils and parents
* Potential areas of difficulty addressed and potential barriers to learning removed through the effective deployment of resources
* Regular assessment, monitoring and review of children and young people’s development and progress

**Inclusive Quality First Teaching**

Inclusive quality first teaching recognises that children and young people progress at different rates and have different ways in which they learn best. Teachers set high expectations for every pupil and use a range of strategies to overcome any potential areas of difficulty.

The essential characteristics of quality first teaching include;

* clear, well designed lesson plans
* frequent opportunities to involve and engage with pupils
* appropriate use of modelling, explaining and questioning for pupils to engage with higher levels of critical thinking skills  
  providing pupils with the chance to talk both individually and in groups
* expectation that pupils will accept responsibility for their own learning and work independently.
* using encouragement and (authentic) praise to engage and motivate pupils

Pupils with SEND and other needs are included and make progress as the result of teacher-led, differentiated quality first teaching.

In order to achieve the high-quality teaching required for universal provision in TMF, it is essential that teaching staff receive the ongoing continuous professional development necessary for understanding the needs of pupils with a variety of special educational needs and disabilities. Where there is robust universal provision, some children will be identified to require additional support, or targeted provision, in order to make good progress. It is important to remember that if the quality of universal provision is high, the need for targeted provision is likely to be less, as more of the pupils will have the majority of their learning needs met. Ongoing strategies by teaching staff to meet the needs of all pupils, particularly those with SEND, are likely to reduce the need for multiple targeted intervention groups and allow pupils to learn in a more inclusive way.

**The Music Federation Universal Provision Examples:**

**Cognition and Learning:**

-Personalised curriculum -Personalised delivery e.g. simplified language and adjustment of pace

-Personalised outcomes -Multi-sensory approach

-Repetition and re-enforcement -Adaptations to fonts, presentation and design of resources

**Communication and Interaction**

- Say what you mean -Increased use of visuals for prompting and cues

-Systematic organisation of independent learning tasks -Translate key words for pupils

-Personalised social stories -Regular sensory and movement breaks

**Social, Emotional and Mental Health**

**-**Clear whole school behaviour policy -Enhanced pastoral sessions

-Re-enforcement of rules and expectations -Calming strategies

-Use of choice and motivation -Structures routines and clear guidelines

**Physical and/or sensory**

-Noise and lighting considerations - Well organised environment

-Preferential seating arrangements - Thinking time

-High colour contrast materials -Multi-sensory approach

**2. Targeted Support and Provision**

High quality universal teaching should reduce the need for extra support for all children and young people (CYP). Nevertheless, it is likely that in order to make progress with their learning, behaviour or development some will require additional support in the form of carefully selected, targeted support and interventions. This will have been identified through the assessment process.

All targeted support and interventions has a specific set of desired outcomes and CYP accesses the targeted support or intervention alongside high quality classroom teaching. At TMF, we aim to identify the precise need of the CYP and then personalise support and select interventions to match those needs. When making decisions around targeted support and provision, the following are highly considered:

* the needs of  the CYP must be appropriately identified to put the right intervention in place- at TMF we use a wide and varied evidence based selection of assessment tools.
* avoid selecting support or interventions based on a desire to make a CYP ‘fit in' to a classroom situation
* avoid trying to make the CYP needs ‘fit into’ an intervention currently on offer in the setting
* interventions that are poorly matched to the difficulties that the CYP is experiencing in their learning will not be effective

Targeted support might be a long term strategy that needs to become an everyday part of the provision for a child or young person with SEND, such as the use of visual resources.

**The Music Federation Targeted Provision Examples:**

-LEGO therapy

-Small group social skills

-Multi-sensory spelling or handwriting practice groups

-In class higher level of adult English and Maths support

-Regular check-ins

-High quality inclusive environment and teaching, plus additional small group to support further personal awareness and development.

1. **Specialist Support and provision**

Some children and young people with more complex and significant needs may require specialist support (also known as personalised support) or services to supplement what The Music Federation can ordinarily offer. Specialist support does not need to be delivered in a specialist setting. Many children and young people access specialist support in TMF. Children and young people requiring specialist support will need access to interventions or provision over and above that which is ordinarily available to children and young people of the same age. A specific professional may support the SENDCo to identify and plan the specialist support that children with more complex needs require. At TMF, we are able to request support from a range of specialist services to develop an understanding of the provision requirements at a setting or for a child. The local authority SEND teams: Educational Psychology, Early Years SENIT, School age SENIT, SEMH Inclusion Workers, STARS, Deaf and hearing Impaired Team (DAHIT) and Visual Impaired Team (VIT) work in partnership with the SENDCo and other leaders.

**The Music Federation specialist provision examples:**

**Cognition and Learning:**

-Personalised learning programmes based on assessment, using multisensory principles with frequent overlearning.

-Structured 1:1 or very small group interventions with reliable evidence of effectiveness.

-Teaching of specific math or English skills identified through diagnostic assessment or similar.

**Communication and Interaction**

-Personalised learning programme based upon assessment carried out by a speech and language therapist.

-Picture exchange or visual programme

-Speech sounds pathway block of therapy

**Social, Emotional and Mental Health**

-Play therapy with a play therapist

-Educational Psychology assessment and/or planning

-Bereavement Counselling

**Physical and/or sensory**

-Personalised learning programme based upon assessment carried out by a physiotherapist, occupational therapist or other medical professional.

**The four areas of SEND and the Music Federation provision**

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| **Communication and Interaction** | | | | |
| **Assessment**  - Speech and Language Therapist assessment -Early years screening  -Expressive language checklist -Social skills checklist  -Teacher and SENDCo observation -Phonics assessments including Little Wandle and SENIT assessment  -Phonological awareness assessment -AET progression framework tool  -Connecting Steps finely graded assessment tool -Parent/Carer Voice and Pupil Voice to support identification of strengths and barriers  - Language assessments e.g., Test of Abstract Language [TALC](https://www.elklan.co.uk/Shop/TALC_1).  – SENIT Developmental DJ – Early Years finely graded assessment tool  -Strengths and difficulties questionnaire - Complex Communication Assessment ( Delivered by medical professionals) | | | | |
| **Communication and Interaction** | | | | |
| **Universal/ High quality first teach** | | **Targeted** | | **Personalised/Specialist** |
| - Say that you mean ( explain double meanings, avoid sarcasm)  -Clear and simple instructions, chunk instructions  -Extra processing time  -Prepare for changes ( supply teacher, routines, special activities)  -Visual prompting and cues (timetables, instructions, task list)  -Label objects in class where appropriate  -Picture/label/mats/fans of subject specific words or everyday words  -Systematic organisation of independent learning tasks and activities  -Translate words as required  -Talking postcards/buttons  -Displays re-enforce subject specific vocabulary  -Clear rewards and sanctions including appropriate motivators  -Calm learning environment  -Regular short sensory or movement breaks  -Personalised social stories  -Buddy system  -Visual transition documents such as a transition book  -Visual approach to restorative practice including comic strip conversations and visual restorative practice class folder  -Structured play opportunities  -Phonics programme with strong phonological awareness component: Little Wandle and Little Wandle SEND programmes  -Good listening prompts  -Talk partners | | -Small group social skills group  -Small group interaction group  - Paired or 1:1 curriculum tasks with differentiated support  -Individual work station and individual timetable  -Alternative teaching space  -Objects of reference ( This can be targeted or highly personalised)  -Choosing boards  -LEGO based therapy  - Friendship and interest Groups- [Staff and Peer Education | Autism Toolbox](http://www.autismtoolbox.co.uk/staff-and-peer-education).  -Sensory circuit  -Transition group intervention  -Colourful semantics | | -Personalised speech and language programme that is based on an assessment by a speech and language therapist.  - Block of speech sounds work delivered by a therapist and skills reinforced through an individual learning plan following this block.  -Individual input and support from the stammering team.  -Intensive interaction  -Highly personalised sensory curriculum  - Individual transition plan  -Developmental DJ  -Connecting Steps  -Makaton  -Personalised objects of reference |
| **Cognition and Learning** | | | | |
| **Assessment**  - Formative and summative assessment identifies increasing and persistent difficulties or gaps in spelling, handwriting, or writing skills and knowledge.  -Observation -Assessment for learning  -SENIT cognition assessments including working memory -SENIT maths assessment  -SENIT phonics assessment -Phonological awareness assessment  -Verbal and non-verbal reasoning test - Standardised reading and spelling assessments e.g. PIRA, Salford Reading Test  -Dyslexia screening tool -Phonics screening  -KS1 and KS2 SATS -SENIT Developmental Journal- Early Years finely graded assessment tool  -Connecting Steps – Finely graded assessment tool -Little Wandle and Little Wandle SEND programme assessments  -TT Rockstars assessment -Handwriting checklist  -Pupil and parent voice: I can goals, How well does the adult help me assessment tool  - Strengths and difficulties questionnaire | | | | |
| **Cognition and Learning** | | | | |
| **Universal/ High quality first teach** | | **Targeted** | | **Personalised/Specialist** |
| -Clear and simple instructions, chunk instructions, record instructions, present them visually, pupil’s name and eye contact established before giving instructions (unless autism is present/suspected)  -Check for understanding  -Consistent use of terms, clarify, display and refer back to new/difficult vocabulary  -Pre-teach vocabulary and key concepts  -Jot down or display key points /instructions  -Consistent use of positive language  -Visual cues and prompts including concept boards, word mats, sentence stems- use of alphabet arcs, dictionaries, thesaurus.  -Multi-sensory approach that uses concrete materials, then visuals then abstract ideas along with a mixture of audio, kinaesthetic and visual resources  -Processing time  -Repetition and re-enforcement of skills  -Tasks simplified or extended  -Tasks broken down into simple steps  -Offer alternatives to written recording  -Provide handouts to minimise copying from the board with recognised writing difficulties  -Feedback to improve learning  -Provide key words for topics to support spellings and understandings- include pictures or symbols to support understanding  -Provide scaffolds  -Ensure fonts on board are a reasonable size and clear. Avoid a white background  -Use coloured overlays for pupils where required  -Visual timetable  -Collaborative working opportunities, flexible groupings  -Considered seating arrangements  -Visually supportive learning environments e.g. working walls and word mats  -Classroom adaptations for working memory difficulties- use memory aids e.g. personalised dictionaries, multiplication grids, mnemonics, diagrams/illustrations, colour coding and highlighting., develop children’s awareness of what helps them learn (meta-cognition)  -Consider the presentation of information; remove unnecessary writing  -Daily handwriting practice  -Fine motor skills practice e.g. dough disco  -Consideration of dyslexia friendly strategies including: Dyslexia friendly fonts | | Timetabled targeted/guided sessions with entry, exit and success criteria, and agreed monitoring schedule.  Handwriting intervention  Jelly and Bean reading scheme  Little Wandle intervention: Rapid Catch-up ( Phonics scheme)  Number Sense Maths group intervention  -Highly planned smaller group writing, reading or maths intervention; Explicit teaching to work on:  -Guided practice of key English or maths skills.  -Developing independence  -Word level reading  -Reading accuracy  -Reading rate and fluency  -Reading Comprehension  -Individual or adapted spellings  -1:1 reading intervention  -Sensory circuit/breaks both timetabled and or when required  Use of assistive technology e.g. dictation, predictive writing or speller and typing | | Intervention based on personalised dyslexia screening report  Intervention based upon personalised SENIT report  [SENIT Key Word Readers scheme](https://www.leedsforlearning.co.uk/Article/82228).  Intensive interaction  Number sense maths 1:1 personalised intervention sessions  Whole word approach to reading based upon thorough personalised reading assessment  Highly adapted curriculum that is taught in areas of provision (beyond early years) a specially designed intervention area/1:1 or very small group focus  Curriculum taught with use of Makaton, braille, radio aid or other adaptations which require a high level of planning and personalised delivery  Resources made specifically for an individual to allow access to the curriculum e.g. using the zychem machine to raise illustrations or diagrams  Access to a teacher of the blind or deaf. A teacher of the blind works at Windmill Primary School once every week  A high level of adult support or supervision in order to access the curriculum for example if the child is pre-verbal or self-directed  My Strengths profile |
| **Social, Emotional and Mental Health** | | | | |
| **Assessment**  All staff understand the broad continuum of SEMH needs and can highlight concerns where appropriate, contributing to early identification.  -Identification of and preparation for specific triggers for an individual through use of ABC records (e.g., times of the day/year, visits to birth family, transitions, less structured activities).  - Identify pupil strengths and interests- this can be done using talking mats, strengths and difficulties questionnaire, ‘how well does the adult help me’ tool, emotional literacy assessment tool, discussion with the child, ‘I can’ goals  - Gather pupil and parent/carer voice through discussion  -Formative and summative assessment identifies increasing and persistent difficulties or gaps in SEMH skills and knowledge: CPOMS, ABC incident records, Boxall Profile, sensory profile, ‘The Regulator 2.0’  - Outside agency assessment from professionals such as: Educational Psychologist, Jess Cluster Therapeutic Support Workers/Family Support Workers, SENIT Incusion Team, Area Improvement Partnership team  -Targets/outcomes to be developed based on recommended assessment and monitoring tools/toolkits, such as;  • ABC triggers • STAR approach – behaviour analysis chart. Emotional Regulation | STARS Team  • Sensory profile. Sensory | STARS Team  • Strengths and Difficulties Questionnaire. • Boxall Profile Boxall (boxallprofile.org) | | | | |
| **Social, Emotional and Mental Health** | | | | |
| **Universal/ High quality first teach** | **Targeted** | | **Personalised/Specialist** | |
| -Clear whole school behaviour policy that is regularly reviewed and updated  -Consistent use of rewards and sanctions  -Re-enforcement of rules with visual prompts if necessary  -Positive intervention strategies  -Time out, break and restorative practice systems  -Use of choice including choice boards and motivators  -Structured routines and clear expectations and guidelines with pre-warning and support when there is a change to usual routines  -Calming strategies within the classroom that are explicitly taught to the pupils and are readily accessible  -Clear communication with parents/carers  -Enhanced pastoral sessions  -Indirect language, e.g., “I’m wondering if you are feeling…”  -Mental Health First-Aider at each school  - Tasks differentiated, simplified, or extended  -Check for understanding  - Visual cues and prompts  -Collaborative working opportunities.  -Repetition and reinforcement of skills.  -Use of worked examples.  - Feedback delivered in a constructive and accessible way  -Consistent use of terms  -Adult modelling of emotions and states of wellbeing.  -Planned opportunities for talking about emotions and feelings.  -Links are made to real life experiences.  -Maintain clear boundaries and expectations.  - Classroom well organised and labelled  -Quiet zone/ calm corner  -Use of ‘jobs’ or responsibilities  -Transition tools  -Sensory environmental check list  -Personalise teaching to pupils’ interests and way of learning, e.g., kinaesthetic activities  -Meet and greet – ensure smooth entry to school  -Shared scripts for consistent language and language of choice  -Direct language (instead of saying “shall we tidy up/ do you want….” Say “Tidy up time”, or “Let’s do/ go…”  -Planned opportunities to learn and practise social and emotional skills during structured activities  -Focus on ‘Growth Mindset’ in Autumn term  -Access to pastoral services  -Break, lunchtime and after school ‘jobs’ and activities  -Now/Next  -Visual timetables  -Social stories and comic strip conversations  -Emotionally Based School Avoidance training  -Environmental Classroom Checklist - Sensory Audit  -List of evidence based SEMH interventions. Toolkit of evidence-based interventions  -Mindmate lessons - MindMate Friendly and MindMate Champions  -Trauma informed specific resources and books. Resources (beaconhouse.org.uk) Michelle Bomber  -Whole Class movement and sensory opportunities/breaks | High quality inclusive teaching plus additional time - limited interventions, designed to increase rates of progress. Timetabled targeted/guided sessions with entry, exit and success criteria, and agreed monitoring schedule.  Intervention group that provides:  -Opportunities for overlearning and repeated practice.  -Pre-teaching of language and key concepts  -Social skills work  -Pupil passport/profile  -Individual Behaviour Plan put in place  -Regular check ins at various points during the day  -Adult support for unstructured times and to develop peer relationships  - Enhanced level of communication between home and school to share positive achievement, e.g., victory log  Evidenced Based Group interventions such as: -Lego Therapy - Lego-based Therapy  -Sensory Circuits  - Forest schools  - Circle of friends.  - Growth Mindset  -3 or 5 point scale intervention  Use of job’s board | | High quality inclusive teaching plus personalised interventions to maximise progress.  - Refer for specialist support if required (Educational Psychology, SEMH Inclusion team, Area Improvement Partner, Jess Cluster, CAMHS, Mindmate  -Personalised timetable with an emphasis on social emotional learning.  -Personalised reward systems  -Clear exit strategy and safe space  -Specialist equipment e.g., weighted blanket  - Individual Risk Assessment  -Individual Behaviour Support Plan  -School attendance at multi-agency meetings  Individual/personalised interventions such as:  -Stay & Play therapy/art therapy  -Counselling –face to face and virtual through Jess Cluster  -Personalisation of programmes such as ‘Zones’ / ‘five-point scale’ - Emotional Regulation | STARS Team  -PATH intervention delivered 1:1  -1:1 personalised intervention based on the ‘boing boing’ resilience framework  Early Help Plan  Consideration of an Education Health Care Plan  Emotional School Based Avoidance  - Early Help Plan  - Timetable adjustments  - Educational Psychology/SENIT referral  - Regular home school meetings  -Work provided for the child to complete at home | |

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| **Physical and/or sensory** | | |
| **Assessment**  -Checklist for DCD - Sensory profile - Hearing test ( delivered by medical professional)  - The Regulator 2.0 -The Progression Framework - Sight test ( delivered by medical professional)  -Boxall Profile - Observation - Medical reports that could include: Physiotherapy, Occupational Therapy, Neurodisability Team. | | |
| **Physical and/or sensory** | | |
| **Universal/ High quality first teach** | **Targeted** | **Personalised/Specialist** |
| -Reduce background noise  -Preferential seating  -Positioning of teacher and support staff  -Uncluttered and well organised learning environment  -Appropriate lighting  -Access to lip reading/subtitled on any audio-visual material  -Choice making opportunities  -Specialist vocabulary shared at the start of each topic  -Thinking time  -Consolidate learning  -High colour contrast materials  -Good quality print and worksheets  -Electronic copies of work  -Printed copies of work  -Letter formation/fine motor skills activities  -Small group work  **Inclusion**  - Indicators of belonging are maintained and used daily e.g. named coat peg or drawer.  -All school spaces are welcoming and accessible.  -Whole class routines include child.  -School trips include child.  -An enabling environment to include access to paired learning, mentoring, friendship groups, social groups, peer awareness.  -A range of approaches that remove barriers to learning and facilitate inclusion.  Identity  -Identity conversations as part of PHSE curriculum.  -Focus on recognising individual strengths.  -Activities to help peers recognise the child’s unique contributions.  -Inspirational talks for whole year school which focus on overcoming personal diversity.  -Respectful conversations over time regarding the labels a child wants to apply to themselves.  **Social Experience**  -Ensure that reasonable adjustments to classroom layouts should not physically segregate the CYP from peers.  -Work on a class, year group and whole school level to raise awareness and understanding of CYP’s medical needs to prevent social stigma and isolation.  -Reasonable adjustments in school attendance policy, and how it is managed and celebrated; CYP on reduced timetable or with lower attendance due to medical needs are included in attendance-based rewards and celebrations.  -Opportunities for socialising without adults.  **Emotional Experience**  -PSHE lessons covering topics such as wellbeing and strategies for staying well.  -Class or school wide time dedicated to understanding physical health needs and differences between peers to promote understanding.  -Class teacher consideration that some class topics may be more upsetting or unsettling for young person – to discuss this prior  -Robust transition between year groups, ensuring all information is shared with new teaching staff.  -Promote opportunities to take responsibility for something in the classroom, to raise self-esteem and challenge perceptions  -Targeted and specific praise, with strengths regularly highlighted.  -If, for example, the young person benefits from movement breaks or brain breaks, consider implementing these on a whole class level if appropriate.  **Academic Experience**  -Provide alternative seating at carpet time (if necessary).  -Make use of different seating arrangements and groupings for different tasks.  -Ensure tools and equipment are easily accessible and ready for use.  -Use varying methods of communication to support understanding.  -Ensure links to prior learning are made across subjects.  -Provide talking partners (these will be helpful if the CYP has missed learning time due to appointments etc.)  -Work flexibly with the class timetable (e.g. consider the impact of tiredness, mobility, medication) and length of the school day, specifically at transition points.  -Reasonable adjustments to the environment and resources available.  -Access to alternative ways of recording.  Personal and Medical care  -Identified trusted adults have invested time to build those relationships.  -Reasonable adjustments to curriculum regarding personal safety and consent.  -Child knows who to go to when they are unsure or unhappy about their personal care.  -Access to medical interventions from appropriately trained staff.  Planning for the future  -Conversations about aspirations with key staff and families.  -Involvement in meaningful target setting.  -Planning through the ‘Preparing for Adulthood’ DFE grids. | **Inclusion**  -Planning and support for involvement in school plays, & extracurricular activities.  -Selection and planning of school trips and residentials.  -Planning to maintain connection during longer periods of absence due to medical needs.  -Sensitive teaching assistant support so class teacher continues to have responsibility for school experience.  **Identity**  -Practice using personalised scripts to share what the child wants to with others regarding their condition.  -Thoughtful conversations around when the child needs to ask for help and who they want to go to for this.  -Age-appropriate information about their condition and space to reflect on this.  **Social Experience**  -Social interventions such as ‘circle of friends’ or buddy systems.  -Provision to allow CYP ‘stay in touch’ with peers during time away from the setting for medical reasons.  -Considering how to build the CYP's social value and visibility within the context of the class during absences. For example, through provision such as the ‘panda on my chair’ where a cuddly ‘panda’ is placed on the CYP’s chair during sustained periods of absence and peers are able to place notes for the CYP in their ‘rucksack’.  -Trained/experienced staff available to support peer interactions through indoor/ outdoor games at break and/or lunch time.  **Emotional Experience**  -Protected time with a key worker to discuss strengths, successes, concerns and mood.  -Small group interventions for identified group of students accessing self-esteem support.  -Agree together a discreet method of communication (e.g. colour coded cards) to communicate any worries in the classroom.  **Academic Experience**  -A range of evidence-based interventions to support learning is delivered and reviewed for pupils with specific medical needs.  -Small group support for pre-teaching, making links to prior learning or teaching new concepts.  -Revision sessions to revise and consolidate what is learned.  -Access to type arrangements (e.g. scribe, laptop, overlays).  -In-class support to access the curriculum (e.g. TA’s planned for and used effectively)  -A Pupil Passport always kept on the CYP’s desk and shared with support staff.  -Adapting learning resources to meet the specific health/learning needs of the CYP.  -Where a CYP has to attend medical appointments / interventions, opportunities for effective catch up / consolidation of learning is in place.  -Training and intervention from external agencies  **Personal and Medical Care**  -Child/ young person has an Individual Health Care Plan, which is reviewed regularly.  -Individual Risk Assessment  -Have ongoing targets regarding their next step towards co-management of their medical needs.  -Involvement in decisions around personal care through a negotiated intimate care plan.  -Ongoing discussions around dignity.  -All staff working with CYP with identified medical needs have access to advice and support from external health professionals.  **Planning for the future**  -Practice in using decision making tools and sharing their views. | **Inclusion**  -The team around the CYP should work closely with them to enable them to make choices regarding their education.  **Identity**  -Access to specialist extracurricular activities which cater to specific needs and can highlight strengths e.g. Goalball  -Opportunities to meet other children and young people with similar needs.  **Social Experience**  -Adapted playground activities and resources so they are accessible to the CYP and utilising a key adult to facilitate interactions on the playground.  **Emotional Experience**  -Referral on to other specialist services via MindMate SPA, The Market Place or Cluster level support.  -Consideration of ways that CYP can ‘keep up’ not ‘catch up’ from missed appointments, e.g. use of IT at home to prevent the CYP becoming anxious about missed work and promote their self-esteem.  - Consideration is paid to the timing of necessary absences, and ensuring the young person is not consistently having to miss reward activities or enrichment visits and an attempt is made to offer alternatives.  **Academic Experience**  - Consideration of the school curriculum – what reasonable adjustments will have to be made to ensure inclusion, how can this be planned for in the classroom and throughout their school journey? (e.g. alternative assessment and exam arrangements).  -Consider ways in which the CYP can keep up and not ‘catch up’. This can be done by planning for parallel situations. Flexibility is helpful e.g. Plan A - participation if a child is well and at school and Plan B what shall we do if this child cannot attend school this term? (e.g. use of IT, home school packs).  -Assessment from teacher of the deaf- DAHIT or teacher of the blind VIT, access to sessions with Habilitation officer(VIT) Physiotherapists, Occupational Therapy, Feeding Team as required.  **Personal and Medical Care**  -Specialist advice from relevant medical teams regarding personal and medical care and independence targets (e.g., diabetes team, epilepsy team, etc.)  -Child/ young person has an Individual Health Care Plan, which is reviewed regularly and specifies the level of individual support and intervention they require.  **Planning for the future**  -Increased understanding of medical condition/diagnosis, implications and strategies.  -Increased responsibility for appointments and health related - decision making.  -Increased opportunities to co-manage or independently manage medical and personal care routines.  -An ILP is in place that would support the CYP who is unable to access the school for up to 3 weeks due to a medical condition.  -Consideration of an Education Health Care Plan |