

All Hallows C of E Primary School



Graduated Response to the Four
Broad Areas of Need

2025/2026

At All Hallows School we create a nurturing learning environment with high expectations and ambitious targets for all. To achieve this, we have to identify and recognise at the earliest point possible any struggles that children may face during their time with us. Our school staff with the support of our SEND team will identify any needs that the children may have. An ongoing conversation between teachers, the SEND team and parent/carers will be happening to identify barriers that the child might be facing. Areas of need can be split into four broad areas which are communication and interaction, cognition and learning, social, emotional and mental health and physical and/ or sensory.

This document is here to showcase and support teachers, school staff and parents in understanding the schools graduated response. Here at All Hallows, we support our learners using a graduated response that is recorded and evaluated regularly to get the best outcomes for all of our pupils. We believe in no ceilings for any learners and with the use of our graduated response and knowledge of our individual pupils we hope that all pupils will make progress from their individual starting point.

All Hallows graduated response is broken down into three waves of support. Which we then use a graduated response cycle of assess, plan, do, review to check the level of support our children need at any given time. We recognise that this is a fluid and ever-changing need so understand our children can go through all waves of support during their time at All Hallows.

The Waves of support are:

Wave 1: high quality teaching methods that are adapted within the classroom to meet the identified area of need.

Wave 2: children will receive an individual education plan and have individualised targets set collaboratively by all parties together. Wave 2 demonstrates additional to or different from interventions and learning outcomes will occur to support children's progress.

Wave 3: school will contact specific outside agencies such as SALT, educational psychologists, school's family specialist services, etc. These providers support school by creating ideas and actions.

The SEND team will have an oversight into children that access all waves of support, especially those in wave 2 and 3. Teachers and support staff will regularly communicate with the SEND team to identify the right level of support for individuals.

The Four Broad Areas of Need are defined below as:

<p style="text-align: center;">Communication and Interaction</p> <p>According to the SEND Code of Practice definition children are considered to have communication and interaction needs if they have difficulty communicating with others. This may be due to difficulties saying what they want, understanding what is being said to them or understanding the rules/ use of social communication, making it hard for them to relate to others. The profile of every child is different and needs may change over time.</p>	<p style="text-align: center;">Cognition and Learning</p> <p>Within the Code of Practice Cognition and Learning needs are defined as support for children who learn at a slower pace than their peers even with appropriate support/ differentiation. Learners with SEND may have difficulties with organisation, memory or processing and require additional support across different curriculum areas.</p>
<p>Pupils may:</p> <ul style="list-style-type: none"> • Struggle to make themselves understood • Have problems understanding what is being said • Have difficulties with social interaction • Experience challenges with flexibility of thought 	<p>Pupils may:</p> <ul style="list-style-type: none"> • Learn at a slower pace than peers • May have difficulties with organisation, memory, or processing • Require additional or adapted support for literacy, numeracy, and curriculum access
<p style="text-align: center;">Social, Emotional and Mental Health</p> <p>Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.</p>	<p style="text-align: center;">Physical and/ or Sensory</p> <p>According to the SEND Code of Practice definition children are considered to have a sensory or/and physical need if they require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time.</p>
<p>Pupils may:</p> <ul style="list-style-type: none"> • Become withdrawn or isolated • Display challenging, disruptive, or distressing behaviour • Have underlying mental health difficulties such as anxiety, depression, self-harming tendencies, eating disorders. 	<p>Pupils may have:</p> <ul style="list-style-type: none"> • Adapted equipment or resources • Mobility support • Environmental adaptations (e.g. lighting, acoustics) • Personal care or specialist intervention

Communication and Interaction

Children with communication and interaction needs may have:

Speech, language and communication difficulties

Learners may present with difficulties in one or more areas of speech, language, communication and interaction skills. Broadly, the skills Speech and Language Therapists will assess are:

- Attention and listening skills
- Understanding of spoken language and expression of language
- Speech
- Pragmatic skills
- Eating and drinking skills

Difficulties in these areas can impact on the following: attention, organisation, working memory, time management, listening skills, sensory perception, speed of processing and confidence as a learner. The risk of failing to address and support difficulties is that learners disengage with their learning, fails to build positive relationships with adults/ peers and experiences as well as reduced opportunities for activity and participation.

Autism

Autism is a lifelong neurodevelopmental condition that affects how people perceive, communicate and interact with the world. Autism is referred to as a spectrum because while there are similar core areas affected, each child or person diagnosed will experience them differently.

Communication and Interaction Interventions		
Wave 1	Wave 2	Wave 3
Interventions		
<ul style="list-style-type: none"> • Visual timetable • Use of widgeit • Extra time • Warnings of change • Rewards and sanctions clear and visible • Clear instructions • Concentration aids • Ear defenders • Wobble cushions • Resistance bands • Weighted blanket • Calm working environment • OPAL play • Set responsibilities • Timers if appropriate • Repetition • Language used simple and short • Clear written and verbal directions • Pupil's name or agreed cue used to gain attention • Flexible seating options • Chunking • Consistent boundaries • Predictable routines • Modelling • Classroom organised and labelled • Adapt up • Clear lesson structure (my go, our go, your go) • Understanding regularly checked • Understanding demonstrated in a variety of ways • Movement breaks • Praise specific and names • Praise effort not just outcome • Assistants planned and used to maximise learning • Range of multi-sensory approaches used to 	<ul style="list-style-type: none"> • Meet and greet • Now and next • Social stories • Home/ school dialogue • Safe work space – within classroom or outside • Pen portraits • Photographs of staff available when needed for transitions, change in staff and supply staff • Personalised SMART targets • Utilising special interests • Offer forced choices (this or that) • Talking tins • Social skills group • Drawing and talking • Intensive interaction • System of visual feedback in place to show understanding • Bespoke individualised timetable • Sensory room breaks timetabled to be proactive • Structured and predictable / alternative provision for unstructured times • In class support to facilitate access to the curriculum • Time to work with trusted adult • Pre-arranged safe space • Use of interoception intervention to develop theory of own mind • Individualised social stories 	<ul style="list-style-type: none"> • Springboard • SALT • EYSFSS • Educational psychologist • Communication and Interaction Team • Family SENCo • GAP (Gedling Area Partnership) • Individualised provision • Access to enhanced provision

<p>support spoken language (pictures, concrete apparatus, artefacts, role play)</p> <ul style="list-style-type: none"> • Task ladders • Processing time given (7-10 seconds as a minimum) • Talk partners explicitly taught • Classroom layout considered for all children • New vocabulary communicated with parents • Individual sensory sensitivities are considered when creating seating plans • Noise levels monitored • Reasonable adjustments to school uniform 		
Where to find further support		Assessment Tools
<ul style="list-style-type: none"> • Autism Education Trust • Autism East Midlands Hub • Anna Kennedy Online- Autism and Asperger Syndrome • Small Steps • APTCOO- A Place to Call Our Own • Neurodiversity Celebration Week • National Autistic Society • Whole School SEND • NASEN • Your Notts Directory • Family Fund • Contact – For Families with Disabled Children 	<ul style="list-style-type: none"> • Early Talk Boost • Talk Boost KS1 • Talk Boost KS2 • Progression Steps (B Squared) • AET Framework 	

Cognition and Learning

Children with cognition and learning needs may have:

Specific Learning Difficulties

Pupils with specific learning difficulties have a particular difficulty in learning to read, write, spell or manipulate numbers and their performance in these areas may not be in line with their performance in other areas. Pupils may also have problems with short-term memory, with organisational skills and with co-ordination.

Dyslexia

Pupils with dyslexia have a marked and persistent difficulty in learning to read, write and spell. Pupils may have poor reading comprehension, handwriting and punctuation.

Dyscalculia

Pupils with dyscalculia have difficulty in acquiring mathematical skills. Pupils may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Dysgraphia

Pupils with dysgraphia have difficulty with writing. This may include; trouble forming letter shapes; tight awkward or painful grip; difficulty following a line or staying in margins; trouble with sentence structure or following the rules of grammar when writing but not when speaking and difficulty organising or articulating thoughts on paper.

Dyspraxia

Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and co-ordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jogsaws, etc).

Global Development Delay

Developmental Co-ordination Disorder (DCD)

ADHD

Moderate Learning Difficulties

Pupils with moderate learning difficulties will have attainment significantly below expected levels in most areas of the curriculum, despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the curriculum.

Severe Learning Difficulty

Pupils with severe learning difficulties have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills.

Profound and Multiple Learning Difficulty

Pupils with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties, such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, both for their learning needs and also for their personal care.

Cognition and Learning Intervention		
Wave 1	Wave 2	Wave 3
Interventions		
<ul style="list-style-type: none"> • Classroom well organised and labelled • Adapt up • Clear lesson structure with objectives presented orally and visually • Instructions given in small chunks with visual cues • Understanding demonstrated in a number of ways • Activities and listening broken up with breaks • Praise is specific and named • Praise effort not just outcome • Memory supported by explicit demonstration and modelling memory techniques • Classroom assistants planned and used effectively • Next steps derived from what pupils can already do • Refer back to earlier stages of learning • Reading appropriate for child's ability in all lessons • Key words/ new vocabulary taught explicitly • Pre-teach when necessary • Instructions broken down into manageable chunks and in a sequence • Teach sequencing as a skill • Pupils encouraged to explain what they have to do to check understanding • Resources and equipment make use of consistent widgit symbols 	<ul style="list-style-type: none"> • 1:1 teaching from TA within school • 1:1 or small group multi-sensory phonics programme • Additional follow up lessons • 1:1 reading, teaching through errors • Small group or 1:1 support for writing/ reading • Small group or 1:1 work on spelling programmes (SNIP) • Support for pre-teaching concepts and vocabulary • 1:1 or small group lessons to develop memory skills using appropriate resources • Plan collaboratively with staff in lessons to maximise learning • Allow additional time to complete tasks and if necessary modify expected outcomes • Use appropriate assessment tool • Precision teaching 	<ul style="list-style-type: none"> • Springboard • Cognition and Learning Team • Educational Psychologist • EYSFSS • Occupational Therapist • Physiotherapist

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| <ul style="list-style-type: none">• Links to prior learning explicitly made• Key learning points reviewed at appropriate times• Alternative ways to demonstrate understanding (diagrams, mind maps, use of voice recorders)• Provide and teach use of range of writing frames to aid organisation• Key words and/or phoneme mats on desks• To support short term memory, have small whiteboards and pens available for notes (record ideas and try out spellings)• Use IT programmes and apps to reinforce and revise what has been taught• Coloured paper for worksheets• Range of coloured overlays• Text presented clearly - uncluttered, use of bullet points and clear font• Diagrams and pictures to add meaning alongside text• Pre-prepare children to read out loud in class• Additional time to complete tasks• Teach and model memory techniques• Use dictation rather than copying from the board• Explicit teaching of use of task ladders and planners• Calm and focused learning environment• Well established routines and expectations• Regular check ins | | |
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<ul style="list-style-type: none"> • Processing time given (7-10 seconds as a minimum) 		
Where to find further support		Assessment Tools
<ul style="list-style-type: none"> • International Cognitive Approaches Network • NASEN • Whole School SEND 	<ul style="list-style-type: none"> • B Squared • Monster Phonics Assessment Tracker 	

Social, Emotional and Mental Health

Children with social, emotional and mental health needs may have:

- Anxiety
- Depression
- Self-harming
- Substance misuse
- Eating disorders
- Physical symptoms that are medically unexplained
- ADD (attention deficit disorder)
- ADHD (attention deficit hyperactive disorder)
- Attachment disorder

Early experiences are vital to healthy emotional and physical development. Infants and young children are completely dependent on adult care. A child looks to their parent or carer to keep them safe and secure. Where this does not happen easily, or when a child feels they have to be the one to keep a parent safe and secure then a child may have difficulties forming attachments, which can impact on other aspects of the child's mental health and wellbeing.

Adverse Childhood Experiences (ACEs) are a range of early experiences, which, particularly if they occur in clusters, may result in childhood trauma. They include physical, emotional and sexual abuse, physical and emotional neglect and domestic abuse, or living in a household where there is a parent who suffers from substance misuse.



The Six Stages of Crisis

This shows the stages of escalating stress and distress to a point when the learner is least able to self-regulate, from early triggers, through crisis and on to eventual recovery of a calm, more regulated state. It is important to identify what triggers result in escalating behaviour, as that helps you to make sense of what is often puzzling. Identifying situations that causes changes in behaviour and understand why they give rise to the reactions you see. This will help you plan for, predict and de-escalate problematic times.

Social, Emotional and Mental Health Interventions

Wave 1	Wave 2	Wave 3
Interventions		
<ul style="list-style-type: none"> • Classroom well organised and labelled • Adapt up • Clear lesson structure (my go, our go, your go) • Learning objectives presented orally and visually • Instructions given in small chunks with visual cues • Understanding checked by pupils explaining what they have to do • Praise is specific and named • Praise effort not just outcome • Take time to find strengths and praise these • Ensure pupils have opportunities to demonstrate their skills to maintain confidence and self-belief • 'Catch' the pupil doing something positive and emphasise these in front of peers and other staff • Class/ whole school responsibility to raise self-esteem • Refer back to school and classroom code of conduct, stick to these consistently • Play calming music where appropriate • Give breaks between tasks • Movement breaks allowed • Provide opportunities for kinaesthetic learning (lots of practical activities, experimental learning) 	<ul style="list-style-type: none"> • Nurture group support to develop social and emotional skills • Small group work to develop listening, attention and turn taking skills • 1:1 barrier game to develop turn taking and listening skills • Daily/weekly sessions with trusted adult in school • Support available if pupil has to leave classroom and transition to pre-agreed place • Support at times of particular stress (transition times) • Social stories • In class support to facilitate access to the curriculum • Drawing and talking 	<ul style="list-style-type: none"> • Springboard • Gedling Area Partnership • Family SENCo • Educational Psychologist

and multi-sensory resources

- Use interactive strategies
- Explicit behaviour expectations, giving clear targets, explanations and modelling
- Create quiet area for working and as a quiet zone
- Use visual timers to measure and extend time on task- build on this
- Alternative seating at carpet times
- Easily accessible tools/ equipment
- Use pupils name and ensure you have their attention before instructions
- Chunk instructions and support visual cues
- Communication is calm and clear
- Keep instructions, routines and rules short, precise and positive
- Listen to the pupil, giving opportunities to explain their behaviours
- Visual timetables
- Task lists
- Have calming and achievable activities for them
- Communicate positive achievements- no matter how small
- Allow pupil to have safe place to store belongings
- Groupings provide positive role models
- Increased waiting time
- Speaking at an appropriate pace, using facial expression to support the messaging
- Mitigation of sensory overload

<ul style="list-style-type: none"> • ELSA support to develop social and emotional skills 		
<p style="text-align: center;">Where to find further support</p>		<p style="text-align: center;">Assessment Tools</p>
<ul style="list-style-type: none"> • NASEN • Whole School SEND • The National Association for People Abused in Childhood • Gov website about Trauma Informed Practice • NSPCC 	<ul style="list-style-type: none"> • Boxall • ELSA Entry and Exit Questionnaire 	

Physical and/ or Sensory

Children with physical and/ or sensory needs may have:

Vision Impairment (VI)

Vision impairment includes any form of visual difficulty which cannot be corrected by wearing glasses or contact lenses. Disorders in the eye, the retina or the optic nerve, affect the way that visual information is transmitted from the eye to the brain. Damage to the visual pathways in the brain, known as cerebral vision impairment (CVI), affects the way that visual information is processed.

Hearing Impairment (HI)

1. Sensorineural hearing loss/ deafness: this is caused by damage to the structures in the inner ear or the auditory nerve. This is permanent.
2. Conductive hearing loss/ deafness: this is where the sounds are unable to pass efficiently through the outer and middle ear into the inner ear. This can be caused by blockages, such as wax in the outer ear, or fluid in the middle ear, also known as glue ear. This is usually temporary, but in some cases, it can be permanent.

Multi-sensory Impairment (MSI)

Learners with an MSI have a combination of vision and hearing difficulties which can arise from a wide range of causes. Children and young people may be born with MSI or acquire it following illness or injury and some learners may have MSI as a result of a progressive condition.

Physical Disability (PD)

The below area may be affected due to a child's PD:

1. Mobility and gross motor skills
2. Hand function and fine motor skills
3. Sensory processing
4. Vision and hearing
5. Speech, language and communication
6. Friendships and relationships
7. Social, emotional and mental health
8. Independence
9. Attention
10. Engagement owing to fatigue or pain

Physical and/ or Sensory Interventions		
Wave 1	Wave 2	Wave 3
Interventions		
<ul style="list-style-type: none"> • Classroom well organised and labelled • Adapt up • Clear lesson structure • Learning objectives presented orally and visually • Understanding checked by asking pupils to explain what they have to do • Understanding demonstrated in different ways • Classroom support planned for and used to maximise learning • Praise is specific and named • Praise effort not just outcome • Lots of first hand and multisensory experiences • Careful consideration for seating • Test different paper/ smartboard colours • Consider lighting • Avoid shiny surfaces which reflect light • Consider font size and font style • Short spells of visual activity should be interspersed with less demanding activities • Eliminate inessential copying from board • Ensure range of writing materials available • Use verbal explanations • Read out loud as you write on the board/ think out loud • Address pupil by name to get their attention • Avoid standing in front of windows 	<ul style="list-style-type: none"> • Sloping desk provided if possible • Equipment and resources as recommended by the SFSS team or ophthalmologist • Enlarged copies of texts-size determined by pupil and SFSS or ophthalmologist • Access to audio books and associated equipment • Equipment, resources and programmes as recommended by the occupational or physiotherapy services • Gross motor intervention • Fine motor intervention groups • Small group or 1:1 handwriting activity • Use of voice processor and associated teaching • Talking tins to record ideas 	<ul style="list-style-type: none"> • EYFSS • SFSS • Family SENCo • Springboard • Occupational therapist • Physiotherapist • SALT • Educational Psychologists

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| <ul style="list-style-type: none">• Give children their own text/ monitor unless you are prioritising for social reasons• Keep background noises to a minimum• Slow down speech rate a little but keep natural fluency• Allow more thinking and talking time• Model and teach careful listening• Repeat contributions from other children• Check oral information/ instructions has been understood• Face the pupil when speaking• Keep hands away from mouth• Key words on board to focus on• Divide listening time into short chunks• Use visual symbols to support understanding• Consider organisation of classroom to allow free movement• Allow child space to work• Ensure left- and right-handed pupils are not sitting next to each other with writing hands adjacent• Seating to allow pupils to rest both feet flat on the floor• Desk should be at elbow height• Encourage oral presentations as alternative to some written work• Lined paper with spaces sufficiently wide to accommodate pupil's handwriting | | |
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<ul style="list-style-type: none"> • Mark starting point for each line • Teach sequencing skills • Cue cards or task ladders • Allow additional time to complete tasks • Turn on closed captions when playing videos • Corridors, cloakrooms and classrooms kept free of obstructions • Classrooms kept with a consistent layout with any changes explained to pupils. 		
<p>Where to find further information</p>	<p>Assessment</p>	
<ul style="list-style-type: none"> • SHINE Charity – Spina bifida and Hydrocephalus • SCOPE- disability equality charity • The Physical Disability Network (pdnet) • The National Sensory Impairment Partnership • The Royal National Institute of Blind People • VIEW • Guide dogs for the blind • Thomas Pocklington Trust • NatSIP (National Sensory Impairment Partnership) 	<ul style="list-style-type: none"> • Sense path • Sensory Checklist 	