

Croydon Local Area SEND Support Offer for Pupils with Special Educational Needs and Disability in Croydon

*Special education needs provision is underpinned by high quality teaching
and is compromised by anything else.*

SEND Code of Practice (2015)

Updated August 2024 (v5)



Name:

Year Group:

School:

The Locality SEND Support Offer for Croydon Schools

All mainstream state funded schools have responsibility to make appropriate full-time provision for all its pupils including those with SEND. For the majority of pupils with SEND this provision can be met from funding that is delegated directly to schools and through making reasonable adjustments.

Delegated school funding includes the basic entitlement (Element 1) based on the age and number of pupils attending and the notional SEND budget (Element 2), additional funding which can be targeted to make SEND provision for groups and individual pupils with SEND. The government's expectation is that the notional SEND budget will provide funding to enable schools to spend up to £6000 on individual pupils.

This guidance forms part of Croydon's Local Offer for SEND and sets out the expectations on SEND provision that all schools/settings in Croydon should make available from delegated funding and to make reasonable adjustments.

It describes modifications, differentiation and adjustments expected in daily quality first teaching as well as the additional and different support and intervention available as part of the graduated approach for pupils requiring SEND Support.

This guidance aims to:

- Support early identification and intervention for pupils with SEND
- Ensure consistency of approach and standards across all schools/settings
- Inform evaluation, development and implementation of good inclusive practice by school senior leaders and governors
- Provide information to parents and other key services on schools' inclusive practice
- Support decision making on allocation of any additional SEND provision, including EHC needs assessment.
- Ensure local schools meet their statutory duties set out in SEND Code of Practice.

The examples used in this guidance are not exhaustive. Schools/settings may have a more expansive repertoire of approaches and strategies and/or use alternative evidence-based teaching programmes and interventions.

This guidance will be reviewed and updated as needed through Croydon Locality SEND Support to reflect innovation and current research into best practice for pupils with SEND, feedback and recommendations from schools and any local and national policy changes.

Context:

This guidance uses the four broad areas of need defined in the SEND Code of Practice (6.28) to set out expectations on arrangements and additional provision schools should have in place to enable access and participation in the curriculum and wider aspects of school life for pupils who require SEND support.

It is likely that individual pupils will have needs that cut across these areas and their needs may change over time.

This guidance assumes that in making inclusive special needs provision schools/settings will apply the following principles:

- Ambition and aspiration for pupils with SEND matches that for all pupils
- Assessments, planning and implementation of provision reflects a pupil's areas of strengths recent progress and/or special interests
- Active engagement with pupils and their parents and carers is integral in discussions, decisions and review about any additional support
- Effective partnership working with a range of external services to identify and assess strengths and needs and plan actions to remove barriers to learning.
- SEND support is reviewed on a regular basis as part of the graduated approach to meeting needs.
- Individual support programmes include a focus on developing skills to support successful transition to adulthood; independence, employability and social interaction.
- Reasonable adjustments are in place so that pupils with SEND are not disadvantaged.

The guidance also includes:

- Reference to a range of resources and tools which schools/settings can use to inform identification of needs and audit of current inclusive practice.
- Recommended template for recording details of provision and review of SEND Support for individual pupils and a costed Provision Map template

Contents:

Each section contains:

- A description of needs and associated features
- Impact on access and engagement in learning
- Expected arrangements to meet needs in both **Quality First Teaching** and through additional **SEND Support across Education and Health services**

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SENDCOs are required to select and highlight the pupil or young person's areas of special need and comment as appropriate. To apply for Locality Resources (to enhance ordinarily available provision), SENDCOs must submit the relevant highlighted SEND Support Offer pages with a current costed Provision Map (Appendix 3). These must be submitted along with the Locality SEND Support Resource Request Form.

Appendices:

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1) COMMUNICATION and INTERACTION: Speech, Language and Communication Needs (SLCN)		
Description of needs:	Mainstream school offer	Comments
<p>Pupils with SLCN are likely to find it more difficult than their peers to:</p> <ul style="list-style-type: none"> • Express basic needs and feelings • Understand and use a range of vocabulary • Attend and take part in group discussions • Producing sounds and/or put words together to make speech intelligible • Listen and pay attention • Remember learning 	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • Cueing and reinforcing listening/attention • Modified and simplified teacher language, avoiding idioms and sarcasm • Instructions short and sequenced supported by visual cues • Differentiated use of question style such as offering a choice of responses • Allow 'take up time' to allow pupil to process and compose a response • Modelling, prompting and reinforcing pupil language • Checking and reinforcing understanding through repetition, rephrasing and demonstration and use of visual cues such as objects, signs, symbols and pictures and visual timetables • Use of word banks, concept/topic maps • Learning environment well organised with use of labels and signs to support independence and access to quiet, distraction free space. • Learning activities include first hand and practical activities • Discrete teaching of common but more difficult words used commonly across the curriculum (Tier 2 words) • Teaching of new words includes definition, explores structure and pattern e.g. words in words, rhyming words, syllables, and put in a meaningful context. • Play word games such as 'Twenty Questions' and 'What am I?', barrier games and drama and role play activities. <p>SEND Support:</p> <ul style="list-style-type: none"> • More focused assessment and observation used to plan personalised support plan in partnership with pupils, parents and advice from Speech and Language Therapy Service 	

<p>A pupil's SCLN may impact on social interaction and behaviour and/or development of literacy skills. Assessments should clarify that language difficulties are not due to other factors such as EAL (English as an Additional Language) or hearing loss</p> <p>Attainment: SLCN is likely to have an impact on a child's ability to make the same rates of progress and attainment and progress as pupils of a similar age.</p>	<ul style="list-style-type: none"> • Access to individual and /or small group interventions to target key areas of difficulty; attention and listening, phonological awareness, expressive and receptive language skills, social skills • Access to support from staff with additional training and expertise to support pupils with SLCN such as ELKLAN training. • Range of evidence-based interventions in place such as Talking Boost, Bubble Time, Talking Time, Speech Link and Language Link • Regular access to pre and post tutoring to embed new vocabulary and support access to whole group teaching. • Use of appropriate ICT to support communication and access to curriculum • Use of alternative modes of communication such as Makaton or Signing to support understanding. • Regular monitoring and review of impact of targeted provision as part of the graduated response. • <i>Specific teaching to address stress, anxiety, confusion and that may be expressed through unusual behaviour</i> • <i>1:1 SALT programme, demonstrated by SLT and carried out daily by schools' staff</i> • <i>Advice from SLT or specialist language teacher on differentiating curriculum</i> • <i>Small group specialist language teaching for all key curriculum areas</i> 	
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Useful sources of information and resources for pupils with SLCN: I CAN, BT resources Communication Trust, Afasic, Speech Blog, LGFL SEND Resource (Note: Barrier games and activities are freely available from a number of websites.)

2) COMMUNICATION and INTERACTION: Autistic Spectrum Disorder (ASD)		
Description of need:	Mainstream School Offer	Comment
<p>Pupils with ASD present with a range of difficulties including:</p> <ul style="list-style-type: none"> Interpreting verbal and nonverbal language such as gesture, tone of voice, facial expressions, jokes or sarcasm Expressing their own needs and feelings Understanding social situations, recognising and responding to the feelings and intentions of others Forming friendships Obsessive interests and/or 	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> Teachers and support staff use clear, unambiguous language to give instructions and explain language Verbal input supported by visual prompts, concrete objects and other multi-sensory cues. Visual timetables and other prompts used to establish structure and routines in the day. Strategies to facilitate transitions within the school day e.g. visual timer. Pre and post tutoring of new vocabulary for new concepts or topic work Alternatives to written recording. Use of simple task management boards to chunk learning tasks Modelling of appropriate social interaction Whole school autism awareness training Access to 'safe-space' for difficult times Strategies to reduce unusual responses to sensory or information overload, such as work breaks Peer support systems particularly during unstructured times e.g. buddy systems or circle of friends <p>SEND Support:</p> <ul style="list-style-type: none"> Prior notice and preparation to changes in daily routines. Personalised and 'mobile' visual timetables and prompt cards to support understanding of routines and expectations in the classroom and non-taught times e.g., assembly, break and lunch times. Use of any personal interests to support planning of curriculum activities. 	

<p>repeated behaviours</p> <ul style="list-style-type: none"> • Adapting to changes, preferring to stick to familiar routines and rules. • Over or under sensitivity to sounds, touch, tastes, smell, colour, temperature or pain. • Unusual interest in sensory aspects of the environment leading to anxiety <p>These difficulties can cause heightened levels of anxiety and stress and lead to behaviour difficulties.</p> <p><u>Attainment</u> Pupils with ASD can</p>	<ul style="list-style-type: none"> • Use of sensory checklists and/or behaviour observations (ABC Chart) to determine potential causes of stress and discomfort in the school environment • Adjustments to reduce impact of any over or under sensory stimuli, e.g. ear defenders in the learning environment. • Use of specialist resources such as 'Chewelery' or weight belts to meet needs of sensory seekers • Access to individual or small group teaching programmes to develop awareness and skills for appropriate social interaction such as Time to Talk, Socially Speaking, Lego Therapy and Animal Therapy • Use stress scales such as the 'Incredible 5-Point' Scale or the Zones of Regulation to develop awareness of emotions and to support self-regulation • Use of time out cards and /or make available a safe and quiet place for pupils to go to during periods of heightened stress and anxiety. • Use of Social Stories to improve a pupil's understanding of what is expected in situation or activity that is proving to be particularly difficult. • Use of personal work station to reduce distractions and sensory overload • Teaching and learning strategies informed by professionals eg. SALT, EP etc. • Staff working with the pupil have undertaken specific ASD training • Daily opportunities to discuss young person's own planning, organisation and task-completion skill • Teaching of strategies to enable young person to become increasingly self-organised and independent including in different environments • Designated time to work on specific programmes recommended by supporting professionals • Heightened level individualised motivators to support and reinforce learning • <i>Individualised Curriculum based on assessment of needs and informed by professional advice</i> 	
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<p>have a range of cognitive skills. Achievement and progress are affected by the profile of difficulties they face. Pupils can show preference for rote learning activities and more difficulties with activities linked to comprehension and creativity.</p>	<ul style="list-style-type: none"> • <i>Specialist environment is used to support individualised learning</i> • <i>Help in using augmentative and alternative means of communication (Makaton/Use of symbols/PECS)</i> • <i>Opportunities for staff training for positive management of challenging behaviour</i> • <i>Strategies in place to promote active social inclusion within the whole school environment</i> • <i>Support to develop self-help skills where necessary</i> • <i>Limit contacts to fewer members of staff & limit movement around the building.</i> 	
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Useful sources of information and resources for pupils with ASD: National Autistic Society, Autism Education Trust, Ambitious about Autism

3) Cognition and learning: Specific Learning Difficulties (SpLD)

Description of need	Mainstream School Offer	Comments
<p>Pupils with specific learning difficulties vary in terms of the nature and severity of their difficulties. They will display a variety of patterns of difficulty and achievement. Pupils are likely to experience difficulties in word reading and spelling and/or developing mathematical abilities and/or motor skills and coordination. Many experience difficulties working with sounds in words (phonological processing) and/or information processing which may affect progress in other areas such as mathematics. Labels such as dyslexia, dyscalculia and developmental co-ordination disorder (DCD) may be used.</p> <p><i>For DCD please refer to section 8 of this document.</i></p>	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • A nurturing environment with opportunities for learning through play in the early years and primary phase to provide foundation for early literacy and numerical skills, with opportunities for small group experiences in a safe and secure space for young people in the secondary phase. • Quiet environment to assist concentration and learning • Planning of differentiated work to ensure effective inclusion in the daily literacy and numeracy lessons, in English and mathematics lessons and in all areas of the curriculum • Curriculum offer and daily lessons reflects range of learning styles across all subjects • Strategies to support weak memory skills, both teacher-led and developing independent strategies • Learning tasks and activities meaningful, relating to pupil's experiences and interests. • Information presented in a structured and cumulative way, building on, recapping and reinforcing existing knowledge and scaffolding tasks. • Use of language simplified with short and concise instructions • Allow extra thinking time to process information and compose a response. • Strategies to develop and extend listening, attention and retention. This may include learning breaks • Encourage independence, teaching skills and strategies to support metacognition. • Clear classroom routines supported by visual cues • Learning supported by range of learning aids and visual cues, including word mats, writing frames • Work chunked into manageable steps 	

<p>Pupils with SpLD present with a range of difficulties including:</p> <ul style="list-style-type: none"> • Organising what they want to say to convey meaning • Following instructions • Very poor organisational skills • Great problems retaining basic sight vocabulary • Very weak phonological skills • Great difficulty with spelling, writing and presentation of work • Difficulty developing basic number concepts • Short term and working memory difficulties • Poor fine and/or gross motor skills • Poor visual discrimination • Problems with sequencing 	<ul style="list-style-type: none"> • Alternative methods for written recording in place to facilitate focus on other learning skills and knowledge, including use of assistive technology • Use multi-sensory approaches to introduce new skills, engaging more than sense at a time. • Consideration ways of making learning materials and content more accessible; use of bullet points, mind maps, flow charts, choice of font size and colour of paper. • Marking and assessment should be related to learning objectives and knowledge acquired • Homework to be differentiated and time-managed • Support organisation of homework and arrangements to ensure that tasks are clearly recorded • Support to develop personal organisation in response to timetabling and managing possessions and equipment • Use of praise and positive language to boost self-esteem and value pupils' efforts and strengths • Provision of appropriate, readily available equipment to allow access to and participation in the curriculum eg pencil grips, range of scissors, writing slopes, coloured paper, coloured overlay • Whole school training on dyslexia and other SPLDs; free training materials include: <ul style="list-style-type: none"> ○ Train the teacher; Teaching for Neurodiversity; Child - British Dyslexia Association <p>SEND Support:</p> <ul style="list-style-type: none"> • Use of diagnostic tools to identify strengths and weaknesses in skills and learning styles. • Access to evidenced based intervention programmes to support progress in basic skills such as Reading Recovery, Catch-up Numeracy, and Catch Up Literacy • Provision and use of specialist ICT for access • Opportunities for overlearning to recap and embed 	
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<ul style="list-style-type: none"> • Poor metacognitive awareness • Poor self-esteem <p>Other common SPLD include: ADHD, Attention Deficit Hyperactivity Disorder; difficulties characterised by inattention, restlessness, impulsive, unpredictable and/or inappropriate behaviour.</p>	<ul style="list-style-type: none"> • Precision learning approaches to introduce and embed core literacy and numeracy skills • Pre and post tutoring of new vocabulary linked to new concepts, narratives and/or new topics • Daily reading with an adult following a scheme (s) at appropriate challenge and pupil interest/age. • Ensure opportunities for children to read for pleasure, reading aloud or using paired reading techniques using books of pupil's own choice. • Ensure advice and recommendations from external specialists included in daily teaching practice and personalised provision Check for visual stress; experiment with different overlays and tinted paper, refer to optometrists as required. <ul style="list-style-type: none"> • Access to "light touch" support from additional adult in class • Access to programmes such as: 1:1 tuition for underachieving children/young people, Literacy Plus, Reading and Writing Challenge, Fischer Family Trust interventions • At Key Stage 4, a focus on Functional Literacy and Numeracy Skills from 2010. • In Key Stages 3 and 4, it is sometimes helpful for CYP to have opportunities to follow oral based MFL courses or replace MFL with extra literacy & numeracy support. • In Key Stage 4 – small group teaching for Award Courses/Alternative Curriculum through Entry Level Course, alternative accreditation, work-related learning and college opportunities, programmes to develop life skills. • Timetabling that allows for reduced options in Key Stage 4 in order to facilitate supported study options in other subjects. • <i>Please see Cognition and Learning MLD section if the child or young person displays;</i> <ul style="list-style-type: none"> ○ <i>a complexity of need across a range of areas eg speech and language, behaviour (including internalising)</i> 	
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	<ul style="list-style-type: none"> ○ <i>Profound and persistent difficulties in areas identified despite systematic, structured intervention incorporating advice from specialist teacher, Educational Psychologist, OT/Physiotherapist or speech and language therapist as appropriate</i> 	
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Useful sources of information and resources for pupils with SpLD; British Dyslexia Association, Dyslexia Action, Patoss, LGFL SEND Resources

4) Cognition and Learning: Moderate Learning Difficulties (MLD)		
Description of need	Mainstream School Offer	Comments
<p>Pupils with MLD will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may have associated speech and language delay, low self-esteem, low levels of concentration and underdeveloped social skills. Their low attainment is not associated with factors such as learning English as an additional language, disadvantage or disrupted or gaps in access to education. Pupils with MLD may experience difficulties with;</p> <ul style="list-style-type: none"> • Understanding instructions and requirements of tasks. • Acquiring sequencing skills • Understanding how they affect and relate to their immediate surroundings • Personal organisation • Visual and auditory memory 	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • Daily learning objectives and tasks modified to provide appropriate pitch and pace of learning, drawing on earlier programmes of study as appropriate • Use of multi-sensory approaches to introduce and embed new skills and knowledge. • Learning linked to everyday experiences where possible and/or involve practical tasks or first-hand experiences • Use of a range of visual cues and physical prompts including signing such as Makaton, to support access and understanding • Cueing and reinforcing of active listening skills • Instructions and verbal explanations and concepts are repeated rephrased and/or demonstrated to check pupils understand of what has to be done. • Extra thinking time to help pupils process information and compose a response. • Use of alternative ways of recording such as photos, videos, peer support and assistive technology • Learning supported by range of learning aids and visual cues, including word mats, writing frames • Work chunked into manageable steps • Use of flexible/mixed groupings. • Self-help and independence skills supported through a well organised learning environment with word labels and visual cues in place to locate key resources and reminders of rules and routines. • Homework tasks modified • Use of praise and positive language to boost self-esteem and value pupils' efforts and strengths. 	

<ul style="list-style-type: none"> Reasoning and problem solving Generalising learning and applying to new situations Fine and gross motor skills <p>Attainment: Pupils will usually be achieving well below age related expectations in all or most area of the curriculum (at least two years behind expected levels of skills and knowledge.</p>	<p>SEND Support:</p> <ul style="list-style-type: none"> Use of diagnostic tools to identify strengths and weaknesses in skills and learning styles. Access to evidenced based intervention programmes to support progress in basic skills such as Reading Recovery, Catch-up Numeracy, and Catch Up Literacy Opportunities for overlearning to recap and embed new skills and knowledge using a range of methods Precision learning approaches to introduce and embed core literacy and numeracy skills Pre and post tutoring of new vocabulary linked to new concepts, narratives and/or new topics Daily reading with an adult following scheme (s) at appropriate challenge and pupil interest/age. Advice and recommendations from external specialists included in daily teaching practice and personalised provision Arrangements in place to support completion of homework tasks. Lessons organised and learning chunked to manageable segments Rewards and recognition for effort Dedicated space or particularly activity for difficult times <i>School engages in significant training re general learning needs</i> <i>School co-ordinates the involvement of a range of agencies to facilitate the provision of all educational and non-education provision</i> <i>School engages in joint planning and provision of differentiated approaches and materials in advance of lessons</i> <i>School support provision of different types of learning experience, individual, small group, review and reflection to ensure curriculum access and discrete skills teaching can take place</i> <i>Uses alternative means of communication to access the curriculum</i> <i>Needs more 1:1 or small group work</i> <i>Needs support for presentation of new tasks</i> 	
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	<ul style="list-style-type: none"> • <i>Needs higher level of support in class to access the curriculum, stay on task and achieve May require adults skilled in alternative means of communication</i> • <i>Highly structured predictable routine in which work is presented in very small incremental steps</i> • <i>Programmes should have in-built opportunities for choice</i> • <i>Needs sensory approached across the curriculum</i> • <i>Needs some forms of therapy</i> 	
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5) Social, Emotional and Mental Health Needs		
Description of needs	Mainstream School Offer	Comments
<p>Social, emotional and mental health needs are multi-variant and often complex and can indicate unmet emotional, developmental and educational needs. These may include lack of emotional containment due to complex and/or chronic family difficulties this may include: domestic violence, abuse, sexualised behaviour and other childhood traumas. Challenging and disruptive behaviour can be a reflection of social, mental and emotional health needs. Social, emotional and behavioural development needs change over time and across different settings. Behaviour is dependent on the context in which it occurs and will change from one context to another. The differences in responses from situation to situation can usefully highlight the environmental factors that influence a Young person's behaviour and inform the development of strategies to manage it.</p>	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • School has clear policy for promoting social, emotional, mental health and behaviour which is based on positive reinforcement and applied consistently by all staff • Policy highlights importance of valuing all young people and establishing relationships • School ensures that sanctions for inappropriate behaviour do not compromise a pupil's entitlement to a broad and balanced curriculum • School has common language to describe behaviour • School has clear, positively worded Code of Conduct agreed by staff, pupils and parents • Senior Leaders and all staff model positive behaviour and social skills they expect pupils to use • Induction of new staff includes specific introduction to the policy for promoting positive social, emotional and mental health and behaviour • All staff supported to know how to exercise individual responsibility in implementation of school behaviour policy • Staff understand how to modify and differentiate whole school policy for promoting positive social, emotional and mental health, behaviour and attendance to take account of individual needs. This is applied in all areas of school life, including extended services, out of school learning and study: <ul style="list-style-type: none"> ○ Alternative or reduced methods of recording such as voice recording or amended worksheets ○ Specific short-term project targeted at skill development (eg anger management, self-esteem) ○ Specific skill developmental of individual targets (eg complete tasks within a given time, co-operate in turn taking game) 	

<p>Behaviours may reflect:</p> <ul style="list-style-type: none"> • Underlying learning or communication difficulties • failure to make progress accompanied by signs of mood swings, frustration, non-co-operation, withdrawal or isolation, disillusionment or non-attendance • difficulty with social relationships including peer/group relationships which affect classroom dynamics and require teacher intervention • difficulty acquiring and applying basic social skills • emotional immaturity • low self-esteem • lack of confidence in ability to cope with new demands and change to routines • Diagnosable mental health difficulties such as anxiety, depression, eating disorders • Attachment difficulties • ADHD 	<ul style="list-style-type: none"> ○ Record keeping on regular basis of input and progress (eg behaviour diary, home-school book) ○ Access to specialist equipment and ICT as necessary ○ Staff adapt teaching approaches (eg cuing young person in with name and individual instruction) ○ Pupil provided with the opportunity to adapt and reflect on own behaviour (eg use of self-monitoring diary) ○ Routine use of peer support (eg circle of friends, peer mentoring, buddy system) ○ Adult support on 'ad hoc' basis (eg occasional mentoring or pastoral support) ○ Form tutor/learning mentor or equivalent responsible for working with pupils on daily basis (eg couple of minutes before school to outline day, checking right equipment etc) ○ Planning / delivering individualised programme (eg individual behaviour targets programme) ○ Parental reinforcement at home (eg rewards to support behaviour programme etc) ○ Supervision outside lesson time (eg doing 'job' for admin staff) ○ Individual praise from HT, SMT as appropriate, for work, targets met etc ○ Liaison with and involvement of midday supervisors to ensure consistency of approach and implementation of targets ○ Access to therapeutic intervention in individual/small group setting (eg counsellor, play therapist) ○ Other small group activities • Building positive and trusting relationship with pupil, taking time to understand, talk and listen to him/her • Warm welcome at the beginning of each day/session • All adults modelling positive behaviour and interactions • Support with transitions and changes to daily routine • Arrange seating to minimise disruption and potential conflict e.g. not near windows and doors 	
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<ul style="list-style-type: none"> • Impact of domestic circumstances such as abuse and neglect, poverty and debt and domestic violence • Trauma such as bereavement <p>Signs of SEMH difficulties include:</p> <ul style="list-style-type: none"> • Lack of ability to expressing emotional and social needs • Inappropriate social interaction; problems with making and sustaining friendships • Reluctance/refusal to respond to instructions and daily rules and routines • Threats or actual self-harm • Low self esteem • Impulsive and unpredictable behaviour and high-risk behaviour • Distractibility • Social isolation with limited verbal interaction • Verbal and physical aggression • Reluctance to accept praise • Poor emotional regulation 	<ul style="list-style-type: none"> • Minimise waiting times and prolonged periods of whole class teaching sessions • Avoid giving instructions framed as questions; are you going to sit down? • Manage distressed and challenging behaviour through: • Tactical ignoring and use of non-verbal signals • Reminders/reinforcement of what pupil should be doing rather than drawing attention to poor behaviour • Use of straight forward, explicit language, reducing dialogue • Acknowledgement of appropriate behaviours and activities • Use of language of choice with reminders of consequences – 'if you choose to --- then---' • Use of partial agreement language such as when --- and then ----. • Allowing time, stepping back and giving space to allow pupil to take control and change behaviour • Prompts/ attention to refocus on learning tasks or other distractions to end inappropriate behaviour. • Further explanation/reshaping of learning task • Sensitive and consistent use of rewards and motivators • School behaviour policy reflects inclusive practice to take account of SEMH needs <p>SEND Support:</p> <ul style="list-style-type: none"> • Planning for individual support informed by analysing and baselining current patterns of behaviour to prioritise key areas of need and/or trigger points affecting emotional regulation through use of using: <ul style="list-style-type: none"> ○ Assessment tools such as Strengths and Difficulties Questionnaire, Leuven Scale (Early Years) and Boxall Profile 	
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<ul style="list-style-type: none"> • Reluctance to trust adults or overly dependent on adult relationships. <p>Frequency and intensity of behaviours can vary.</p> <p>Attainment: Pupils with SEMH needs are at risk of underachieving with difficulties impacting on their ability to access and engage with learning.</p> <p>Through assessment pupils with SEMH needs may be diagnosed with:</p> <p>ADHD – Attention deficit Hyperactive Disorder OCD – Obsessive Compulsive Disorder ASD- Autism Spectrum Disorder GAD – General Anxiety Disorder CD – Conduct Disorder ODD – Oppositional Defiance Disorder</p>	<ul style="list-style-type: none"> ○ Behaviour logs, observations and ABC Charts <ul style="list-style-type: none"> • Time linked, evidence-based interventions in place to support development of wellbeing, esteem and resilience such as ELSA, nurture groups, Lego therapy, Draw and Talk and Theraplay • Access to counselling and therapeutic support • Access to learning mentor and pastoral support from staff with additional training and expertise such as ELSA. • Teach strategies to manage anger and heightened stress and anxiety • Use of time out cards access to quiet space or time with a trusted adult to support self-regulation • Implementation of an individualised personalised approach to manage behaviour including risk assessments • Reward and motivators tailored to reflect needs and interests of individual pupils and to value and recognise success with personal targets. • Engagement with external agencies to identify and address underlying difficulties including environmental and domestic circumstances • Therapeutic intervention as recommended by CAMHS • Active engagement with families to provide a coordinated and consistent approach to promote positive behaviours and wellbeing • <i>Very detailed guidance to all staff who work with pupil, facilitating development of coherent and consistent approaches</i> • <i>Regular opportunities for individual or small group withdrawal sessions to address needs</i> • <i>Adult support available at times of difficulty to prevent escalation of problems.</i> 	
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	<ul style="list-style-type: none"> • <i>Flexible deployment of staff at moments of crisis may be necessary</i> • <i>Intensive adult support to develop and maintain consistent and on-task behaviour</i> • <i>Key worker to plan and monitor structured behaviour programmed and meet pupil daily</i> • <i>Detailed programme to which all agencies concerned with the pupil contribute</i> • <i>Access to small group teaching to address significant needs</i> • <i>Staff with knowledge, skills and understanding of the emotional needs of challenging pupils</i> • <i>Access Mental Health First Aider training for a group of colleagues.</i> 	
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Useful sources of information and resources for pupils with SEMH needs:

- Young Minds (<https://youngminds.org.uk/>)
- ADDIS National Attention Deficit Disorder Information and Support Service (<http://www.addiss.co.uk>)
- MindEd; free educational resource on CYP mental health (<https://www.minded.org.uk/>)
- Mentally Healthy Schools (<https://www.mentallyhealthyschools.org.uk/>)
- Anna Freud Centre; 'Schools in Mind' free network for school staff to share a trusted source of up-to-date and accessible information and resources that school leaders, teachers and support staff can use to support the mental health and wellbeing of the children and young people in their care (<https://www.annafreud.org/what-we-do/schools-in-mind/>)
- [The Charlie Waller Memorial Trust](#) provide a range of information and training events to support the mental wellbeing of children and young people, including free downloadable resources.

6) Physical and Sensory Need: Hearing Impairment (HI)

(For further information, advice and training contact Croydon Sensory Support Service;
sensorysupportservice@croydon.gov.uk)

Description of needs	Mainstream School Offer	Comments
<p>HI can be one-sided (unilateral) or bilateral (affecting both ears). HI can range from mild to moderate to severe to profound. In some cases, the hearing loss may be temporary e.g. due to glue ear.</p> <p>Many children with HI will be prescribed hearing aids, bone conducting aids or cochlear implants.</p> <p>The impact of hearing loss depends on a number of factors including:</p> <ul style="list-style-type: none"> • Degree of HI • Age at diagnosis • Age of aiding and consistency of use • Family engagement & support • Additional needs and / or additional languages <p>The impact of hearing loss can include:</p>	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • Creation of a good listening environment and reduction of background noise. • Environmental audits to check acoustics and access in the classroom and wider school environment. • Seating arranged to optimise access to verbal input and lipreading. • Teachers and support staff speak naturally and clearly, facing pupils as they speak. • Cueing to support attention and listening. • Extra thinking time to help pupils process information and compose a response. • Instructions and verbal explanations and concepts are repeated, rephrased and/or demonstrated to check pupils understand what has to be done. • Management of turn taking in class/group discussions and repetition of key points made by others. • Use of multi-sensory approaches to introduce and embed new skills and knowledge, including hands-on learning. • Use of a range of visual cues and physical prompts to support access and understanding. • Games and activities to improve memory skills. • DVDS, video clips and online content made accessible e.g. provision of subtitles, notes, transcripts, live repetition. • Material delivered via audition alone made accessible e.g. listening tasks in MFL, music including live speaking / streaming. 	

<ul style="list-style-type: none"> • Difficulties hearing speech and locating the source of sound. • Difficulties understanding speech where there is background noise or more than one person speaking. • Delayed listening and attending skills. • Listening fatigue due to the increased cognitive effort to fill in gaps, lipread and/or follow sign. • Difficulty following group discussions and activities. • Speech intelligibility • Poor self-esteem and self-image • Expressing and managing feelings and emotions. • Delayed and/or disordered language development. • Need for signed language e.g. Sign Supported English, BSL. 	<ul style="list-style-type: none"> • Awareness of nature and degree of HI and the implications for access and engagement in learning, shared with supply staff, sports coaches etc. Support for inclusion in extra-curricular activities. • Deaf awareness training for pupils and staff in the school community. • Use of inclusive teaching resources including deaf role models. <p>SEND Support:</p> <ul style="list-style-type: none"> • All reasonable adjustments in place as advised in the individual pupil Access Plan, provided by the sensory support service. • Regular monitoring to check access and any concerns re. changes to hearing and other areas of learning e.g. speech clarity, language comprehension. • Referral to speech and language therapy services for HI if there are concerns re. language development. • Pre and post tutoring of subject specific and topic vocabulary and for key lessons • Enhanced and modified 1:1 and/or small group support to teach and embed phonic skills. • Use of structured programmes to support literacy development. • Structured listening / auditory development interventions • Assessments, advice and direct teaching from Croydon Sensory Support Service specialist teachers of the Deaf; frequency and level of support reflecting impact of hearing loss. • Use of word mats and mind maps to reinforce key vocabulary, concepts and facts. • Lessons organised and paced with oral instructions and 'teacher talk' minimised to reduce impact of fatigues with access to rest breaks. 	
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<ul style="list-style-type: none"> • Delayed literacy and numeracy skills • Difficulties communicating with peers. • Delays to development of working and auditory memory • Reduced access to incidental learning • Increased risk of poor mental health <p><u>Attainment:</u></p> <p>With access to early intervention and the right levels of support and appropriate reasonable adjustments CYP with HI should be able to achieve in line with expectations of pupils of a similar age with similar starting points.</p> <p>There is an increased prevalence of deafness in pupils who have learning difficulties/other disabilities.</p>	<ul style="list-style-type: none"> • Use of and support to manage and maintain personal aids and additional specialist audiology equipment required e.g. a personal listening device / radio aid. Daily listening / visual checks of aids. • Arrangements in place to support inclusion/social interaction at non-taught times such as assembly and break times. • Access arrangements in place for tests and examinations and embedded as normal way of working. • Trained TA / notetaker in targeted lessons where access and/or language load have been identified as impacting on learning. • Advocacy support to ensure all reasonable adjustments are in place in school. • <i>Trained TA and / or note-taker to facilitate inclusion in the majority of mainstream lessons, and support understanding of the mainstream curriculum.</i> • <i>Trained communicator with appropriate level of BSL.</i> • <i>Reduction in curriculum load to allow for pre and post tutoring of vocabulary and concepts with a trained Teaching Assistant (TA).</i> • <i>Small group work on a regular basis to enhance learning and develop social skills.</i> • <i>BSL tutoring.</i> • <i>Additional social / emotional and deaf identity interventions. Access to deaf mental health services i.e. Deaf CAMHS.</i> • <i>Modification of curriculum resources to ensure access e.g. school exams modified for language.</i> 	
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Useful sources of information and resources for pupils with HI / deafness

[Croydon Sensory Support Service \(CSSS\) | Croydon Local Offer](#)

[Primary education | Information for professionals \(ndcs.org.uk\)](#)

[Secondary education | Information for professionals \(ndcs.org.uk\)](#)

[Glue Ear Together](#)

7) Physical and Sensory Need: Visual Impairment (VI)

(For further information, advice and training contact Croydon Sensory Support Service;
sensorysupportservice@croydon.gov.uk)

Description of need	Mainstream School Offer	Comments
<p>VI is a reduction in vision which cannot be corrected with glasses. It is likely to have an impact on a child's ability to access learning and to-develop key skills.</p> <p>VI can be temporary or permanent, be present at birth or develop later, it can be mild, moderate, severe or profound. Vision impairment can impact children in the following ways:</p> <ul style="list-style-type: none">• Social development (making and maintaining friendships): they cannot always pick up/use non-verbal cues such as body language and facial expressions.• Motor development: lacking motivation and confidence to explore physical learning environment.• Limited access to incidental learning, learning through	<p>Quality First Teaching:</p> <ul style="list-style-type: none">• Turn off lights above the interactive board/close blinds to reduce glare on the screen.• Provide a verbal description of words and information that are pointed to or written down. <p>Write on flip charts and on slide presentations using dark contrasting colours, a large font size with good spacing.</p> <ul style="list-style-type: none">• Use font size 14 or larger in printed text and use bold formatting.• Provide clean individual whiteboards with black broad tipped pens.• Use resources that contrast well with their background including PE.• Store regularly used resources in consistent locations and tell pupils when items are moved.• Use a multi-sensory approach with increased opportunity to use senses of touch, hearing and smell and the use of real objects.• Keep the learning environment clutter free and organised.• Use high visibility vests when outside so key adults can be identified.• Whole school training to staff and pupils to develop awareness of inclusive practice for pupils with sensory impairments. <p>SEND Support:</p> <ul style="list-style-type: none">• All reasonable adjustments in place as advised in the individual pupil Access Plan, provided by the sensory support service.	

<p>observing and mirroring actions of others.</p> <ul style="list-style-type: none"> • Difficulty navigating the learning environment. • Increased fatigue due to extra effort to access learning. • Educational progress i.e. reading, writing and concept development can be affected. • Reduced speed of working and accessing information. • Low self-esteem and impact on well-being. <p><u>Attainment:</u> With access to early intervention and the right levels of support and appropriate reasonable adjustments CYP with VI should be able to achieve in line with expectations of pupils of a similar age with similar starting points. There is a relatively high prevalence of VI in pupils who have learning difficulties/other disabilities.</p>	<ul style="list-style-type: none"> • Regular liaison with the students about what is working/needs changing. • An adult(s) to regularly check in with the pupil about their well-being including their social inclusion in lessons and extra-curricular clubs and to ensure adapted resources are ready in time for lessons. • Planning is shared in advance so that modifications can be made to learning resources in advance by school staff or the Croydon Sensory Support Service. • Additional time/support allocated for pre/post tutoring of new skills and concepts as well as direct teaching of touch typing, mobility and/or social skills as required. • Use of laptop/iPad with WIFI and accessibility options enabled for pupils to read presentations and worksheets and to allow pupils to work at their own pace and increase opportunities for independent learning. • Install recommended apps to support access to reading and worksheets. • Use of other resources like writing slopes, large print rulers/protractors, bold lined books/paper • Access arrangements in place for tests and examinations and embedded as normal way of working. • Extra time to complete tasks and homework. • Provide large print or modified large print resources, bold lined/squared exercise books, paper. • Tactile curriculum resources. • <i>All learning materials produced in Braille or in Word for a Braille notetaker, audio or tactile formats.</i> • <i>School staff to reinforce Braille teaching with students: Members of staff will learn to use the software to produce resources. At Primary, staff to learn the Braille code to support pupils.</i> 	
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	<ul style="list-style-type: none"> • <i>Enhanced opportunities to develop and use sense of touch to support access and communication e.g. manual dexterity, tracking skills and tactile perception.</i> • <i>Trained TA to facilitate inclusion in school including safe and independent access to equipment, learning and social interactions.</i> • <i>Support with developing self-help and independence including confidence using technology.</i> • <i>Additional social / emotional and well-being interventions and counselling as appropriate.</i> • <i>Support for mobility skills following programmes provided by the Registered Qualified Habilitation Specialist.</i> • 	
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Useful sources of information and resources for pupils with VI: Royal National Institute for the Blind (RNIB)

[Croydon Sensory Support Service \(CSSS\) | Croydon Local Offer](#)

[Royal National Institute for the Blind \(RNIB\)](#)

<https://www.pocklington.org.uk/>

<https://www.rsbc.org.uk/what-we-do/>

8) Physical and Sensory Need: Developmental Coordination Disorder (DCD)		
Description of need	Mainstream School Offer	Comments
<p>DCD (also known as dyspraxia) affects pupil's fine and gross motor skills which can have an impact in participation and functioning in everyday life and learning. DCD may occur in isolation but coexist with other conditions such as ADHD and dyslexia. Although DCD affects each pupil differently common difficulties include:</p> <ul style="list-style-type: none"> • Handwriting; poor pencil control affecting letter formation, fluency and speed, drawing skills. • Use of classroom equipment such as rulers and scissors • Self-Care; Dressing and undressing (e.g. tying laces, doing up buttons), using cutlery, • Poor coordination; throwing and catching, • Spatial awareness; invading others space, setting out work, bumping into objects, knocking things over. 	<p>Quality First Teaching:</p> <ul style="list-style-type: none"> • Established routines and structures supported by use of visual cues. • Use of clear simple instructions with repetition as required. • Encourage good seating for all children, both feet flat and sitting upright • Learning activities and tasks broken down into smaller, achievable chunks. • Extra time allowed to complete tasks • Preparation for writing activities, such as hand warm ups and body strengthening exercises incorporated in daily teaching programme. • Rest and movement breaks used to address fatigue and sustain concentration • Alternatives to written recording including use of word processors and peer support. • Range of pens/pencils and grips available to support development of writing skills • Modified/enlarged writing frames and task sheet to support presentation and layout of work. • Modified homework tasks. <p>SEND Support:</p> <ul style="list-style-type: none"> • Advice and recommendations from occupational therapy service included in personalised learning programmes • Make available specialist equipment such as writing slopes and seating wedges 	

<ul style="list-style-type: none"> • Weak core strength; difficulties sitting up and sitting still • Personal organisation; forgetting or losing things, time management. • Social interaction; forming friendships, takes spoken word literally • Poor short-term memory • Low self-esteem <p>Attainment: DCD can occur across the range of intellectual ability.</p>	<ul style="list-style-type: none"> • Targeted interventions to teach and practice key skills e.g. Handwriting without Tears programme to support letter formation and range of activities to develop manual dexterity; manipulating play dough, popping bubble wrap, squeezing clothes pegs, scrunching paper, squirting water pistols, wringing out wet sponges, stretching rubber bands, constructing toys, ripping up pieces of paper, etc. • Targeted support to develop self-care and independence skills. • Targeted support to develop social skills. • Enhanced opportunities to develop typing skills. • Pre-planned modifications to PE lessons including: <ul style="list-style-type: none"> ○ Exercises and activities to develop core muscle strength used as warm up in PE lessons. ○ Alternatives to standard bats and balls to develop skills and success in throwing, catching and hitting. 	
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Useful sources of information and resources for pupils with DCD: Croydon Occupational Therapy Service; Range of advice sheets linked to developing coordination and self-care skills including dressing, use of scissors, catch and throw. The Dyspraxia Foundation, <https://dyspraxiafoundation.org.uk/>

Health		
Croydon Children's Speech and Language Therapy (SLT)		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>The Croydon Children's Speech and Language Therapy (SLT) service provide speech, language, communication and eating and drinking support, for children and young people in the borough of Croydon, from birth to their 19th birthday. To access the service, children and young people must have a Croydon address and/or are registered with a Croydon GP.</p>	<p>Children in the Early Years (aged birth to 4 years)</p> <p>Children who are nursery age or below are signposted to attend a Chatterbox session. Chatterbox sessions take place in a number of Children's Centre locations across the borough and are an opportunity to talk to someone about concerns regarding your child's speech, language and communication and get appropriate advice and support. In some instances, this support may include a referral to the speech and language therapy service.</p> <p>If you have concerns regarding your child's eating and drinking, please discuss this with the child's GP, who will advise whether a referral is required and make the appropriate referral to the service.</p> <p>Children of school age (primary and secondary schools)</p> <ul style="list-style-type: none"> Education setting can refer to the Speech and Language Therapy service via a paper referral form. If you have concerns regarding your child who is currently of primary or secondary school age, please 	<ul style="list-style-type: none"> Information about the Children's SLT may be found here: A to Z of services Croydon Health Services NHS Trust Information about Chatterbox sessions may be found here: Children, young people and families support directory Croydon Council Information about the Local Education Authority and schools may be found here: Schools and education Croydon Council Information for parents and carers about speech, language and communication for children may be found here: https://speechandlanguage.org.uk/help-for-families/ Information about children who stammer may be found here: https://michaelpalincentreforstammering.org/about-stammering/ Information about The South Thames Cleft Palate Service may be found here: Cleft services Evelina London

	<p>have a discussion with the your child's class teacher and/or the SENCO of your child's school.</p> <ul style="list-style-type: none"> • All school aged referrals are triaged by a Speech and Language Therapist (SLT) and parents and schools are notified of the outcome of the referral via letter, as referrals may/may not be accepted on the basis of the information contained in the referral form. <p>Service wide information.</p> <ul style="list-style-type: none"> • All referrals to the Children's Speech and Language team are reviewed by a member of the Speech and Language Therapy team. • The service aims to see all children referred within 18 weeks. If parents do not respond to the letter by the deadline stated, the child will be discharged and a new referral will be required from the referrer, should the child still need an assessment. If an appointment is booked, an appointment letter together with a parent information sheet and school questionnaire is sent out to parents and school. <p>What to expect...</p>	
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	<ul style="list-style-type: none"> • Prior to your appointment, parents are asked to complete a "Parent Information sheet" outlining details about your child, their development to date and areas of strength and need. This will be discussed with you in more detail during your initial appointment with the Speech and Language therapist. This information will be kept confidential and used to plan your care. • Please bring any relevant reports or written information from other professionals that are involved with your child. This includes from their education setting, social care and other health professionals. • If a child is not brought to a booked appointment without letting the department know in advance, your child/young person will be discharged from the Speech and Language Therapy service. 	
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Children's Community Occupational Therapy		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>The general occupational therapy service will work with children who have difficulties in the following areas at home or in a school within Croydon borough:</p> <ul style="list-style-type: none"> • Co-ordination difficulties (particularly fine motor coordination), including developmental coordination disorder. • Complex handwriting difficulties • Sensory processing • Self-care, such as feeding and dressing. 	<ul style="list-style-type: none"> • The Occupational Service will see Children or young people registered with a Croydon GP, aged 0-16 years or until the end of Academic year 11 with 4 or more functional difficulties experienced at school or at home for at least 3 months. • The social care Occupational Therapy services will see children or young people living in Croydon borough. Support available includes provision of equipment, adaptations, and housing support. • Link to referral form: https://www.croydonhealthservices.nhs.uk/childrens-occupational-therapy <p>What to expect for Health Occupational Therapy input (activities of daily living) ...</p> <ul style="list-style-type: none"> • Your referral will be triaged by an Occupational Therapist, and you will be notified of the triage outcome in writing. • If your referral is accepted, questionnaires will be sent to parents/carers and education settings to complete and return prior to your appointment. • You and your child will be offered an appointment within 18 weeks of the referral. • You and your child will attend your first appointment in clinic. • The Occupational Therapist might then see your child in school or at home depending on their needs. 	<p>Please access our online resources which includes the following:</p> <ul style="list-style-type: none"> • Activity programmes • Online workshops • Information to access the 20-minute advice telephone consultation with an Occupational Therapist after accessing the online workshops and implementing strategies for a period of time. • https://www.croydonhealthservices.nhs.uk/childrens-occupational-therapy

<ul style="list-style-type: none"> • Seating and specialist equipment • Splinting for chronic conditions 	<ul style="list-style-type: none"> • Following initial assessment, your Occupational Therapist will discuss your child's follow up treatment. • If you do not bring your child to the appointment without notify the department within 48 hours, your child will be discharged from the Occupational Therapy service. Should your child still require Occupational Therapy input, they will require a re-referral to the service which will be processed as new referral and will be subject to the 18 weeks wait time. <p>What to expect for Social Care Occupational Therapy input (equipment, adaptations & housing) ...</p> <ul style="list-style-type: none"> • Your referral will be triaged by an Occupational Therapist, and you will be notified of the triage outcome in writing. • You and your child will be offered an appointment within 24 weeks of the referral. • An Occupational Therapist will come to your home to see you and your child to assess the needs identified in the referral. • Following initial assessment, your Occupational Therapist will discuss your child's follow up treatment (provision of equipment, support with adaptations or housing reports/property viewings). • If your child is issued with equipment that requires on-going review, they will remain open to the Occupational Therapy service until they are 18 years old where they will be transitioned over 	
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	<p>to Adult Occupational Therapy Services at Bernard Wetherill House.</p> <ul style="list-style-type: none">• If your child is issued with equipment that does not require adjustments, their needs change and they no longer require equipment or their intervention has been completed, they will be discharged from the Occupational Therapy service.• Should your child still require Occupational Therapy input, they will require a re-referral to the service which will be processed as new referral and will be subject to the 24 weeks wait time.	
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SWL Integrated Care Board (ICB) Children's Continuing Care (CCC)		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>SWL ICB team CCC team assesses children's eligibility for children's Continuing Care (CYP CC), which covers young people up to their 18th birthday.</p> <p>Thereafter, the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care and the supporting guidance and tools should be used.</p> <p>"A continuing care package will be required when a child or young person has needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone".</p> <p>The CYP framework supports ICBs in determining if a child's needs are such that</p>	<p>Contact swl.croydonchcenquiries@swlondon.nhs.uk to request a referral CYP checklist and consent form.</p> <p>The professional completing the form should have knowledge and understanding of the CYP CC framework and have access to all evidence that supports their scoring.</p> <p>2) The completed form is submitted to swl.croydonchcenquiries@swlondon.nhs.uk. All evidence used to complete the checklist must be included: (examples below) Up to date EHCP, Up-to-date C&F assessment, All recent and relevant clinical health reviews and/or Up-to-date health care plans.</p> <p>Questions to consider before referral:</p> <ol style="list-style-type: none"> 1. C&YP would need to be well and not unwell. 2. C&YP would need to have been reviewed and optimised by universal and specialist health services. 3. MDT to review equipment - is there anything else to be purchased to support, physical care is not always the answer. <p>What to expect once a referral is received: (response within 48 hours)</p> <p>Once submitted the SWL ICB admin checks:</p>	<p>www.gov.uk/government/publications/children-and-young-peoples-continuing-care-national-framework</p> <p>The above link is the national link to the following documents:</p> <ul style="list-style-type: none"> • National Framework for children's continuing care (CYP CC) • Children Continuing Care Pre-Checklist referral • Decision support tool (DST) • Parental information leaflet <p>The above government publications work in partnership with local CCC ICB policies.</p> <ul style="list-style-type: none"> • National framework for NHS continuing healthcare and NHS-funded nursing care - GOV.UK (www.gov.uk)

<p>they require a package of continuing care.</p> <p>It provides advice based on existing practice across the country on undertaking a holistic assessment of the child or young person's needs. ICBs have autonomy as to how they fulfil this function, and what process they adopt.</p> <p>This process and any additional support allocated does NOT replace universal health provision funded for all and will work alongside/ in partnership with any support/ provision in place via other streams as part of a holistic support approach.</p> <ul style="list-style-type: none"> • Child and Family Assessment (C&F) • Education health care plan (EHCP) 	<ul style="list-style-type: none"> • GP location • That the form is fully completed, evidence is included, and consent is signed. • The referral is forwarded to Lead CYP nurse. <p>CYP lead nurse:</p> <ul style="list-style-type: none"> • Completes a desktop clinical review of the referral. • Applies the clinical presentation to the framework and ensures scoring is clinically based, accurate, and framework compliant. • Decide if the referral triggers the need for a full CYP CC assessment. <p>The allocated nurse assessor (NA) will arrange to complete a full assessment document called a DST. This involves:</p> <ul style="list-style-type: none"> • F2f meeting • MDT meeting • Collection of further evidence • Collection of CYP CC and NOK views <p>The NA will then make a recommendation to an MDT panel to decide eligibility or non-eligibility for CYP CC</p> <p>If eligible for continuing care or additional funding via CCC:</p> <p>CYP CC nurse will:</p>	
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	<ul style="list-style-type: none"> • Attend any professional meetings, relating to the CYP – EHCP, discharge planning, and LA lead processes. • Quality review of any commissioned service or CYP CC PHB • CYP CC review in line with NHS Framework • Support in all areas where CYP CC impacts the CYP. <p>The needs of a young person and any future entitlement to adult NHS Continuing Healthcare should be clarified as early as possible in the transition planning process, especially if the young person's needs are likely to remain at a similar level until adulthood.</p> <p>Children's services should identify those young people for whom adult NHS Continuing Healthcare will likely be necessary when the CYP turns 14 years of age. This should be noted and discussed at all EHCP and CIN meetings moving forward until the CYP turns 17 years of age. At this point the Multi-Disciplinary Team (MDT) and/ or Social Worker (SW) should identify the professional to explore and complete a CHC referral with the CYP and family.</p>	
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Croydon Children's Physiotherapy Team		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>What is Physiotherapy?</p> <ul style="list-style-type: none"> Physiotherapy helps children move and function to the best of their ability, when they have been affected by injury, illness, developmental delay or other disability. Our service will provide comprehensive assessment and developmental review as clinically indicated. The frequency of intervention is determined by the age of the child, developmental progress, presentation, diagnosis, and response to therapy. We work with children and their families to identify physical difficulties affecting their child's function. We aim to empower the child and their family to manage the physical needs and maximise participation throughout life. We adopt a consultative model to empower parents and families. We work closely with other professionals to ensure that the Child or 	<p>Referrals:</p> <ul style="list-style-type: none"> A referral from a healthcare professional is needed to access Children's physiotherapy. Referrals are triaged by a qualified physiotherapist and where appropriate will be allocated to our MSK or Neurodevelopmental pathway depending on need. Our standard is to offer an appointment within 18 weeks from receipt of referral (in line with NHS guidelines). <p>Eligibility criteria:</p> <ul style="list-style-type: none"> Children or young people registered with a Croydon GP, aged 0 to 16 years of age (up to 19 years if attending a Croydon Special School). <p>What to expect....</p> <ul style="list-style-type: none"> Every referral is read by a fully qualified senior physiotherapist and if meet the criteria will be place within the stream that best meets their needs. You will be sent your first appointment by post or telephone call if we have any appointments in the next week. 	<div data-bbox="1473 252 1827 373"> </div> <p>Lots of resources to support development, Information for parents Association of Paediatric Chartered Physiotherapists (csp.org.uk)</p> <div data-bbox="1496 660 1769 775"> </div> <p>Resources to support development and encourage activity through play. Resources - Ei SMART</p> <div data-bbox="1473 986 1729 1161"> </div> <p>https://www.bliss.org.uk/parents/support/</p>

<p>young person (CYP) physical disabilities are maximise in all environments where they spend their time.</p> <p>Who are we?</p> <ul style="list-style-type: none"> • We are a team of physiotherapists, who are registered members of the Chartered Society of Physiotherapy (CSP), the Health and Care Professions Council (HCPC) and have full DBS checks. • We have a wide range of knowledge of childhood conditions and expertise in child development. We work together with our trained Physiotherapy Assistants to provide a comprehensive service. We are supported by administrators who help the team to run smoothly and efficiently. <p>Within Croydon, there are two streams to our Children's Physiotherapy service.</p> <ul style="list-style-type: none"> • Neurodevelopmental (0-19) • Musculoskeletal Physiotherapy (0-16) 	<ul style="list-style-type: none"> • The person with parental responsibility will need to attend the first session with the child or young person. • During this appointment the physiotherapist will agree with you the plan. • Non-attendance policy – If the Child or young person isn't brought to their appointment and no contact is made within 2 weeks they may be discharged from our service. 	
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<p>Neurodevelopmental stream: We help babies, children’s and young people to develop their gross motor skills to the best of their ability. We assess:</p> <ul style="list-style-type: none">• Strength and co-ordination• Motor development• Posture and Balance• Functional gross motor skills <p>Musculoskeletal stream: We help babies, children and young people who have had musculoskeletal or orthopaedic conditions. All physiotherapy intervention is provided in clinic e assess:</p> <ul style="list-style-type: none">• Factors that may be contributing to pain• Range of movement and muscle strength• Posture and biomechanics.• Balance and stability• Functional gross motor skills		
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Croydon CAMHS		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>We provide a specialist mental health service to children, young people and families who live in the London borough of Croydon and have moderate, severe or complex mental health presentations. Our work includes face to face and virtual appointments, but our preference is always, when possible, to see in-person. We offer:</p> <ul style="list-style-type: none"> • Multi-disciplinary assessments and interventions including CBT, DBT, trauma work and family therapy. • Individual and group work (with other young people/parents dealing with similar issues). • We also have a Learning Disability service, Crisis service and Mental Health Support Teams In schools programme (MHST). In addition, we have the Childrens Wellbeing Practitioner (CWP) and the school's MHST teams with an that get involved early in young people's care. <p>We also provide a neuro-developmental assessment service to children and young</p>	<p>We accept referrals via our Single Point of Contact (SPOC) and according to our referral criteria. SPOC will then pass the referral to Child and Adolescent Mental Health Service (CAMHS) practitioners who are based in this service to manage.</p> <p>Http://www.croydon.gov.uk/ewmh</p> <p>Referrals to specialist CAMHS are accepted via other health professionals, e.g. GP's and other health providers, schools and social care.</p> <p>We cannot accept referrals from children, young people, or their parents/carers directly.</p> <p>Services that accept direct referrals from families include Croydon Drop Off and Off the Record.</p> <p>What to expect</p> <p>The Child/Young Person's referral will be triaged by specialist CAMHS practitioners at SPOC and if accepted will be placed on the appropriate assessment team waiting list.</p> <ul style="list-style-type: none"> • Family will receive an acceptance letter. • Family will be prioritised based on clinical need. 	<p>We have several resources for parents and young people including downloadable self-help 'while you wait' material, specific leaflets, appropriate online resources and our CAMHS video (via YouTube).</p> <p>Families also have access to a virtual waiting room (My Healthe) where many useful resources can be found including information about partner agencies that can also offer support.</p> <p>Neurodevelopmental post diagnostic support:</p> <ul style="list-style-type: none"> • Parent information group: Learning more about Autism (currently on-line) • Parent information group: Learning more about ADHD (currently on-line) <p>We provide links to various local non-statutory services, e.g. Croydon Drop In, Off the Record, Kooth (a free online chat service)</p>

<p>people over the age of 5 years and up to 18years of age.</p>	<ul style="list-style-type: none"> • Family will be offered access to MyHealth-Trust online system and virtual waiting room where caregivers can complete screening questionnaires, and which also contains useful information and signposting of additional resources. • Parents requested to watch Croydon CAMHS information video. This is on YouTube. • We have a Duty system in place for families to contact us if there are any concerns they have and that these can then be discussed and reviewed by the team. 	
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Tulip Paediatric Neurodisability Nursing Service		
What does your service do?	If you need more help.... Access to services (referral process)	Universal resources
<p>What do the Tulip Paediatric Nursing Service do?</p> <p>South West London, Integrated Care Board (SWL, ICB) commissions The Paediatric Neurodisability Nursing Service (Tulip) from Croydon Health Services NHS Trust to provide support for children and young people with learning disabilities and clinical health needs. Services are delivered across five specialist pathways:</p> <ul style="list-style-type: none"> • Special School Nursing • Complex Care for CYP with medical complexity • Transition from children's to adult health services • Acute liaison for hospital admissions • CYP with Learning disabilities that display behaviours that challenge. 	<p>Please email ch-tr.paedsneurodisabilitycns@nhs.net for a copy of our referral form</p> <p>Referrals into the service can be made by health professionals, social care or education services, consent must be gained prior to referral. Each pathway has a specific referral criteria- please email for more specific pathway details. Please note the service does not support patients with a single diagnosis of autism.</p> <p>Special School Nursing: The pathway is available to children and young people aged from birth to the academic year of their 19th birthday attending Croydon Local Authority Special Schools (Bensham Manor School, Priory School, Red Gates School, St Giles School/ nursery provision, St Nicholas School). Support is available to children 2-4 years in private, voluntary and independent nursery settings for children with a diagnosis of a learning disability/ suspected learning disability supported by the SEND early years team with a healthcare need that needs to be delivered / supported while accessing a PVI setting. Children on the 2-4 years pathway must be registered with a Croydon GP and settings must be based in Croydon.</p> <p>Complex Care: This pathway supports CYP from 0-25 years with highly complex health needs across three age ranges, Birth-2 years, 2-18 years and 18-25 years.</p>	<div>  <p>https://www.youngepilepsy.org.uk/</p> </div> <div>  <p>https://www.medicinesforchildren.org.uk/</p> </div> <div>  <p>for babies born premature or sick</p> <p>https://www.bliss.org.uk/parents/support/</p> </div> <div>  <p>https://www.shinecharity.org.uk</p> </div>

The Special School Nursing service support children in Croydon Local Authorities five Special Schools, St Giles Nursery and Private, Voluntary and Independent (PVI) Nursery settings. The services provides:

- The training and competency assessment of education staff delivering healthcare interventions in Special School settings.
- The clinical care of patients where it is risk assessed as not suitable to delegate to education staff either due to risk; or frequency of intervention.
- The writing of individual health care plans (IHCPs)
- School nursing input into the health section of the Education Health and Care plans (EHCPs)
- Support is also provided for children with an allocated social worker identified as a child in need (CIN) or those subject to safeguarding plans.

Who are we?

Referrals under 2 years old **will only be accepted** from a **Paediatrician or Neonatal Consultant**. Referrals into the service from 2 years-18 years, a diagnosis of a learning disability or an emerging profile of a Neurodisability should be evident. There will be current or ongoing specialist reviews by at least three tertiary consultants and referring professionals must evidence fluctuating health needs. Young people cannot be referred onto the complex care pathway once they are an adult and need to already have had a referral accepted onto the pathway by 17 years 11 months.

LD behaviour support pathway: CYP 4-18 years will need to have a Croydon GP and a diagnosis of a Learning Disability alongside evidence of behaviours that challenge. Please note this is a Tier 2 service, risk assessments will be undertaken at referral triage to ensure the correct allocation of support for need.

Acute liaison pathway: CYP birth-18years will need to have a Croydon GP and a diagnosis of a learning disability and be in attendance at Croydon University Hospital in Paediatric ED or on Rainbow Children's unit. CYP admitted to tertiary ITUs can receive support remotely via MDT liaison.

Transition support: Young people identified as being in transition (14-18years) on the Special School Nursing caseload with a Learning Disability, Croydon GP, health needs and attending one of five Croydon LA maintained special schools.



<https://www.wellchild.org.uk/>



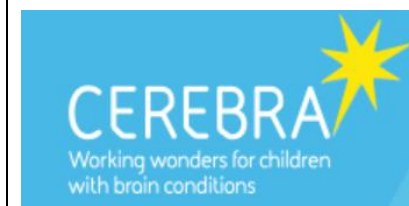
How the NHS works for young people

For parents and carers...

imperial.nhs.uk/how-the-nhs-works-for-young-people-parents-and-carers.pdf



<https://www.peeps-hie.org/>



<https://cerebra.org.uk/>

- We are a team of NMC registered nurses across the field of Children's, Learning Disability and Adult Nursing and Healthcare Assistants and Assistant practitioners. The service is based out of the Nursing office at St Giles School.
- The team have a wide range of knowledge in supporting children and young people with learning disabilities across a wide range of areas. We also have specialist posts in the team supported by Roald Dahl's Marvellous Children's Charity and a Clinical Nurse Specialist who sits on the RCN's Neurosciences Forum as their Paediatric link nurse.



<https://www.mencap.org.uk/easyread/annual-health-checks>



<https://www.challengingbehaviour.org.uk/>



The Children's Bowel & Bladder Charity

<https://eric.org.uk/>

Croydon School Nursing Core Competencies		
Area	Core Component	Resources
Health Advice	Provide health advice to children, young people, their families on a wide range of health issues using multiple approaches such as drop-ins, websites or other social media.	https://www.croydonhealthservices.nhs.uk/health-visitors/
Health promotion	Develop and deliver support to groups at school level or wider on key issues such as asthma, diabetes, sexual health, often in partnership with other services.	
Individual health assessments	Where health, social care or vulnerability concerns are raised by CYP themselves, families, schools, A&E or other agencies, the SHS should carry out a health assessment, as appropriate, and follow up with advice, time limited SHS support (UP), longer term multi-disciplinary support (UPP), signposting or referrals.	
Training on common medical conditions	Organise, deliver or co-ordinate delivery with partners of an annual training plan for school staff to support the management of routine health issues, for example asthma, anaphylaxis, sickle cell, diabetes, allergies, epilepsy.	
Children with medical /health needs	Support the schools in developing health care plans for all pupils with medical needs. Schools are required to have these in place.	
Children on safeguarding pathways / Plans of protection	Carry out individual health assessments for input into safeguarding plans of protection. Provide ongoing health support for children where SHS support has been identified in the plan. Attend Child Protection case conferences as required. Provide report to support CP case conferences as required.	

NCMP	Provide the National Child Measurement Programme at reception and year 6.	
Vision Screening	Provide a vision screening service to children in Reception.	
Enuresis Level 1 service	Provide an enuresis service to school aged children.	
Schools based needs assessment.	HEALTH REVIEWS AT SOME OR ALL OF THE 5 POINTS VIA SURVEY OR OTHER METHOD. THE METHODS, TIME POINTS AND TOOLS TO BE AGREED DURING THE FIRST YEAR OF THE CONTRACT. When this is up and running the results of the surveys will be used to inform the development of whole school health plans, locality, and partnership plans.	
School Health plans	BASED ON THE SCHOOL NEEDS ASSESSMENTS, PLAY A KEY ROLE IN THE DEVELOPMENT OF WHOLE SCHOOL HEALTH PLANS. THE APPROACH AND IMPLEMENTATION OF THE PLANS WILL BE DEVELOPED OVER THE FIRST THREE YEARS OF THE CONTRACT.	
Health Protection	PARTICIPATE, AS REQUIRED IN THE MANAGEMENT OF COMMUNICABLE DISEASES OUTBREAKS AND CONTROL MEASURES FOR EXAMPLE TB, MEASLES.	

Appendix 1. Assessment tools and checklists to support identification and inclusion of pupils with SEND

(£- denotes cost, otherwise resources are freely downloadable).

Assessment tools and resources to support identification of SLCN	Environmental checklists and resources to support inclusion of pupils with SLCN
<p>I CAN Talking Point Ages and Stages Resource for teachers across all phases to support identification of speech and language http://www.talkingpoint.org.uk/teachers</p> <p>Communication Trust Universally Speaking A series of three booklets that provide information to support children to develop skills in line with their age as well as identify children who may be struggling:</p> <ul style="list-style-type: none"> • Universally Speaking Pre- School (0-5) https://www.thecommunicationtrust.org.uk/media/363847/tct_univspeak_0-5.pdf • Universally Speaking Primary (5-11) https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking.aspx#sthash.AsWoQo5i.dpuf • Checklist from Universally Speaking - 5 to11 https://www.thecommunicationtrust.org.uk/media/363853/us_checklist_new.pdf • Universally Speaking Secondary 11 to 18 https://www.thecommunicationtrust.org.uk/resources/resources/resources-for-practitioners/universally-speaking.aspx#sthash.AsWoQo5i.dpuf <p>AFASIC resources for professionals – range of materials to support adults to identify and meet the needs of pupils with SLCN (£) http://www.afasic.org.uk/professionals/resources-for-professionals/#12</p> <p>Inclusion Development Programme http://www.idponline.org.uk/psslcn/slcni/pages/media/docs/idp_slcn_ident_pri.pdf</p>	<p>Communication friendly classroom checklists https://www.thecommunicationtrust.org.uk/media/93826/making_your_place_great_for_communication_final_1_.pdf and https://www.thecommunicationtrust.org.uk/media/93829/communication_friendly_environments_checklist1.pdf</p> <p>Creating a communication-supportive environment for all pupils http://www.idponline.org.uk/psslcn/slcni/pages/media/docs/idp_slcn_com_environment.pdf</p> <p>IDP Key strategies for supporting SLCN in class: http://www.idponline.org.uk/psslcn/slcni/pages/media/docs/idp_slcn_key_strategies.pdf</p> <p>IDP Features of a communication friendly school: http://www.idponline.org.uk/psslcn/slcni/pages/media/docs/idp_slcn_com_pri.pdf</p>

Assessment tools and resources to support identification of ASD	Environmental checklists and resources to support inclusion of pupils with ASD
<p>Autism or attachment checklist (Coventry Grid) http://drawingtheidealsself.co.uk/drawingtheidealsself/Downloads_files/Coventry%20Grid%20Version%202%20-%20Jan%202015.pdf</p> <p>Social Communication Difficulties Checklist http://www.plymouth.gov.uk/socialcommunicationchecklist.pdf</p> <p>Autism Education Trust – Sensory Assessment Check List http://www.aetraininghubs.org.uk/wp-content/uploads/2012/05/37.2-Sensory-assessment-checklist.pdf</p> <p>Sensory Sensitivities Checklist www.milton-keynes.gov.uk/.../Sensory%20Sensitivities%20Checklist.pdf</p>	<p>National Autistic Society http://www.autism.org.uk/about.aspx</p> <p>Autism Education Trust (AET) Tools for Teachers http://www.autismeducationtrust.org.uk/resources/tools%20for%20teachers.aspx</p> <p>Competency framework AET Competency Framework</p> <p>Sensory Audit for Schools and Classrooms Sensory audit tool for schools and classrooms</p> <p>Creating a learning environment for pupils on the autistic spectrum: http://www.advancedtraining.org.uk/resources/ASD/Unit%20PDFs/17_physical_environment.pdf</p> <p>Sensory Sensitivities Strategies. www.miltonkeynes.gov.uk/.../Sensory%20Sensitivities%20Strategies.docm</p>

Note: A diagnostic assessment carried out by a qualified assessor is the only way to confirm if a pupil is dyslexic and where his/her particular strengths and weaknesses lie.

The following checklists and screening tools will help to flag up potential MLD, dyslexic or other SPLD difficulties:

Guide to SPLD; This booklet contains a brief overview of the most commonly occurring specific learning differences with details of signs of difficulties.

https://www.bdadyslexia.org.uk/common/ckeditor/filemanager/userfiles/A_Guide_to_SpLD_2nd_ed.pdf

Teaching for Neurodiversity; Checklists and resources to support needs of learners working below age related expectations at different phases in education, Early Years, Primary and Secondary.

<https://www.bdadyslexia.org.uk/about/projects/dyslexia-spld-support-project-2016-17>

Standardised Tests and Diagnostic Tools.

General Ability Tests:

Cognitive Abilities Test – Fourth Edition (CAT4); Ages 6-17 Assesses a pupil's ability to reason with and manipulate different types of material through a series of Verbal, Non-Verbal, Quantitative and Spatial Ability tasks. Used to identify a pupil's strengths, weaknesses and learning preferences to support planning appropriate, personalised provision.

Raven's Colour Progressive Matrices; Assessment of non-verbal ability, providing a useful indicator of potential academic performance.

British Picture Vocabulary Scale (BPVS) £

This tool assesses receptive(hearing) vocabulary for children and young people aged 0-16. No reading is required it can be used for non-readers and pupils with expressive language impairments. It can be used for pupils with autism and other communication difficulties and pupils with EAL.

Reading Accuracy and Comprehension:

Miscue Analysis; Diagnostic tool to identify cues used by readers to decode and make sense of a text.

Running Records; Diagnostic tool that can help teachers to identify patterns in a pupil's reading behaviour, similar to miscue analysis

Grays Oral reading Test (Ages6-23);Test for oral reading fluency and comprehension

York Assessment of Reading for Comprehension: Early Reading and Passage Reading Primary (YARC Primary 4-11).

York Assessment of Reading for Comprehension: Passage Reading Secondary (YARC Secondary 11-16)

Single Word Reading Test (SWRT) Ages 6-16; Assessment of a pupil's word reading skills

Phonological Assessment Battery(PhAB) (Ages 6-14) and PhAB 2 Primary (Ages 5-6 7-11) Assessment of phonological processing skills to inform further teaching and intervention programmes to help with the child's specific phonological difficulties. It can be used for bi-lingual children and children with EAL.

Diagnostic Test of Word Reading Processes (DTWRP) : Assesses knowledge of regular words, exception words and non-words

New Salford Sentence Reading Test (2011) (ages 6-10 and 5-12 for comprehension sub tests); Assesses sentence level reading and comprehension with standardised scores

Spelling:

The Single Word Spelling Test (SWST) Ages 6-14: Assessment measures pupil spelling skills with analysis on spelling errors and strategies to address emerging issues.

Writing:

The Detailed Assessment of Speed of Handwriting (DASH) Ages 9-16

Assessment tool to identify pupils with handwriting difficulties as well as assessing writing speed

5) Assessment tools and resources to support identification and inclusion of pupils with SEMH

Leuven engagement and enjoyment scale

<http://www.plymouth.gov.uk/documents-ldtoolkit/leuven.pdf>

Strength and Difficulties Questionnaire

<http://www.sdqinfo.com/>

Boxall Profile £

<https://nurturegroups.org/introducing-nurture/boxall-profile>

Pupil Attitudes to Self and School £

<http://www.gl-assessment.co.uk/products/pass-pupil-attitudes-self-and-school>

Emotional Literacy: Assessment and Intervention £

<http://www.gl-assessment.co.uk/products/emotional-literacy-assessment-and-intervention-0>

Young Minds: Resources to support mental wellbeing.

<https://youngminds.org.uk/resources/school-resources/mentally-healthy-schools/>

Appendix 2. Example Template for SEND Support Plan (Image only – word doc in file)

DOB:

SEN Support Plan: (Pupils name) Cycle # : (Dates)

School Logo

Long-term outcome(s)

Communication and Interaction:

Cognition and Learning

Social Emotional and Mental Health

Sensory and/or Physical:

Jargon Buster

Outcome: A skill that you will have at some point in the future.

Long-term outcome: A skill you will have when you have finished in your current year group.

Short-term outcome: The 'next step' to get you closer to your long-term outcome.

Pupil Photo

Short-term outcome (the next step towards meeting the long-term outcome)	What we will do Who will do it?	By when?	Review Met/Partially Met/ Not Achieved
<u>Communication and Interaction</u>	School: Home:		School: Home:
<u>Cognition and Learning:</u>	School: Home:		School: Home:
<u>Social Emotional and Mental Health:</u>	School: Home:		School: Home:
<u>Sensory and/or Physical:</u>	School: Home:		School: Home:

As discussed and agreed with me, my parents/carers and supporting professionals on:

DOB:

SEN Support Plan Review Cycle #:

Date:



What will we do next?	What's working?
What needs to change?	What's not working?

As discussed and agreed with me, my parents/carers and supporting professionals on:

Appendix 3. Costed Provision Map Template

Costed Provision Map for current support in place

Name:		Tear Group:		Term:			
<u>Quality first teaching strategies:</u>							
Intervention:	Group Size:	Frequency/duration/staff (x / week; minutes / session)	Entry Data (NC level)	Intervention Target (+ 1 sub level; eg to demonstrate understanding of text)	Exit data	Outcome	Cost
Approximate total cost of additional provision							
Deduct £6000 notional							
Total resource request							

CROYDON STANDARDISED COSTS FOR FUNDING

The costs below are standardised costs for schools to cost provision. It is recognised that there may be variations in cost depending on provider. Standardised costs were set by Croydon SEN Team identifying key areas of spend to ensure equity between schools when submitting requests.

Provision	Rate	Source
Specialist teacher	£44 per hour	Current standard rate
Teaching assistant	£13.20 per hour	Current standard rate
Teaching assistant (HLTA)	£16 per hour	Current standard rate
Learning mentor	£15.78 per hour	NJC Grade 6
SLT (Speech and Language Therapy)	£70 per hour	Additional provision purchased through NHS Croydon Health Services
OT (Occupational Therapy)	£70 per hour	PSSRU unit costs of health and social care
Physiotherapy	£70 per hour	PSSRU unit costs of health and social care
Counselling	£70 per hour	PSSRU unit costs of health and social care
Mediation	£255 per case	Octavo

Appendix 4. Links to self-referrals that can be made by School/Parents

The **National Autistic Society (NAS)** provides advice and guidance as well as a number of support services, including parenting support and after school clubs. They can support parents in understanding their child's diagnosis and link families in with local support services.

Kids SENDIASS provide advocacy support and guidance to parents and carers of children with additional needs and/or disabilities. Kids SENDIASS can offer parents and carers support with Education, Health and Care plans (EHCP), including annual reviews, mediation and tribunals. They can also assist parents/ carers with understanding and completing forms and attending meetings (e.g. with the local authority, education provider).

The **Croydon Support and Interventions team** offer parenting programmes for parents and carers of children aged 0 to 18 years, including Stepping Stones, a 9-week parenting programme for parents/ carers of children with additional needs or disabilities. Children do not need to have a formal diagnosis for parents/ carers to access the Stepping Stones programme.

The **Charlie Waller Trust** is a national mental health charity. They run a series of live webinars for parents, carers and educators. Topics include 'The Teen Brain', 'Sleep', 'Perfectionism' and 'Supporting the Mental Health of Children with SEND'.

Off the Record are a counselling service for young people aged 14-25. They also run the 'Young Carers project', open to any children and young people aged 7-25 who are caring for a parent or sibling. Off The Record also run [online workshops](#) for parents and carers on topics such as school refusals and self-harm.

Croydon Drop In provide outreach support through their TalkBus as well as one to one counselling to children and young people aged 10-25, who live, work or study in Croydon.

Chatterbox Groups are groups for Croydon families with children aged 4 years and under, who have concerns about their child's talking or interaction. They are run by the Chatterbox team which includes Speech and Language Therapists and Assistants and Children's Centres staff across the borough. To find out more, contact your local [children's centre](#).