



Ayresome Primary School
SEND Graduated Response

2023 – 2024

Introduction

Ayresome Primary School values all pupils and celebrates diversity of experience, interest and achievement. All pupils need to experience praise, recognition and success, and pupils with SEND have equal entitlement to this. This document outlines the framework for the school to meet its duty, obligation and principal equality values to provide a high-quality education to all of its pupils, including pupils with SEND, and to do everything it can to meet the needs of pupils with SEND. The school will work with the Local Authority and external agencies, to support:

- The involvement of pupils and their parents in decision-making,
- The identification of pupils' needs, collaboration between education, health and social care services to provide support,
- High-quality provision to meet the needs of pupils with SEND,
- Greater choice and control for pupils and their parents over their support,
- Successful preparation for adulthood, including independent living and employment.

Ayresome Primary School prides itself on its inclusion. We embrace all children, regardless of any additional needs and strive to provide a challenging and engaging curriculum, irrespective of ability.

We have a dedicated Inclusion team who work closely together, alongside all staff, to support our children and their families. Mrs Goring is the Deputy Head Teacher responsible for Inclusion, Mrs Barker is the SENDCo and Miss Reveley is responsible for Safeguarding and Inclusion. We have a range of highly-trained support staff to work with children across the school and are extremely fortunate to have a dedicated Social, Emotional and Mental Health Higher Level Teaching Assistant, Mrs Tidy, who is also a fully-qualified Emotional Literacy Support Assistant.

If you have concerns regarding your child's needs please contact your child's class teacher in the first instance, who is best placed to have the most up-to-date information about your child and who can work closely with you to support your child's learning. Following this, if appropriate, one of the Inclusion team may become involved in the support of your child. At which point, through discussion with you, your child would then be placed on our Special Educational Needs and Disabilities register.

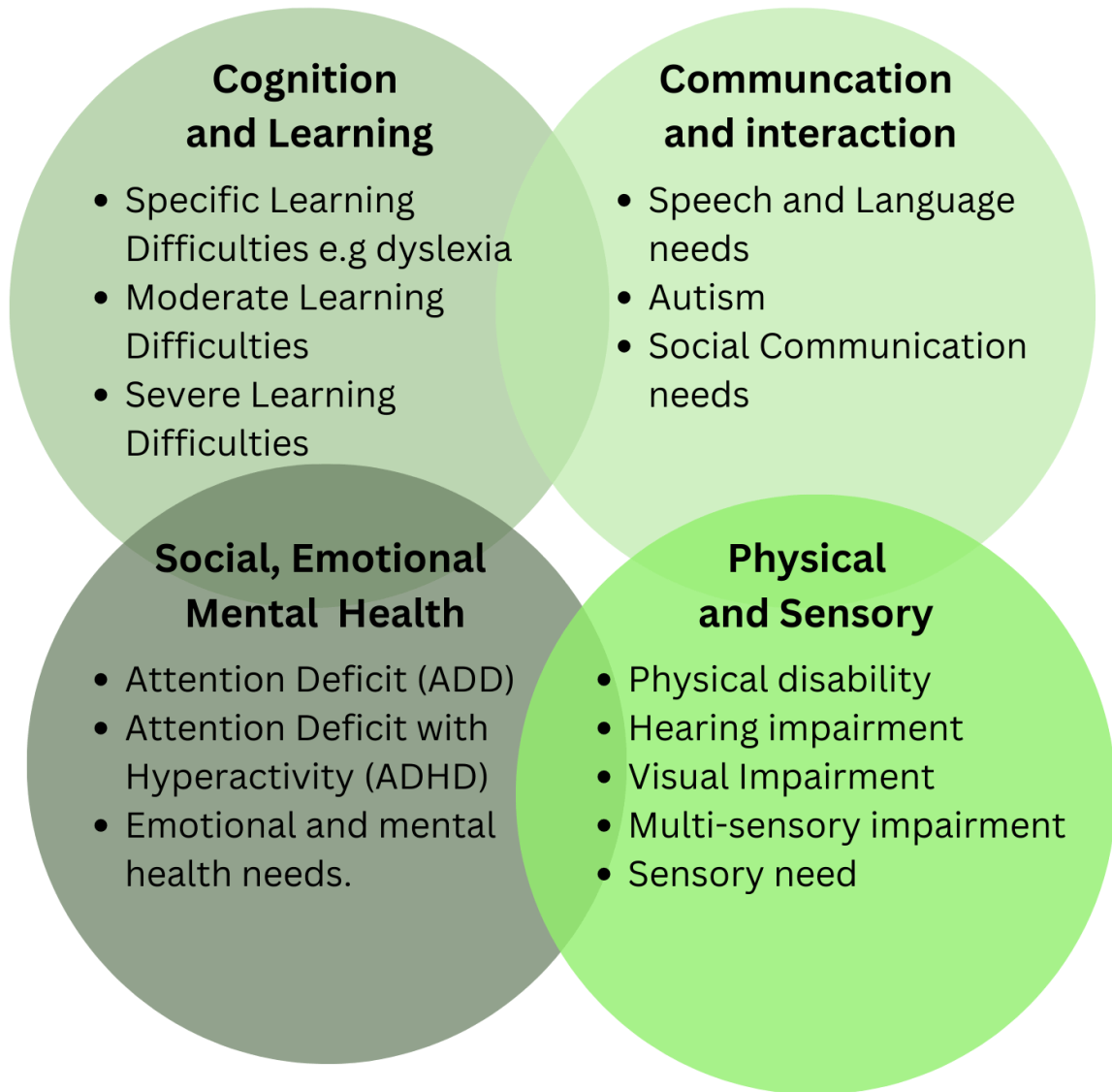
The starting points for educating all pupils are the same: an acceptance of diversity, pupils' rights, and the knowledge that all pupils can learn if they receive good teaching. All pupils have a right to effective teaching and full participation in the community of a school as set out in international agreements (the UN Convention on the Rights of the Child, 1989) and education law in England (the Equality Act, 2010 and the Children and Families Act, 2014). The SEND Code of Practice is clear: 'The quality of teaching for pupils with SEN, and the progress made by pupils, should be a core part of the school's performance management arrangements and its approach to professional development for all teaching and support staff.'

According to the Code of Practice, 'a child or young person has SEN if they have a learning difficulty or disability' that calls for 'provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools.'

The Four Areas of Need

The SEND Code of Practice 2014 (updated January 2015) sets out four broad areas of special educational need that include a range of difficulties and conditions:

1. Communication and Interaction (CI)
2. Cognition and Learning (CL)
3. Social, Emotional and Mental Health difficulties (SEMH)
4. Sensory and/or Physical Needs (SPN)



Government figures report that there are 12% of school-aged children in England (approximately 9 million) who have SEND. This means that there are a significant number of children in British schools with SEND who face additional challenges when accessing their education.

At Ayresome Primary school pupils will be identified by their primary area of need. The purpose of the graduated response is to work out what action the school needs to take to meet needs within these 4 areas. We should remember that this is not to fit a child into a category. Many of our children and young people have needs that cut across all these areas and their needs could change over time. For example, a child who is identified with Autistic Spectrum Condition (ASC) may have needs across all areas, including particular sensory requirements. Staff working with SEND children in school have a full understanding of the individual's particular strengths and needs. They have access to necessary specialist equipment or software to provide well-evidenced interventions to fully support the individual's needs.

1. Communication and Interaction

Some of the aspects of difficulty included in this area are:

Autistic Spectrum Disorder (ASD)

ASD is a relatively new term that recognises there are a number of sub-groups within the spectrum of autism. Pupils with ASD find it difficult to:

- understand and use non-verbal and verbal communication
- understand social behaviour, which affects their ability to interact with children and adults
- think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities.

Pupils with ASD cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult. Pupils with Asperger's syndrome should be recorded in this category. These pupils share the same triad of impairments but have higher intellectual abilities and their language development is different from the majority of pupils with autism.

Further information can be found at: <http://www.autism.org.uk/about-autism>

Local organisations offering information, advice and support for children and young people with ASD and their families include: <https://www.daisychainproject.co.uk/>

Speech, Language and Communication Needs (SLCN)

Children and young people may have a range of difficulties with speech and language, some of which may resolve as the student develops. For some children, such difficulties may be confined to their production of speech. For others, it may be hard to find the right words or to join them together meaningfully in expressive language. They may have problems in communicating through speech and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction. The fact that a child or young person may understand and speak English as an additional language does not in itself constitute a speech and language difficulty. It is important to note, however, that different languages have different structures/phonologies (sound systems) which can sometimes cause initial short-term difficulties. Further information can be found at: www.afasic.org.uk

2. Cognition and Learning

The aspects of difficulty included in this area are:

Attention deficit hyperactivity disorder (ADHD)

Attention Deficit Hyperactivity Disorder is a complex condition can seriously affect a child's concentration, behaviour and learning. A child with ADHD will often feel easily bored, may be distracted by unimportant sounds and sights, be impulsive and find it hard to sit still. This impacts on their learning as they can find it very hard to concentrate for the periods of time needed to complete tasks. Consequently, the work that they produce may not necessarily reflect their true ability.

Moderate Learning Difficulty (MLD)

Pupils with MLDs will have attainments 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 National Curriculum. They should only be recorded as MLD if additional educational provision is being made to help them to access the curriculum. Pupils with MLDs have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have an associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Profound and Multiple Learning Difficulty (PMLD)

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. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language.

Severe Learning Difficulty (SLD)

Pupils with Severe Learning Difficulties (SLD) 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. Pupils with severe learning difficulties will need support in all areas of the curriculum. They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations.

Specific Learning Difficulty (SpLD)

A child with a Specific Learning Difficulty ;SpLD will experience difficulty with one or more aspects of learning. This includes a range of conditions such as dyslexia (difficulties with reading and spelling); dyscalculia (maths); dyspraxia (co-ordination) and dysgraphia; writing.

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.

Further information can be found at: <http://www.ncld.org/types-learningdisabilities/dyscalculia>

Dysgraphia

People with dysgraphia are affected by an extreme difficulty with fine motor skills and can have trouble organizing letters, numbers and words on a line or page. This can result partly from:

- Visual-spatial difficulties: trouble processing what the eye sees
- Language processing difficulty: trouble processing and making sense of what the ear hears.

Further information can be found at: <http://dysgraphia.org.uk>

Dyslexia

Pupils with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Pupils may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Further information can be found at: <http://www.bdadyslexia.org.uk>

(Dyspraxia) Developmental Co-ordination Difficulties (DCD)

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 coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

Further information can be found at: <http://www.dyspraxiafoundation.org.uk>

3. **Social, Emotional and Mental Emotional Health**

Children with emotional difficulties include those who may be withdrawn or isolated, hyperactive and lack concentration; those with immature social skills and those presenting other difficulties arising other complex needs. Some children may have emotional needs and/or social problems that interfere with their own ability to learn effectively. In some instances, the difficulties they experience may cause disruption to the learning of other children or young people. Social difficulties, in this context, occur when students have problems managing interactions with others in school effectively and appropriately. They may have difficulty making the necessary adjustments to conform to the expectations of others in a variety of settings. Either difficulty will impact substantially on the child's ability to learn. Some of the aspects of difficulty included in this area are:

Adjustment Disorders

A child suffering from an Adjustment Disorder may have witnessed a stressful event or had a big change in their normal lifestyle. This could then have an adverse reaction on their emotional health and/or behaviour.

Anxiety Disorders

A child suffering from an Anxiety Disorder may be prone to frequent panic attacks. Here the child may complain of physical symptoms such as headaches or stomach aches. The child may also display inappropriate emotional responses, such as outbursts of laughter or crying out of context

Obsessive-Compulsive Disorder ('OCD')

A child suffering from emotional behavioural difficulties may also have an Obsessive Compulsive Disorder (OCD). Here the child can display recurrent and persistent obsessions or compulsions. Behaviours may include repetitive hand washing, praying, counting, and repeating words silently.

4. **Sensory and/or Physical**

Some of the aspects of difficulty included in this area:

Hearing Impairment (HI)

Pupils with an HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range. For educational purposes, pupils are regarded as having an HI if they require hearing aids, adaptations to their environment and/or particular teaching strategies to access the concepts and language of the curriculum. A number of pupils with an HI also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensorineural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some pupils with a significant loss communicate through sign instead of, or as well as, speech.

Visual Impairment (VI)

A visual impairment is generally defined as an eyesight problem that cannot be corrected by wearing glasses or contact lenses or by surgery. The terms partially sighted, low vision, legally blind, and

totally blind are used in the educational context to describe students with visual impairments. They are defined as follows:

- "Partially sighted" indicates some type of visual problem has resulted in a need for special education;
- "Low vision" generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille;
- "Legally blind" indicates that a person has less than 20/20 vision in the better eye or a very limited field of vision (20 degrees at its widest point); and
- Totally blind students learn via Braille or other non-visual media.

Multi-Sensory Impairment (MSI)

Pupils with MSI have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Pupils with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation. Pupils need teaching approaches that make good use of their residual hearing and vision, together with their other senses. They may need alternative means of communication.

Physical Disability (PD)

There is a wide range of physical disabilities and pupils cover the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have a SEND. For others, the impact on their education may be severe. In the same way, a medical diagnosis does not necessarily mean a pupil has a SEND. It depends on the impact the condition has on their educational needs. There are a number of medical conditions associated with physical disability that can impact mobility.

These include;

- cerebral palsy,
- heart disease,
- spina bifida,
- hydrocephalus,
- muscular dystrophy.

Pupils with physical disabilities may also have sensory impairments, neurological problems or learning difficulties. Some pupils are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.

Medical Needs

A medical diagnosis or a disability does not necessarily imply a special educational need (SEND). It may not be necessary for the child or young person with any particular diagnosis or medical condition to have any additional form or educational provision at any phase of their education. It is the child's medical needs rather than a diagnosis that must be considered. Some children may not require school-based SEND provision but they have medical conditions that, if not properly managed, could hinder their access to education. These children will be recorded on the central medical register. [Health Care Plan register 2022 - 2023.docx](#) Children and young people with medical conditions will include those with;

- Asthma,
- Diabetes,
- Arthritis,
- Epilepsy,
- Peg feeding,
- Severe allergies,
- Incontinence,
- Eczema,
- Cystic fibrosis,
- Tracheotomy,
- Colostomy and
- Ileostomy.





In such cases, school staff will take into consideration the medical guidance available.





The Graduated Response

The Special Educational Needs of the majority of our children can be met effectively within their typical classroom setting, without needing to make a referral to the local authority for an Education, Health, Care Needs Assessment. (EHCNA)

The following information informs the school in deciding whether a pupil should be placed on the SEN register and after the triangulation of evidence, if the EHCNA process needs to be invoked.

Graduated Response Flowchart

Step 1. Initial Concern.	
Teacher Initial Concern (Universal) Log concerns on cpoms. Using CPOMs.docx	
Parent / carer and teacher meet. Has the child or young person made satisfactory progress through high quality teaching?	
Yes	No
	
Teacher continues with the same provision. No further action required.	Step 2. Cause for Concern. Teacher completes referral to SENDCo with parent / carer consent and emails to the SENDCo. SENDCo meets with teacher, parent / carer and child or young person to discuss next steps. This will involve an observation of the child, conducted by the SENDCo.
	Parent / carer and teacher meet. Has the child or young person made satisfactory progress through high quality teaching and adaptations - following advice from SENDCo?
	Yes
	No
	
Maintain Universal	Step 3. SEN Monitoring

	adaptations if concerns have reduced. No further action required.	This may include targeted provision from our specially trained SEMH specialist HLTA. Adapted approaches in the classroom and targeted interventions to overcome barriers to learning. Referrals to some key agencies may occur. Teacher, parent / carer and child complete APDR cycle.	
	Parent / carer and teacher meet. Has the child or young person made satisfactory progress through APDR cycle? Reviewed with advice from SENDCo.		
	Yes	No	
			
	Teacher continues with these adaptations and targeted support – further cycle of APDR to ensure progress is maintained, then child’s needs to be monitored for 6 months.	Step 4. SEN Support Targeted Support (SEN Support) teacher, parent / carer and SENDCo complete APDR cycle, agreeing outcomes and targeted provision – write a SEN Support Plan.	
	Parent / carer, teacher and SENDCo meet. Has the child or young person made satisfactory progress through targeted support?		
	Yes	No	
			
	Continue with the targeted support – Further APDR cycle or maintain Universal adaptations if concerns have reduced.	Step 5. EHCNA If a child or young person is not making sufficient progress despite a sustained period of graduated response, over a prolonged period and ‘the school having taken relevant and purposeful action to identify, assess and meet the SEN of the child or young person’, then a statutory education health and care needs assessment (EHCNA) could be considered. This is following analysis of the	

	graduated response to this point and must take into consideration whether any external services are also involved or whether further referrals need to be made.
	Parent / carer, teacher and SENDCo meet. SENDCo will guide the graduated response from this point forwards.

For most children or young people where there is a concern, the school should work through a graduated response to ensure the relevant and purposeful action to identify, assess and meet the special educational needs of the child or young person has been taken.

This guide should help determine what next steps are in meeting a child’s needs. Whether a child becomes SEN registered or not, the SENDCo will advise and signpost the team working with the child to ensure the most appropriate and effective strategies and interventions and planned for and applied. The staff team will then apply the Assess, Plan, Do, Review process.

1	2	3	4	5
<u>Initial concern</u>	<u>Cause for Concern</u>	<u>Monitoring</u>	<u>SEN Support / HNF</u>	<u>EHCNA / HNF</u>
Create a positive and supportive environment for all pupils without exception	Build an ongoing, holistic understanding of your pupils and their needs	Ensure all pupils have access to high quality teaching	Complement high quality teaching with carefully selected small-group and one-to-one interventions	Work effectively with teaching assistants
<p>Concerns are being discussed and raised for the first time with parents, carers and teachers.</p> <p>They are recorded on cpoms.</p> <p>Needs may be met through a robust Quality First Teaching (QFT) offer.</p> <p>QFT-Wave 1 provision for</p>	<p>Concerns surrounding progress and development are now clear.</p> <p>Teacher to refer child to the SENDCo.</p> <p>Ayresome SEN referral form.docx</p> <p>Parents, carers, teachers and external professionals are raising concerns.</p>	<p>Child has not made appropriate progress.</p> <p>Child is placed on the SEN Monitoring list.</p> <p>SENDCo to meet with Teachers and Teaching Assistants (TAs).</p> <p>Teacher to meet with parents/carers and gather information</p>	<p>Formal SEN Registration of child. This will be uploaded to cpoms.</p> <p>Teacher will write a SEN Support Plan for the child in collaboration with parents/carers.</p> <p>The SEN Support Plan will summarise any support received to date. It will detail any</p>	<p>Concerns have grown around the child’s progress within the SEN Support stage.</p> <p>There are multiple agencies and additional strategies being implemented and despite sustained and varied intervention – progress is</p>

<p>the four areas of SEND.docx</p> <p>EEF Poster.pdf</p>		<p>Cpoms to be updated with recent concerns.</p> <p>There may be a need for some in-class intervention for a short period to overcome any barriers to learning.</p> <p>BLANK SEMH support referral KT.docx</p> <p>BLANK SDQ for KT.docx</p>	<p>about development to date and share/gather their views and the parent/carer views.</p> <p>Referrals to appropriate agencies will be placed. To overcome long waiting lists.</p> <p>SEN Support Registration form.docx</p> <p>BLANK NURSING REFERRAL.doc</p> <p>NEW BLANK OT Referral pack - 12.02.20.docx</p> <p>NEW BLANK SALT REFERRAL FORM.doc</p>	<p>needs, diagnosis, interventions, strategies and provision required. It will contain Outcomes for the child to work towards to overcome any barriers to their learning.</p> <p>There may be a requirement for further referrals to external agencies.</p> <p>Blank SEN Support Plan.docx</p> <p>BLANK STARS REFERRAL.docx</p> <p>NEW BLANK Neuro-Referral-Form-Tees-ICD-10-V2-21.02.23.doc</p> <p>NEW BLANK OUTREACH FORM.docx</p> <p>Request for Psychology Service Involvement (May 2019 v) (1).docx</p>	<p>not satisfactory.</p> <p>SENDCo may make referral for EHCNA.</p>
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Graduated Response Actions Quick Guide

3	4	5
Monitoring	SEN Support / HNF	EHCNA / HNF

<ul style="list-style-type: none"> • SENDCo meet with Teacher to review concerns raised through the SEN referral form. • SENDCo observe the child. • Internal intervention (SEMH HLTA, Movement group, Literacy or Numeracy targeted teaching). • If appropriate consider the following referrals now: <ul style="list-style-type: none"> • SALT referral • OT referral • Nursing referral 	<ul style="list-style-type: none"> • SEN register the child • Teacher and parent / carer write SEN Support Plan. • If appropriate consider the following referrals now: <ul style="list-style-type: none"> • Outreach and Inclusion Service • EP • Neurodevelopment pathway • STARS (VI and HI) • Early Help assessment 	<ul style="list-style-type: none"> • SENDCo will gather evidence from reports, assessments and progress over time. • A Referral Planning Meeting will be held and a decision about whether an assessment for an EHCP is required, will be made. • An application for EHCNA will be made.
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Assess, Plan, Do, Review process

Assess

This part of the cycle is about working out your child’s needs – what they need help with. Your child doesn’t need a diagnosis to have their needs assessed.

Your child’s teacher(s), support staff and the SENDCo do this together, working with you and with your child if possible.

They will look at things like:

- the teacher’s assessment and experience with your child
- your experiences at home and what you think your child’s need are



- your child or young person's views
- the views and ideas of support staff such as your child's teaching assistant (TA)
- any assessments that have been done
- your child's progress and how that compares to other children their age
- advice and recommendations from any specialists from outside school, such as an educational psychologist – they should work together with the professionals in school

Your child's needs should be reviewed regularly. This will help to make sure that the support they get is well matched. Over time you'll also be able to see what things have been tried and how well they worked. This should help everyone to decide what the next step should be. For some types of SEN, the way a child responds to a particular type of support can be the best way of developing a more accurate picture of their needs.

When the staff at school are deciding whether they need more support, or what type of support that might be, they look at all the evidence they have. That includes the progress your child is making individually and compared to other children their age.

As well as putting specific support in place for your child, school staff will also look at anything that's stopping your child learning successfully. These barriers can then be removed wherever possible.

Plan

Once your child's needs have been assessed, the support they need can be planned. You should know what support the staff at school are going to give. That should include the support your child will get from professionals from outside of school, such as Speech and Language therapy or the Outreach and Inclusion service.

Plans should be made in partnership with you and with your child, if that's appropriate. You should:

- agree the outcomes that are important to your child – what progress everyone is expecting and that includes changes in behaviour as well as academic or developmental progress
- agree short term targets from these outcomes – these should be specific, measurable, attainable, relevant and timely (SMART)
- decide what adjustments to school life and rules will be made to meet your child's needs
- plan what interventions and support will be put in place
- decide a date when you will meet to review what works and what doesn't work

All of the teachers and support staff who work with your child should know what the plan for their support is and what they need to do. This should be saved centrally and uploaded to cpoms and you should be able to see and have a copy of the plans too (see more below).

Do

This part of the graduated response cycle is the doing part, where the support is given day to day and week to week.

Your child's class teacher is responsible for working with them on a daily basis to give the support. They are also responsible for any support given outside of class, such as small group work or individual support.

It's a good idea to make sure there is a fixed timescale for the support to be given before it's reviewed. For example, staff might decide to try something for half a term or a term. There needs to

be enough time for your child to get used to the support and settle into it. there should also be enough time to realistically see whether it's making any difference. But, it shouldn't be so long that you end up wasting lots of time if it isn't working. SEN Support Plans should then be reviewed together once a term at a meeting.

Review

This is the part of the process where you, the professionals and your child think about whether the support is making a difference. This should happen regularly. These are some of the main things to think about when you're reviewing support:

- Is the support working?
- If it's making a difference, how much difference?
- Is it happening as it should – so is the right person giving the support, have they had any training they might need, is it happening often enough?
- How is your child reacting to the support – has their behaviour changed for example?
- What does your child think about the support?

Depending on the answers to these questions, your child's class or subject teacher and the SENDCo should adjust the support if needed. That might mean stopping the support and trying something different, changing things a little or a lot or leaving things as they are.

You and your child should be involved in those decisions. You can ask for information about how professionals are measuring how successful the support is, so you can take part in the discussions.

Education Health and Care Needs Assessment

Moving from SEN Support to an EHCP Needs Assessment:

In Middlesbrough, the majority of children and young people with special educational needs and/or disabilities [SEND] will have their needs met within their mainstream educational setting, sometimes with the help of outside specialists. However, some children or young people may attend a more specialist base in a mainstream school or a specialist educational setting depending upon the needs of the individual child or young person. This process has been developed and reviewed in line with the SEND Code of Practice and The Children and Families Act.

For more information on this assessment pathway please visit:

<https://fis.middlesbrough.gov.uk/kb5/middlesbrough/fsd/advice.page?id=MTzXTVRUOQo> or look at this document saved centrally. [EHCNA pathway and guidance - october 2022.pdf](#)