



DECISION

Date of Birth: 2014
Appeal of: The Parents
Against: The Local Authority (LA)
Date of Hearing: 2023

Persons Present:

The Parents	<i>Parent 1</i>
	<i>Parent 2</i>
The Parent's Representative	<i>Parental Representative Counsel</i>
The Parent's Witness	<i>Educational Psychologist</i>
The Parent's Witness	<i>Speech and Language Therapist</i>
The Parent's Witness	<i>Learning Centre Staff Member</i>
LA Representative	<i>LA Representative Counsel</i>
LA Representative	<i>LA Solicitor</i>
LA Witness	<i>Headteacher</i>
LA Witness	<i>Senior Educational Psychologist</i>
LA Observer	<i>Additional Learning Needs Manager</i>

A. Appeal

1. The Parent's appeal under section 326 of the Education Act 1996 against the contents of a statement of special educational needs made by the Local Authority (LA) for their Child.

B. Preliminary Issues

2. The Appellants applied for the admission of the following late evidence:
School B
 - i. Learning Centre profile 2021
 - ii. Letter from the Learning Centre Witness September 2021
 - iii. Record of PCP meeting at the learning Centre November 2021
 - iv. CV of the Learning Centre Witness
 - v. Report by the Learning Centre Witness (undated)
 - vi. Letter dated September 2023 from a Speciality Doctor in Community Paediatrics

3. Whilst there was no objection to the admission of the evidence from the LA, they were critical of the late delivery of the evidence relating to the Learning Centre given that the Child's continued attendance at the Learning Centre has always been an issue. The LA complained that there was no prior indication that the evidence was going to be admitted or any explanation for the late delivery.
4. The LA did not object to the admission of the letter of the Speciality Doctor in Community Paediatrics, although the LA Representative indicated that they had submissions to make regarding the diagnosis of ADHD confirmed in the letter.
5. The Appellants also applied for permission to call a third witness, namely the Learning centre Witness. Regulation 43 (2) of the Education Tribunal for Wales Regulations 2021 provides that a party is not entitled to call more than two witnesses to give evidence without the permission of the tribunal panel.
6. The LA made the same observations in relation to the production of the witness as were made in relation to the admission of the written evidence.
7. The LA applied for permission to submit the following as late evidence:
 - i. The observation report of the Senior Educational and Child Psychologist following a school visit in September 2023
 - ii. The translation of an email sent by the parents to the LA at the beginning of the current school term.
8. Given that Senior Educational and Child Psychologist was in attendance as a witness in any event there was no objection raised by the Appellants.
9. The tribunal concluded that it would allow the admission of all the late evidence filed by the parents, as it provided important information regarding a contentious aspect of the appeal. The evidence was admitted in accordance with regulation 57(3). The tribunal was satisfied that its admission was not likely to impede the efficient conduct of the hearing and that it would not be contrary to the interests of justice to admit the evidence.
10. Given that the issues likely to arise from this evidence relating to the Learning Centre, the tribunal also gave permission for the Appellants to

call the Learning Centre Witness as a third witness so that questions could be asked of them.

11. As there was no objection to the admission of the late evidence produced by the LA, this evidence was admitted in accordance with regulation 47(1)(2).
12. The hearing was conducted remotely.

C. Facts

13. The Child was born in 2014. The Appellants are the Child's parents.
14. Having been born abroad the Child moved to Wales in 2018. The Child initially started their school career at School A. The Child was home educated from September 2019, and started attending the Early Learning Centre in September 2020 for two days a week.
15. Thereafter the Child started at School B in September 2021, where The Child is now a year 5 pupil. The Child continues to attend the Learning Centre one day a week as part of a flexi-schooling arrangement.
16. The Child's name was placed on the waiting list for ASD screening in May 2021, but due to the lengthy waiting list, the Child was seen by a Doctor in February 2022 and the Doctor provided an autism diagnosis.
17. In September 2021 the appellants requested a statutory assessment of the Child's special educational needs. This request was not initially accepted by the LA but following an appeal by the parents the LA undertook an assessment.
18. A note in lieu was issued in March 2022. After further reports were provided by the parents, the LA then issued a Statement of Special Educational Needs in February 2023.
19. The parents issued an appeal to the Education Tribunal in April 2023 against parts 2, 3 and 4 of the Statement.
20. When parents appeal against the contents of a statement, the tribunal may:
 - (a) Dismiss the appeal
 - (b) Order the LA to amend the statement in so far as it describes the child's special educational needs or specify the provision to

- meet those needs. In addition, the tribunal may make consequential amendments to the statement, or
- (c) Order the LA to cease to maintain the statement.

D. Tribunal's Decision with Reasons

21. We have considered all the written evidence and submissions presented to the tribunal prior to the hearing, and all the oral submissions given at the hearing. We have also considered the relevant provisions of the Code of Practice for Wales 2002. We conclude as follows.
22. A working document was produced by the parties showing some areas of agreement between the parties in parts 2, 3 and 4 of the statement had been agreed. The disputed areas for the tribunal to consider were therefore:
- i. The description of the Child's special educational needs in part 2.
 - ii. The number of hours teaching assistant support to be allocated to the Child.
 - iii. The extent of the special speech and language therapy to be delivered.
 - iv. The Child's continued attendance at the Learning Centre and the inclusion of provision in part 3 for the Child to continue attending the Learning Centre.
23. It was not in dispute that the Child should continue to attend School B. The LA want the Child to attend for five days a week whilst the parents argue that the flexi-schooling arrangement of four days attendance at School B and one day at the Learning Centre should continue.
24. The Educational and Child Psychologist Witness, has provided an assessment of the Child dated June 2023 based upon a meeting conducted in English with the Child and their Parents in March 2023 at the Educational and Child Psychologist's clinic. The Educational and Child Psychologist's report contains several recommendations. These recommendations are based upon the conclusions that the Child has difficulties with social communication related to the Child's diagnosis of ASD and that the Child presents with difficulties with attention and Executive Function. These difficulties are negatively impacting the Child's access to the curriculum. The Child continues to require high needs fundings through a Statement of Special Educational Needs to provide them with the support they require for their education.

25. The Educational and Child Psychologist recommends in their report that the Child requires support from a teaching assistant for all lessons during the school day being approximately twenty-five hours of support per week. The teaching assistance should employ a “helicopter model of support”, whereby although the TA should be dedicated to supporting the Child, he or she should adopt a check-in approach to ensure that the Child remains focused and understands the information given and tasks set during the lesson.
26. When giving evidence the Educational and Child Psychologist stressed, as they had done in their written assessment, that the Child is masking their difficulties.
- “5.6 The school day impacts the Child’s emotional regulation, with the Child often experiencing dysregulation when the Child returns home from school or in the morning before school.
The Parent explained that when the Child returns home the Child struggles initially to discuss and explain if the Child has had an issue at school and is simply saying that their day was ok.*
- 5.7 The Child’s anxiety displays differently during the school day, with the Child hiding the full extent of their emotional needs. Even when the Child appears to be emotionally regulated and is not displaying overtly maladaptive behaviour the Child continues to experience high levels of anxiety. Throughout the day the Child internalises their high levels of anxiety at school and displays “masking and camouflaging” behaviours (where children and young people continue to compensate for their difficulties, which has emotional, cognitive, and physical implications). Whilst to some extent this allows the Child to comply with some of the demands of school, it has implications for the Child’s wellbeing and can lead to a peak in the Child’s anxiety and resulting period of dysregulation after school closes.”*
27. However, having reflected upon the Child’s own wishes and feelings stating that the Child does not want to have adult support throughout the school day, the Educational and Child Psychologist modified their view to recommend that ten hours a week of adult support should be sufficient. The Educational and Child Psychologist believes the crucial factor to be the training and experience of the teaching assistant together with flexibility in the style of providing the assistance. We were told that the parents also agree this amended proposal that the Child should only receive ten hours of adult support a week. This reflects the number of hours proposed by the LA and contained in the statement under appeal.

28. The parents produced a letter from the NHS dated September 2023 as late evidence, which indicated that a diagnosis of ADHD was confirmed. The LA was concerned about this diagnosis, as the school had not had any recent involvement or input into the diagnostic process. A referral had been made some time ago by the school for an ADHD assessment, and following a diagnostic meeting in May 2023 it was concluded that an ADHD diagnosis was not appropriate. It seems that further information was provided by the parents consisting of the reports submitted in support of this appeal, which has resulted in a change of view by the NHS. The letter from the NHS indicates that a detailed clinic letter will follow in due course.
29. The tribunal was told by the Headteacher, headteacher at School B, that the results of the national tests indicate that the Child is doing well at school and making good progress. The Headteacher confirmed that the Child currently attends the school on four days a week, but wants to see the Child attending on a fulltime basis, as this would allow the Child to benefit from all the intervention that is available and would enable the Child to make greater progress. The Child is supported for ten hours a week (pro rata) at school, although the Child has expressed the view that the Child believes that they are treated like a baby in class, and that they want to be treated like everyone else.
30. The Headteacher confirmed that teaching assistants currently supporting the Child adopt the 'helicopter' approach. The Headteacher is however concerned that the Child is missing out on important aspects of their education on the day a week that the Child attends the Learning Centre. The school recognises that the Child attended the Learning Centre before becoming a pupil at School B. A previous unsuccessful attempt had been made for the Child to attend school for five days a week. When the Child attends the Learning Centre, the Child misses maths and literacy lessons, with the result that the Child then must catch up on the work that the Child has missed. The Headteacher was firmly of the view that if the Child attended for five days a week then the Child would make accelerated progress.
31. The Headteacher confirmed that the Child receives literacy intervention which includes ELSA intervention. The Headteacher believes that this demonstrates that the school is already responding effectively to the Child's change of needs. However, the Child misses one lesson a week when at the Learning Centre and also a numeracy lesson.

32. The Headteacher states that there is no evidence to suggest that the Child is not regulated at school and there have been no concerns about the Child not forming friendship groups. The school does not recognise the description of the Child provided by the Educational and Child Psychologist.
33. The Headteacher confirmed that they had not had any contact with the Learning Centre and had not shared any targets with them, but the Headteacher did confirm that they would be prepared to liaise with the Learning Centre in relation to the provision being delivered in the event of the Child continuing to attend. Equally the Headteacher was unaware of whether the curriculum was being followed at the Learning centre.
34. In the event of the tribunal finding that it is not necessary for the Child to attend the Learning Centre, then the Headteacher will end the flexi-schooling arrangement with immediate effect, albeit the Headteacher agreed that they would put the interests of the child first and ensure a gradual end to the arrangement.
35. The tribunal considered written and oral evidence from the Lead Facilitator at the Learning Centre which is a nature-based learning community registered with CSW as a childcare provider. The Child has been attending the Learning Centre since September 2020. The Lead Facilitator at the Learning Centre explained that each child follows a curriculum that is prepared by the Lead Facilitator at the Learning Centre drawing up on their own experience.
36. The Lead Facilitator at the Learning Centre is always assisted by two other staff members who are experienced in childcare. The Lead Facilitator at the Learning Centre believes that attending the Learning Centre has worked extremely well for the Child, and that they are meeting all of the Child's needs. Sixteen other children attend the Learning Centre and they follow a standard school day. The Lead Facilitator at the Learning Centre believes that the progress the Child has made to be the result of the joint working.
37. The Doctor is a Senior Educational and Child Psychologist. The Doctor is not the educational psychologist who prepared the assessment for the statutory assessment, but undertook an observation of the Child in school at the beginning of the new term. The consultation summary prepared by the Doctor was admitted as late evidence.
38. The Child was three days into the new term when the Doctor observed the Child. The Child is now in a year 5 class, which normally has twenty-

five pupils, although not all were present during the Doctor's observation. The Doctor observed the Child both in the class and in the playground. The Doctor noted that the Child had attended at the Learning Centre on the previous day.

39. The Doctor believes that Child has made good incremental progress since the Child was first assessed by their colleague in February 2022. The Doctor believed that there is an element of catch-up in the numeracy lessons as the Child only attends second lesson of the week having missed the first due to attending the Learning Centre. The Doctor also commented that they saw the Child remain focussed for fifty minutes, being the length of the observation session.
40. The Doctor also observed the Child in the playground, where the Child appeared quite comfortable in the activities and did not present a peripheral figure. The Child was also able to transition back into the classroom without difficulty.
41. The Doctor summarised their observation as follows:
"The Child appears to have returned well to their year 5 class. The Child is well supported in their classroom, and the Child has timetabled intervention for literacy and occupational therapy and to support the Child's well-being needs." The Doctor concludes the assessment by stating *"Based upon my observations of the Child and following conversation with school staff, the Child is making very good progress at School B."*
42. The Doctor was aware of the ADHD diagnosis.
43. The Speech and Language Therapist, said in evidence that they was not surprised by the ADHD diagnosis, given their own observations of the Child during their assessment. The Speech and Language Therapist undertook their assessment of the Child at school in March having previously spoken to the Child in the company of the Parents by Zoom a week before.
44. The Speech and Language Therapist's summary states:
"Along with the findings/reports of the other professionals, independent assessments have confirmed a disordered profile of social interaction and high-level language strengths and needs associated with the Child's underlying diagnosis of ASD, in addition to marked attention and concentration difficulties (previous assessments indicating

characteristics of Attention Deficit and Hyperactivity Disorder) and significant emotional needs. “

The Speech and Language Therapist had no concerns about the assessment having been undertaken in English, and did not consider the Child to be disadvantaged in any way by that.

45. The Speech and Language Therapist described the Child in class as being quite engaged and trying to complete the work. The Speech and Language Therapist considered that the Child was a part of the lesson and curious about matters.
46. Overall the Speech and Language Therapist didn't think that there was a great deal of difference between the conclusions that they drew and those in the speech and language therapy report prepared by the NHS.
47. Speech and language therapy is an educational need for the Child, and the Speech and Language Therapist recommends a range of provision, including direct intervention sessions, although the Speech and Language Therapist was not prescriptive about how the twelve hours of speech and language therapy that the Speech and Language Therapist recommends is undertaken during the academic year. The speech and language therapy however needs to be delivered by a skilled professional.
48. The Speech and Language Therapist also considered that it would be useful for the Child to continue attending at the Learning Centre. The Speech and Language Therapist believed that the day at the Learning Centre presents the Child with the opportunity to learn social skills and to learn those skills in a less formal environment.
49. The Parent told the tribunal that it was very important for the Child to be able to continue attending the Learning Centre. The Parents believe that the Child should be allowed to continue attending a day a week for the next twelve months and for the Child's attendance be reviewed at that time. The Parent stated that it would be a major cruelty to discontinue the Child's attendance, and that there would be ramifications at home. The Parent confirmed that the previous attempt to end the Child's attendance at the Learning Centre had proved extremely unsettling. The Parent confirmed that the Child masks their difficulties so well that people are unable to see what the issues are and the difference only becomes apparent when the Child is at home.

50. In their final submissions the LA Representative urges the tribunal not to include reference to the ADHD diagnosis in part 2 because it remains unclear how the diagnosis was made. The LA Representative suggested that the Statement could be amended later if necessary. In relation to the remainder of part 2 the LA Representative argued that it was unhelpful to include large chunks from reports in the Statement. In particular, the LA Representative was not in favour of including references from reports that were not properly triangulated. The LA Representative did not consider it to be helpful to simply repeat that the Child was masking their difficulties because it is generally understood that young persons on the autistic spectrum will mask their difficulties. The LA do not disagree that the Child masks their difficulties, but not to the degree suggested by the Educational Psychologist.
51. Whilst the LA agreed the number of hours of teaching assistant support required, they questioned whether specifying that the TA should check in on the Child every twenty minutes was necessary. Is that level of specificity required?
52. In relation to the Learning Centre, the LA Representative asked the tribunal to consider whether it is necessary special education provision for the Child. The LA Representative referred to the case statement of the Appellants which contains the sentence that "*it is plainly a special educational provision*", but without any clarification or explanation as to why this is the case. The only question for the tribunal to consider in relation to the Learning Centre according to the LA Representative is whether it is a necessary provision. If the tribunal decides that it is not necessary, then the termination of that arrangement is a matter for the Headteacher and the Governing Body of the school to decide. The Parental Representative reminded the tribunal about the basic principles in that part 2 of the Statement should clearly set out all of a child's special educational needs and should then contain provision in part 3 to meet those needs.
53. The Parental Representative saw no reason why the LA should dispute the ADHD diagnosis, as it had been properly made by an NHS multi-disciplinary panel. The Parental Representative also stressed that regard should be had to the Child's own wishes and feelings about attending the Learning Centre.
54. The Child has entered mainstream education gradually. There has been no period of success to date with education in school five days a week. The Child needs a targeted approach to meet their needs in an unconventional way. The Parental Representative argues that there

would be huge advantages for the Child attending the Learning Centre one day a week. The Parental Representative suggests that the Child is doing well in their four days at school because of the opportunity that the Child has on the other day to learn pragmatic functional skills.

Analysis

55. It is of course necessary that part 2 of the Child's Statement contains a comprehensive description of the Child's special educational needs. However, the description should be drawn from current information and avoid repetition. Nothing is gained from including long quotations from reports when those reports are annexed to the statement in any event. The statement needs to be a document that can be easily read and understood and should be concise.
56. The working document provided by the parties contains considerable repetition, assertions not substantiated by evidence and extracts from reports.
57. The tribunal has made amendments to Part 2 of the statement to reflect the evidence. The tribunal accepts those parts that have been agreed between the parties should remain although the description in Part 2 remains very lengthy.
58. A revised Part 2 is contained in the schedule to this Decision. The tribunal is satisfied that it contains a comprehensive picture of the Child's special educational needs. The reports will be annexed to the revised statement and a reader will be able to refer to the reports for further detail.
59. The tribunal has inserted reference to the ADHD diagnosis. Whilst the LA and the school may be unhappy, it is a diagnosis provided by a speciality doctor in community paediatrics following multi-disciplinary discussions. The tribunal therefore sees no reason not to accept the diagnosis.
60. The parents wish to adopt the recommendations of the Educational Psychologist in Part 3 of the statement. We note however that the Educational Psychologist's assessment of the Child was undertaken in a clinical setting over a three-and-a-half-hour period. The Educational Psychologist did not visit the school and only spoke to a teacher by telephone on one occasion. There is no record or summary of that conversation in the Educational Psychologist's assessment. The

Educational Psychologist's report is based wholly upon information provided to them by the parents, which in part is at odds with the evidence. It is always of vital importance that an expert triangulates the information and evidence to provide a tribunal with an objective and balanced picture. In this case the Educational Psychologist did not visit the school and did not observe the Child at school. The Educational Psychologist argued that they had consulted the school, but the view of the school is not addressed or evaluated in the Educational Psychologist's report. This is a significant omission and a serious flaw which means that the Educational Psychologist's report overall lacks credibility.

61. It is significant that neither the Senior Educational and Child Psychologist who took an observation of the Child at school nor the Headteacher, witnessed the same difficulties that the Educational Psychologist identifies. Whilst the Educational Psychologist stressed that they consider the Child has difficulties in sustaining the Child's attention, this is in contrast to the observations of the Senior Educational and Child Psychologist at school.
62. The Educational Psychologist believed that the Child's difficulties would not be seen in school because the Child is adept at masking their difficulties. That may be so, but there is no consideration of the school's evidence. Ultimately, despite stressing the need to delve deeper to identify the Child's difficulties, the Educational Psychologist's main recommendation is for ten hours teaching assistant support a week, which reflects the support that was already being provided to the Child.
63. The tribunal has no difficulty in accepting the recommendation for ten hours support as this not only reflects the support currently provided, but also the position of the parents and to a large extent, the Child's own view that the Child does not wish to be treated differently to others.
64. There is agreement that the TA should adopt "a helicopter model" which again we are told is the model currently deployed. By inference this will also be the Child's preferred method of support.
65. The tribunal heard evidence from the Senior Educational and Child Psychologist, who had undertaken an observation on a recent visit to the school. The Senior Educational and Child Psychologist's observations are endorsed by the headteacher and provide a clear picture of the Child's functioning in school. The tribunal found the Senior Educational and Child Psychologist to be a credible witness.

66. The Educational Psychologist is also prescriptive in their provision for prompting and refocussing the Child and allowing for movement breaks. It is accepted that it will be part of the TA's task to ensure that the Child is prompted and refocussed from time to time. It is not appropriate to be prescriptive in the frequency of the interventions. This is a matter for the class teacher and/or the teaching assistant to use his or her judgement and experience as part of good classroom management. Movement breaks should be provided, and it is best for a minimum frequency to be expressed, but again you would expect the class teacher and/or teaching assistant to be alert and to provide breaks as frequently as required.
67. The Educational Psychologist's report contains a list of provision to be included in Part 3. The tribunal does not consider it necessary to include these in part 3, as they do not amount to provision as such, but are techniques and strategies that represent good teaching practice and classroom management.
68. The Child enjoys their time at the Learning Centre. The Parents want the Child to continue attending, and this is endorsed by the Learning Centre Witness. However, the question for the tribunal is whether the Child's attendance amounts to necessary special educational provision to be included in part 3. A member of staff from the Learning Centre suggested that it was a huge advantage for the Child to be in a non-structured environment where the Child can learn pragmatic functional skills. The parents' representative asks us to find that the Child's ongoing attendance at the Learning Centre is a necessary special educational provision. We are asked to accept that the Child's progress at School B is because of the additional provision the Child receives at the Learning centre, and that there is no evidence that it is detrimental for the Child to attend.
69. The tribunal found the Learning Centre Witness's evidence to be vague and to lack specific detail. The Learning Centre Witness is the lead facilitator who devises the curriculum for the children based upon their own experience. There was no detail of the curriculum that is followed. There was no evidence of planning against the areas of need and the Learning Centre Witness did not seem to be aware of the contents of the Child's statement. The tribunal did not find the Learning Centre Witness's evidence helpful.
70. This contrasts with the evidence from the school that shows that the Child misses out on literacy and numeracy lessons on a weekday, and thereafter when the Child attends the follow-up lessons the Child is required to catch up. The tribunal cannot accept the argument that

missing one lesson a week of literacy and numeracy is not detrimental. The Child will not gain the full benefit of these interventions if the Child misses half of the literacy and numeracy lessons each week and this in the view of the tribunal hinders the Child's progress. The tribunal prefers the evidence of the school in this regard, namely that the Child has made excellent progress, and that such progress will only be enhanced by the Child's full-time attendance at school. The social skills that the Child may learn at the Learning centre can also be learnt at school as part of the daily curriculum. There is evidence that the Child is integrating well into school and that the Child joins in in the activities and there will be the opportunity for out-door learning at school as explained by the Headteacher.

71. The physical curriculum that is provided by the Learning Centre is also available at school. The Child may very much enjoy their time at the Learning Centre, but the tribunal's conclusion is that it is not necessary for the Child to attend the Learning Centre, and that the Child's special educational needs are best met by attending school on a full time basis, so that the areas of need identified can be fully addressed within an appropriate curriculum with additional support.
72. The Child is a young person of average ability with the potential to make progress, the Child needs to be attending fulltime to maximise their potential and be a fully participating member of the school.
73. The tribunal has considered to the Child's own wishes and feelings and realise that it will be a wrench for the Child not to attend the Learning Centre. The Parental Representative described it as a major cruelty to end the placement. The tribunal does not accept that suggestion. The Child is well settled and enjoys their time at School B. The evidence suggests that with careful management the Child should be able to cope with the transition to full time education.
74. Whilst the Headteacher said in their evidence that they would want the flexi-school arrangement to end immediately, it is an issue that must be addressed sensitively. A transition plan needs to be formulated, which should provide for the Child attending school on five days a week sometime in the New Year. The transition plan should be formulated by the school in conjunction with the parents, with the understanding that the final decision in terms of the Child's full time attendance rests with the headteacher and the governing body.
75. The LA's evidence in relation to speech and language therapy is contained in two assessments provided by a Speech and Language

Therapist dated July 2022 and May 2023. A suggested by another Speech and Language Therapist there is not a great deal between their and Speech and Language Therapist in terms of description of the Child's language and communication difficulties and the need for speech and language therapy provision to address that need. The Speech and Language Therapist recommends four to six sessions to develop strategies in collaboration with the Child and parents, and thereafter that the Child be supported by the "universal strategies".

76. The tribunal had the benefit of hearing from a Speech and Language Therapist and of considering the Speech and Language Therapist's assessment. The Speech and Language Therapist had initially seen the Child via Zoom in the company of the parents and thereafter the Speech and Language Therapist undertook an observation at school. The Speech and Language Therapist was satisfied that the Child was not disadvantaged by undertaking the assessment in English. The tribunal was impressed by the Speech and Language Therapist's measured evidence.
77. In terms of the recommendations that the Speech and Language Therapist makes, the Speech and Language Therapist proposes a combination of direct and indirect speech and language therapy. The Speech and Language Therapist concludes that the Child presents as a vulnerable child with mixed profile of academic, emotional, and social strengths and needs. The tribunal finds that there must be clear and robust provision to address the Child's language and communication needs including direct therapy. The tribunal therefore accepts the Speech and Language Therapist's evidence in terms of the provision required and adopts the Speech and Language Therapist's recommendations for inclusion in part 3 of the statement. The Child is of course already receiving emotional literacy support (ELSA) on a weekly basis. The Speech and Language Therapist indicated in their evidence that the Speech and Language Therapist was not prescriptive as to how the twelve hours of speech and language therapy is provided during the academic year, so whilst this recommendation meets the criteria for specificity it also allows for a degree of flexibility in the delivery of the therapy.
78. It is agreed between the parties that the Child should receive occupational therapy. It is noted that the Child enjoys the occupational therapy sessions that the Child currently receives. In the circumstances the tribunal endorses the agreement reached between the parties in relation to the provision of occupational therapy.

79. Part 3 of the Statement will accordingly be amended to reflect the findings made above and the other provision agreed between the parties in the working document
80. In relation to part 4, the LA accepts that the Child should continue attending School B as it reflects parental preference. It is not the school in the Child's catchment area.
81. Parts 2, 3 and 4 of the Statement are therefore amended accordingly to reflect the findings of this Decision. Part 4 is amended to correct the errors in the original wording.
82. The appeal is therefore allowed to the extent set out above and as reflected in the amended statement below.

ORDER: Appeal allowed in part

- a) Part 2 of the statement shall be amended to read as set out below:

Part 2: Special Educational Needs

(a) *The Child's current development*

Strengths:

- The Child is a charismatic and likeable young child. The Child presents as a confident and assured pupil who has good general knowledge. The Child can discuss a variety of topics of the Child's interest. The Child enjoys engaging adults in conversation. The Child can speak four languages.
- The Child is an enthusiastic learner. The Child seems to enjoy school and is a valued member of the classroom.
- The Child can follow the class routine.
- The Child is working at the expected level in Maths.
- The Child plays happily with their peers.
- The Child lines up with their class and conforms appropriately for the Child's age.

- The Child demonstrates a good depth of knowledge.
- The Child can work as part of a group for outdoor learning on a Friday. The Child often plays football at break times.
- The Child has responded well to the kindness tree where the Learning Centre are working on encouraging empathy.
- The Child can walk, run, and climb. The Child rides their bike to school and is given the opportunity to miss the daily prayer at school so that the Child can collect their bike.
- The Child has a great ability to spot very small objects. The Child is described as full of energy from first thing in the morning through to the evening. The Child loves to spin.
- The Child loves to climb, especially in trees. The Child likes riding their bike, and swimming. The Child likes to dance, cartwheel, flip, and jump. The Child seems more content playing outside than inside. The Child attends a local tennis club and swimming lessons.
- The Child also really enjoys watching comic series on YouTube, in particular Ninjago, Minecraft or Pokémon (the Child changes their preferences in phases).
- The Child is an able young learner with many strengths in the Child's ability to learn. The Child has an age-appropriate ability to understand and reason with visual, verbal and spatial information. The Child has expected abilities in their working memory and speed of processing. Overall, The Child's cognitive ability falls firmly within the 'Average' range and there are no concerns around the Child's learning ability.
- The Child's literacy skills suggests that the Child has age-appropriate reading and spelling abilities, with the Child's literacy skills developing in line with the Child's cognitive ability.
- The Child is interested in the world around them and is keen to learn new information.
- Assessments show that the Child is working at age-related expectations across the curriculum. In Procedural Maths tests the Child is very quick to come up with the answers.
- Functionally, the Child presents with broadly adequate understanding of core, everyday language (across English, Welsh and Swiss-German/German).

- Expressively the Child can use well-formed grammatical sentences in Welsh and English to express themselves.
- A higher-level language assessment was carried out in Welsh, the Child's strongest language and qualitative analysis shows that the Child can follow 3-part instructions well, and when listening to a paragraph of information presented verbally, the Child could answer 4/5 of the questions correctly. When the information was repeated for the Child, the Child achieved 5/5 correct.
- The Child shows a good understanding of vocabulary and has a good range of vocabulary that the Child can use in their spoken language. The Child showed knowledge of broad and narrow vocabulary groups. The Child also shows good understanding of time concepts e.g., days of the week, months of the year and seasons.
- The Child can use their reasoning skills to explain word meanings and can also use their reasoning skills to explain why and how something has happened which reflects the Child's experiences and understanding of situations e.g., "when crossing the road, you need to look both ways, listen and then walk calmly across the road".
- During a narrative assessment, the Child can recall the main elements of a story and specific detail provided. The Child uses a range of concrete and mental verbs (e.g., thought, believed) and descriptive vocabulary in their narrative which enables the Child to retell a story that is detailed and easy to follow. The Child showed awareness of the need to use openers and connectives (then, after, because, but) to link ideas together. The Child was noted to use English words at times when the Child was unable to recall the Welsh word.
- When asked to give a personal opinion about an issue, the Child can provide a logical reason to support their idea e.g., when asked do you think that all boys should have short hair the Child responded with "no- if they want to they can but it's their choice".
- In class, the Child can initiate conversation with the pupil sitting next to them. The Child responded appropriately to a question asked by the pupil and smiled and looked at the pupil. During class discussions, the Child can independently follow the group discussions.
- The Child's perception of tactile and visual information are a sensory integration and processing strength.

Special Educational Needs:

Cognition and Learning:

- An Independent Autism Assessment Report (dated February 2022) commissioned by the Parents, indicates a diagnosis of Autism (High Functioning). The Child does not have a disorder of intellectual development and has mild/no impairment of functional language for instrumental purposes, such as to express personal needs and desires.
- Regarding executive functioning, the Child is perceived to have the most challenge with emotion regulation, but also with cognitive regulation and behaviour regulation. The Consultant Clinical Neuropsychologist and the Parents note that the Child appears to be “an expert masker”, doing their best to conform and hold in any of their worries until the Child is reunited with the Parent at the end of the day.
- After initially starting in School A, the Child was home-schooled for a year before starting in School B in September 2021 three days a week. From January 2023, the Child has attended School B four days a week and the Learning centre on one day a week.
- The Child has some difficulty remaining focussed on tasks at school and has recently received a diagnosis of ADHD.
- The Child’s short term auditory memory is below average, and the Child’s working memory is in the average range.
- The Child has difficulty recording their work and is slow to record their work. The Child prints with correct letter formation but is inconsistent in size.
- The Child finds it exceptionally challenging to write down or express how the Child has arrived at the answer. Being able to read and record accurately are two of the Child’s biggest challenges at school.
- The Child will complete written or craft tasks if interested but only in short bursts. The Child is improving with clearing up and keeping their things tidy.
- The Child seeks a high level of praise and positive feedback when working.

Communication and Interaction:

Expressive and receptive language:

- The Child takes a literal interpretation of language and questions asked, and finds it harder to recognise contextual clues, or to understand more subtle inferred or ambiguous language. This can impact on the Child's success at "reading" situations and can lead to social misunderstandings and vulnerability.
- Assessment of the Child's speech sounds showed that the Child presents with the following difficulties:
 - production of 's', 'z' with their tongue slightly in between the Child's teeth.
 - difficulties using speech sounds 'sh', 'ch', 'j';
 - Inconsistent production of 'th' as 'f'.
- The Child is easily distracted, not only by their own inner thoughts/commentary, but also by the sights and sounds in their environment, and can demonstrate significant levels of fidgeting, restlessness and distractibility across a range of contexts, as well as approaches tasks in a fast-paced and impulsive style.
- The Child has delayed auditory recall ability and finds it difficult to maintain appropriate active listening behaviours for long periods of time. The Child is unable to recall 5 digits.
- The Child struggles to process what has been said in a timely manner, responding to language in an overly impulsive manner, this affecting the quality and quantity of their own spoken responses/contributions.
- The Child can experience difficulties with processing longer and/or complex information which can be difficult for the Child to understand.
- The Child's comprehension of language is significantly impacted by their attention and listening difficulties, their impulsivity and the Child's underlying emotional state. The Child's higher-level comprehension (i.e. the Child's ability to understand the more subtle messages/meanings of language, and to recognise and pick up on contextual clues) is at 1st centile ability.
- The Child expresses themselves in a fast-paced, impulsive style, favouring a more matter of fact/literal style of expression. When the Child's expressive skills are 'stretched' (answering broad, open-ended questions, discussing more emotive topics, or constructing stories) the Child tends to chunk their language into a 'list' of phrases rather than expressing themselves through flowing narrative.
- The Child's higher-level planning and organisation of language ability has been assessed between 2nd and 5th centile.

Social communication:

- In line with the Child's diagnosis of ASD, the Child's social communication difficulties impact the Child's ability to interact and maintain relationships with others, and the Child presents as 'socially awkward'.
- The Child presents with difficulties with the higher-level aspects and underlying 'rules' of social interaction - i.e. turn taking, initiating interaction, maintaining a balance of dialogue and direction of topic, with their awareness of the listener and interpretation of social cues further exacerbated by the Child's attention difficulties and emotional needs.
- The Child is formally polite and matter of fact/literal in their communication.
- The Child's communication style varies quite considerably, dependent on the context in which the Child is in, who the Child is interacting with and the Child's underlying emotional state. The Child masks significantly in school. When talking about favoured topics or able to direct/'manage' interaction with others, the Child can present as a confident and animated communicator, although the Child's approach to tasks and the Child's contributions within conversation tend to be fast-paced and impulsive.

Social, Emotional and Mental Health:

- The Child can have trouble communicating with peers and finds it very challenging to verbally express their feelings or when things aren't right. It won't be until the Child gets home that the Child will open up and express any built-up issues from the day. The Child appears to experience 'Alexithymia', which is described as struggling to identify and name emotions. The Child is reliant on their parents, *at home*, to detect changes in the Child's behavioural presentation to try to understand the Child's emotional state as the Child is unable to communicate this effectively.
- Socially at school the Child doesn't have best/close friends but also, the Child is not seen as being lonely. Generally, the children at school like the Child and the Child can select with whom to play.

- The Child used to say “bootie” and to bottom smack and has found a friend who likes this too. Parents have worked with the Child to help the Child understand when this is and isn’t appropriate. The Child also enjoys playing “dogs and cats” and pretending to sniff, lick, and nibble with their parents. The Child does find that biting helps them to calm, and the Child has bitten their parent badly in the past, but this is now managed better.
- The Child can find it difficult to know how to navigate friendship situations. The Child is constantly trying to push boundaries.
- The Child can be avoidant of many demands and will often chat and distract away from the activity that needs to be completed, even though the Child is physically able to engage in that task. The Child does not react well to time pressure or immediate demands, as this stresses the Child and results in the Child “crumbling” so that the Child becomes unable to carry out activities they would ordinarily be able to do independently. This is typically happening along with despair and expressions of low self-esteem. Therefore, transitions need to be carefully planned.
- The Child is emotionally vulnerable and finds it difficult to fully engage with and absorb learning in school. The Child presents with high levels of anxiety that can impact the Child’s daily life.
- The Child does not like changes and can become distressed when small changes occur if the Child has not been adequately prepared. The Child finds mornings trickier if there is a rush. Things that the Child could do, suddenly can’t be completed, and urging the Child along does not help. The Child will berate themselves. The Child can find transitions challenging and needs time warnings, for example, outdoor play time in the street. It appears to take a lot of emotional energy for the Child to move between tasks. The Child has a poor sense of time, and time limits tend to cause the Child stress. Countdown clocks can help with the television, but the Child hasn’t translated the use of these to anything else yet.
- Whilst the Child is complying with behavioural expectations within the school environment, the Child struggles to manage their emotions within the home environment.
- The school day may impact the Child’s emotional regulation. During the school day the Child may employ advanced ‘masking’ behaviours where the Child attempts to hide and camouflage the level of their difficulties to appear like their peers. Whilst this allows the Child to maintain positive external behaviours, it has significant implications for the Child’s internal emotional wellbeing. When the Child returns home from a school day, the Child

struggles to retain emotional control and can become extremely upset and frustrated from seemingly small events.

- The Child has a strong sense of justice and what is right and wrong and can be rigid in their application of rules, struggling to understand when they are not followed by others. The Child will report to staff when rules are broken, but not in a malicious manner.
- When the Child is feeling particularly overwhelmed, the Child can experience emotional meltdowns where the Child struggles to display appropriate emotional and behavioural regulation.
- The Child has an intense need to please others, with the Child's anxiety rising if the Child feels this has not been possible.
- The Child can find it hard to monitor their own behaviour and regulate their own actions, often acting impulsively without full thought and consideration of the implications. The Child is very impulsive around sharing their thoughts and struggles to hold onto information and needs to express it straight away, irrespective of the social appropriateness of doing so. Sometimes if given the opportunity to share, the Child may go off on significant tangents. The Child may also suggest things that may not be totally accurate.
- The Child has issues in controlling their own force when playing with other children.

Sensory and Physical:

- After physically intense activities, the Child can experience severe cramps in their legs and feet at night, which can lead to the Child screaming out in pain.
- The Child has clear, acute hearing, and lots of noises can be painful and distracting for the Child. The Child often appears to struggle to listen, or to at least process what has been said to them.
- The Child tends to play longer and harder than other children of the Child's age. The Child previously attended a football club and enjoys running around but struggled when other players did not adhere to the rules. The noise in the indoor training environment were difficult for the Child to cope with.
- The Child will sit or lie down for screen time, although tends to fidget. The Child may occasionally draw up plans for tree houses that the Child wants to build, but the Child becomes frustrated

when their pictures don't come together quick enough or do not represent what the Child has in the Child's mind.

- The Child needs encouragement to bath. Once in, the Child can relax in the bath and loves to play with the water. The Child likes to run around naked and play after the bath.
- The Child appears to have very sensitive skin and does not like the feeling of some clothing. The Child typically takes a long time to dress and gets distracted easily. The Child gets quickly frustrated if dressing does not go well. The Child can tie their own shoelaces, but sometimes forgets the order when the Child gets around to doing the second shoe. Dressing and undressing can cause a lot of stress for the family.
- The Child tends to be last minute with accessing the toilet. The Child occasionally still wets themselves at night. The need to open their bowels is usually recognised as pain by the Child, and then urgency. The Child does not naturally remember to wash their hands after using the toilet. The Child dislikes brushing their teeth, as well as brushing and washing their hair. The Child becomes distressed by having their nails cut.
- The Child historically reported hating the sound of the knife and fork on plates. The family now have wooden plates and the Child now manages much better. The Child takes a long amount of time to eat meals and if not reminded, the Child will forget to eat in preference for play. The Child prefers to eat with their hands. There are several foods that the Child will not eat due to texture and/or smell, but with persuasion the Child will try new things. The Child finds "slimy" foods difficult to tolerate including jelly, mushrooms, aubergines, pears, cooked courgettes, etc. The Child has a strong preference for crisp foods including raw carrot, apples, bread sticks, crackers, celery sticks, and crisps. The Child has a very sweet tooth and can sneakily eat sweets. Increased sugar intake can have a negative effect on the Child's behaviour, and the Child will get a rash on their face if the Child eats too much chocolate.
- The Child sits for snacks and tends to fidget and hop around if the Child is excited.
- The Child is very avoidant of bedtimes and does not appear to experience tiredness. The Child will wake at least once during the night and needs a parent with them to sleep, as the Child cannot settle to sleep alone.
- The Child is avoidant of many daily living tasks in preference of tasks that bring the Child joy.

- The Child presents with the following sensory integration and processing challenges, which will be impacting on the Child's ability to engage in day-to-day functional activities both at school and at home
 - perception of vestibular and proprioceptive information
 - possible problems with ocular control
 - possible problems in bilateral integration (non-practised tasks)
 - possible problems with postural mechanisms as a result of vestibular and proprioceptive perception challenges
 - sensory hyper reactivity to sound, vision, touch, taste and smell
 - poor interoception (the ability to notice internal sensations) Although the Child does not fit into a clear pattern as per the interpretation tool.
- The Child's impulsivity may be masking the Child's true sensory integration and processing abilities.
- The Child's poor interoception means that the Child is less aware of temperature. The Child can be sweating profusely and not appear to notice. The Child will not always notice when they are unwell and may be quite poorly before the Child complains.
- The Child reacts strongly to small incidents (e.g., screaming at small scrapes), but can overcome big incidents quickly without screaming. The Child expresses shock when the Child hurts themselves and seems to need immediate attention and reassurance, or the Child will become worked up.
- The Child does not notice when they are becoming overwhelmed. The Child plays roughly and needs to be squeezed tightly to calm down.
- As the Child has sensory hyper reactivity to sound, vision, touch, taste, and smell, the Child will likely spend more time in fight/flight or fawn states (hyperarousal). This will mean that the Child is more distractible and will find it harder to concentrate and engage successfully in their learning.

Parents' View

The Parents shared that they are very happy with the understanding and support that School B have been able to provide, but believe that the

school also needs more help, direction and training to deal with the various issues. It is felt that School B have supported the Child with a positive view of learning and that the Child has settled well in school. The Parents are appreciative of the support and open communication that the school have maintained, but also realise that due to the Child's "expert masking", it is difficult for the school to "see" the Child, but that the Child feels sufficient trust to approach teachers when there is an issue, and that on rare occasions, the Child has let slip their mask. The Parents shared that the Child can speak confidently about certain things, but generally excluding their feelings and emotions. The Child also has a tendency to say what the Child thinks is expected of them outside the home. They are concerned that the Child's communication difficulties will impact the Child's confidence and sense of self as the Child grows older. The Parents want to ensure that the Child feels that the Child can be themselves wherever the Child is, and that the Child can feel that they can ask for help or share that the Child is having difficulty. The Parents shared that the Child presents very differently at home as to how the Child presents in school. At home, the Child was described as showing lot of sensory hyper-reactivity and that dealing with the emotional outbursts were draining and difficult to manage.

The Parents wish for the Child to flourish in life, and for all that know the Child to have the tools to best support the Child so that the Child can find their place within society. The Child's parents strongly feel that the Child presents as a different child at home in contrast to school. They have become aware that small changes can make a big, positive impact for the Child. The Parents are concerned that the Child's self-esteem is reduced, and that the Child easily becomes upset and angry and struggles to self-regulate; they wish for the Child to not need to mask, and for the Child's needs to be met innately in all settings. They also wish for the Child to receive the support the Child needs in order to be able to demonstrate the Child's full cognitive ability at school.

The Child's Views

"I wish I had OT every day"

"I wish that the class had "Speaker also after lunch, not only in the morning."

"I do not know how feel. I do not care about myself, I care about the people around me."

"I think School B is an autism friendly school, this is very different to my first school."

General aspirations:

“When I grow up, I would like to be a carpenter, part-time, and have a Toyota Hilux 4x4 pick-up truck. Also, I would like to be a part-time dentist or lawyer, for the money, whichever pays best and which I enjoy most.”

“I would like to build my own house, for my own family, with outbuildings and gardens, land and forest, and would also build a house for my parents next door.”

My favourite things:

“The universe, as otherwise there would be no me, and the forest.”

“Pokémon”

“Mum and dad”

“The lives of others, and helping them”

“Being out in the forest, climbing trees, building dens, playing with sticks and friends in the Learning Centre”

“My dream life would be a Samurai in Japan in the old days, a friendly one with special powers like Ninjago.”

“I want to use strength.”

The Child does not like:

“When a gang of older children are bullying younger kids, as happened in my first school.”

“Football, because of the way the kids play it during school breaks. They are faking fouls, do not pass me the ball, and foul me but then this is not recognised.”

School - does not like:

“Religious education classes”

“A Teacher”

“At school, we should be allowed to play in the woods, to climb up trees, but it is forbidden.

“At play time, we should also have other game choices, not only football.”

School – likes:

P.E. and sports

“I like the teachers”.

“I love play time and being outside in the forest.”

“I do not know” – when asked about something that makes the Child happy at school.

School – to improve:

“Better toilets because ours stink.”

“Having to wait a long time in the classroom until I can go to the toilet.”

“School meals are too small”.

(b) *The Child's Needs that require Provision*

- Attention and concentration and executive functioning.
- Needs related to the Child's ASD diagnosis.
- Literacy skills.
- Emotional literacy and regulation.
- Health and safety behaviours.
- Social communication.
- Receptive and expressive language.
- Low self-esteem.
- Interoception and sensory processing.

b) Part 3 of the statement shall be amended to read as set out below:

Part 3: The Special Educational Provision

(a) The Objectives of the Provision for the Child

- To encourage the Child to maintain focus when in the classroom.
- To support the Child with their literacy development.
- To support the Child with the recording of the Child's ideas.
- To support the Child with their ability to identify and share how they are feeling.
- To maintain close communication with home.
- To monitor the Child's social communication skills.
- To develop the Child's self-esteem.
- To develop increased awareness and understanding of the Child's sensory needs (modulation, perception and interoception).
- To develop the Child's self-advocacy skills in the educational setting.

(b) The Special Educational Provision to be made

Cognition and Learning:

- The Child will be provided with 10 hours Teaching Assistant (TA) support per week to provide individual and small group support to the Child. The TA will be ELKLAN trained and will work under the direction of the class teacher, the ALNCo, the Speech and Language Therapist (SLT) and the Occupational Therapist (OT).
- The 10 hours support will be used to support interventions in a flexible manner responding to the Child's needs.
- The Child's TA should employ a 'helicopter' model of support whereby they are within the classroom specifically for the Child but use a check-in approach with the Child to support the Child throughout the lesson. The TA should provide the Child with a prompted start to ensure the Child has fully attended to and understood all task instructions and model what the Child needs to do so the Child can access the work independently. The TA should check in with the Child regularly to ensure the Child is focused and to re-prompt the Child if not.

- The Child will receive regular 'movement breaks' at least every half an hour or more frequently if necessary supported by either the Child's class teacher or TA (opportunities to move around the classroom or to focus on a different task for a short period).
- All school staff must have comprehensive training in neurodiversity, specifically ASD.
- The Child will receive 2 hours per term of support from an ASD specialist teacher who will attend school, to consult with school staff on the Child's learning and environment and devise instructions and programmes for staff supporting the Child.
- The Child will be provided with a digital clock/timer to measure a period of concentrated work. The time will be incorporated into a visual timetable.
- A member of staff will read to the Child and encourage the Child to read books/ magazines/comics that are of interest to the Child. This will support the Child's enjoyment of learning and the Child's motivation in the classroom.
- Staff supporting the Child will ensure that the Child is in a regulated state before the task demand is placed upon the Child if they know that the Child will find the task challenging. The adult will scaffold the task and support the Child through to completion, ensuring that the Child gets to experience success with the task.
- The Child will be provided with clear expectations of an activity before beginning (e.g. what the activity involves and what skills may be needed such as 'good listening'), and remind the Child during the activity if required.
- Staff working with the Child will ensure that they have the Child's attention by calling the Child's name before giving the Child an instruction/ information.
- Staff working with the Child will break longer sentences into smaller chunks of information which is easier for the Child to process.
- Staff working with the Child will check back that the Child has understood the information by asking the Child to repeat what the Child has heard.
- Staff working with the Child will simplify questions that the Child has not understood. Staff will need to be mindful of questions that are more complex e.g. 'why' and 'how' questions are much more difficult to answer than 'what is that?' and 'who' questions.
- The Child will be encouraged by staff to make it known if the Child is unsure about the task and praise the Child and other children when they do this. If the Child is reluctant to ask for help, provide the Child with things that the Child could say when the Child is unsure or would like support.

- The Child should sit at the front of the class facing the teacher to minimise distractions. The Child should be placed next to a positive peer model.
- ‘Mini tasking’ should be used, whereby tasks are broken down into short, well-defined chunks with clear expectations. Longer assignments should be broken down into short, achievable tasks, and task completion should be rewarded promptly.
- Difficult tasks are to be followed with preferred tasks.
- Emphasize quality of work rather than quantity.
- Encourage overlearning through repetition to support the Child’s recall.

Communication and Interaction:

- The Child requires 2 hours per half term (12 hours per academic year) of input from a HCPC-registered Speech and Language Therapist who has experience in working with children who have social communication, higher-level language and attention needs.
- This time is to be spread across the year, and implemented flexibly at the discretion of the SLT for:
 - Clinical observation.
 - Liaison with parents, staff and other professionals involved with the Child across the Child’s different educational settings.
 - The monitoring and evaluation of communication targets/outcomes and provision of Progress Reports attendance at Annual Review.
 - Direct intervention sessions focusing on clarity of speech, higher-level language and social interaction skills (sessions should be observed by relevant staff from the Child’s education setting/s with the aim of carrying over/generalising skills, strategies and resources into the Child’s school and wider learning environments).
 - Training of new staff and/or input into whole team CPD, including ASD awareness and developing greater understanding of associated social and emotional needs.
- No less than 4 of the above 12 hours are to be allocated to direct intervention with the Child across the year.
- Consistent strategies to support functional communication and clarity of speech, social interaction skills, attention and processing, higher-level language development and emotional literacy must be implemented throughout the day (and across different educational settings) by all staff involved with the Child with guidance/input from a qualified SLT.

- Staff working with the Child will use the following strategies to support the Child:
 - Clear expectations of an activity (e.g. what the activity involves and what skills may be needed such as 'good listening'), and remind the Child during the activity if required.
 - Consideration to where the Child is best seated in order to minimise visual and auditory distractions.
 - Ensure you have the Child's attention by calling the Child's name before you give the Child an instruction/information.
 - Break longer sentences into smaller of information which is easier for the Child to process
 - Repeating back information
 - Check back that the Child has understood the information by asking the Child to repeat what the Child has heard
 - The use of visuals (pictures, key words. etc) when there is a high volume and/or complex information to process.
 - Simplify questions that the Child has not understood. Be mindful of questions that are more complex e.g., 'why' and 'how' questions are much more difficult to answer than 'what is that?' and 'who' questions.
 - Be aware of non-literal language such as idioms, jokes and sarcasm as the Child may not understand these and interpret them literally e.g., pull your socks up.
 - Check back with the Child that the Child has understood the information before adding new or more information.
 - Check in with the Child throughout the day so that the Child has regular opportunities to express their feelings and needs.
 - A clear one page profile which outlines key information that all adults working with the Child need to consider. This is especially important when new adults are working with the Child.

Social, Emotional and Mental Health:

- The Child requires 1 x 1-hour weekly 1:1 session with a mentor (a member of school staff with whom the Child has built a positive relationship), to talk through the Child's concerns and gain feedback on the Child's successes. This must be structured and timetabled. The member of staff supporting the Child should have training and/ or experience in ASD and feed into any reviews of the Child's support and progress.

- The Child requires access to a quiet space or structured activities during break and lunch time if the Child feels overwhelmed. This needs to be a regular space with the Child encouraged to go to the space with adult prompting, as the Child is unlikely to be able to recognise a need to go there independently.
- The Child will require emotional support to be integrated throughout the Child's school day and embedded within the school's approach to help manage the anxiety the Child experiences. All teachers must have an in-depth understanding of the Child's profile to ensure consistency across approaches used.
- A termly meeting must be held by the ALNCo and all of the Child's teaching staff to inform them about the Child's profile and the strategies the Child needs to support the Child's learning.
- The Child will be provided with explicit teaching of emotions to support the Child's emotional literacy skills. Supporting adults should model the use of language to support with this (i.e. 'I can see that the Child is upset as the Child is crying'). This can be done by described how others, themselves or the Child may be feeling in the moment (i.e. 'I am excited because I am going to see my niece on the weekend', 'I wonder if you are feeling disappointed because you were not chosen to play on the bikes').
- The Child will be provided with targeted intervention around understanding emotions and others points of view. Comic Strip Conversations could be used when referring back to specific situation (i.e. a situation that has happened on the yard or in a story that has been read).
- The Child will be provided with 'check in' times with staff prior, during or after the lesson has finished, and after lunch breaks, to give the Child the opportunity to share the Child's difficulties and prevent the Child from becoming upset at home.
- Staff will monitor the Child's social interactions and friendships over time.
- There will be close liaison between home and school to share relevant information regarding the Child's emotions and feelings. When a situation arises, it should be addressed sensitively as not to make the Child feel as though they are 'different' to their peers.
- The Child will receive ELSA interventions delivered by a TA either individually or in a small group to develop social interaction and play skills.

Sensory and Physical:

- The Child requires occupational therapy provided by an occupational therapist (minimum Band 6) with knowledge and expertise in neurological conditions and sensory integration. The occupational therapist will need to have completed post-graduate training in

sensory integration to a SIE Level 3 or ICEASI Level 2 (international standard).

- The Child will be provided with Occupational Therapy sessions and the therapist will conduct further analysis of the Child's handwriting and typing skills, to identify whether the Child requires any specific equipment to support the Child's ability to record written work. (3 hours per year).
- The Child will be provided with Occupational Therapy sessions to address the Child's sensory integration difficulties which are directly impacting on the Child's learning and functional abilities. The support will commence with a focus on Interoception and then move towards Sensory Ladders and Self-Regulation. This will be delivered as one block of direct Occupational Therapy per term. The block will comprise of 10 weekly sessions and each session will comprise of 60 minutes of direct intervention with 30 minutes for preparation, liaison and to complete clinical recordings. This will be repeated once per term for two terms (30 hours per year).
- After the two terms, therapy programmes will be provided to the Child's teaching team to work on for the final term, before being reviewed at the end of the term by the Occupational Therapist. The review will comprise of 3 hours shared between home and school, with contact with the Child, staff, and caregivers (with 2 hours for preparation, clinical recordings, and assessment scoring) (5 hours per year).
- The Occupational Therapist will liaise with both school and home to ensure continuity and progress towards stated outcomes. 60 minutes per half term must be allocated for meetings and liaison with the Child's family to ensure that strategies are consistently transferred into the home environment (6 hours per year).

Total: 44 hours per year

- The Child will be provided with daily implementation of sensory strategies as part of a sensory lifestyle to support regulation and engagement in functional occupations. Initially, these strategies will be focused on developing interoceptive awareness when the Occupational Therapist is not present, for instance those supporting the Child will model their own interoception and ask interoception related questions to the Child to help the Child check in with themselves. The Occupational Therapist will use Sensory Ladders to help the Child to understand their self-regulation needs, and in relation to this the Child will be supported to identify sensory strategies that help the Child with their regulation levels (especially those that provide vestibular and proprioceptive information).
- The Child will be provided with strategies that will be integrated into a Sensory Lifestyle programme, devised by an Occupational Therapist and will be implemented by the Child's teaching team. The training to the teaching team will be incorporated into the therapy sessions. Prior to the programme being produced, the Quick Tips, shared by the OT

report, will support implementation of sensory strategies in the interim.

- The Child will be provided with close monitoring of the Child's regulation levels throughout the day by the Child's teaching team (qualified class teacher or teaching assistant) to support the Child to express their needs and proactively manage the sensory environment until such a time that the Child can do this themselves.
- The OT will have 1-hour administrative time initially to set up the programme, and 2 hours per academic year to adjust the programme where required as the Child progresses through their OT treatment (3 hours per year).
- The Child will be provided with direct input from an Occupational Therapist and all school staff working with the Child must receive full training to support their understanding of the Child's presentation and participation challenges in the learning environment. Occupational Therapy advice/training to the Child's staff and parents will ensure a collaborative approach to addressing the participation challenges that the Child experiences.
- A 1-hour training session must be delivered by the Occupational Therapist to the teaching team annually, to educate and train staff on how to best support the Child specifically so that the Child can access all areas of the curriculum whilst managing the Child's learning needs (1 hour preparation, 1-hour direct training). Either the Child's teacher or teaching assistant must attend all Occupational Therapy treatment sessions so that they can be upskilled to take on the Occupational Therapy programme following the block of treatment.
- 3 hours per academic year must be allocated to the Occupational Therapist to prepare a report for the annual review and to attend the annual review (2 hours for report writing, 1 hour for review attendance).
- The Child will be provided with adequate postural seating to support the Child to access the curriculum and complete Occupational Therapy programmes. The Child will be provided with a wobble cushion (circular) in all environments where the Child needs to sit to learn and complete table top tasks.
- The Child will be provided with a weighted pencil, larger gripped pencils (triangular), a writing slope, etc. following consideration by The Occupational Therapist, to increase the Child's ease of recording.
- The Child will be provided with opportunities to practice touch typing skills on a daily basis, for a minimum of 10 minutes per day. This must be supported by an adult. Programmes such as BBC Dance Mat Typing and English Type Junior will need to be provided for the Child.

- The Child will be provided with access to small group or one to one discussion to explain safety rules as they arise in school (i.e. fire drill) to ensure clear expectation on the Child's behaviour.

(c) *The Arrangements for setting short term targets and reviewing progress.*

1. The Additional Learning Needs Co-ordinator (ALNCo) will ensure that, within two months, an Individual Education Plan (IEP) has been prepared, setting out the educational targets for the class teacher, the support staff and the family. This IEP will provide detailed framework for co-ordinated provision.
2. The Headteacher should arrange an initial Planning Meeting within two months at which the detailed arrangements for provision should be discussed with the Child's family. A brief summary of the meeting and a copy of the IEP should be forwarded to the LA.
3. The Child's progress should be reviewed by the school's ALN department on a half termly basis.
4. The IEP will identify the staff responsible for monitoring the effectiveness of the programme.
5. The IEP will contain specific attainment measures.
6. The Annual Review will report those attainment measures.
7. Close liaison between home and school should be maintained so that progress and any concerns can be shared (minimum of half termly review calls/emails/meetings with the Parents).
8. The ALNCo/Class teacher is responsible for evaluating the provision, and for planning and adapting the work programme in school.

c) Part 4 of the statement will be amended to read as follows:

Part 4: The Placement

School A

but to reflect parental preference: School B

(parents to be responsible for transport)

Dated November 2023