# Engagement Framework

This framework sets out how Compass Learning tutors help learners who are finding it difficult to start, sustain or return to learning. It applies in homes, community venues, schools and online. Its purpose is to remove barriers while maintaining meaningful learning and a safe, trusting relationship.

Engagement may look like listening, watching, pointing, using a communication aid, asking a question, practising a skill or returning after a break. It is not measured by eye contact, stillness, speech, camera use or the amount of writing alone.

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|---|---|
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## The session sequence

1. Connect and check safety.
2. Understand what is making learning difficult.
3. Adapt the task or environment.
4. Agree one achievable learning step.
5. Review what helped and plan the next session.

This is a flexible sequence, not a compliance ladder. A learner does not have to fail a fixed number of strategies before receiving help. If there is immediate risk or a safeguarding concern, use the Behaviour Policy and safeguarding procedures straight away.

## How to use the framework

Sections 1–4 provide preparation, in-session strategies and examples. Section 5 explains review and escalation. The final two pages provide a learner plan and a session record to copy and use. Adapt the wording, format and pace with the learner.

# 1 Understand the learner and prepare access

Start with strengths and what the learner wants to achieve. Ask “What makes this easier?” and “How will I know you need help?” Accept speech, chat, pointing, drawing, a supporter’s interpretation or an agreed signal. Check the interpretation with the learner wherever possible.

## Build a useful starting picture

- Read relevant EHC plan, support and healthcare information. Identify the provision Compass must deliver, who is responsible and any missing information to resolve.
- Learn the learner’s interests, successful experiences, preferred communication and views about education. Ask what adults should avoid.
- Check current skill and prior knowledge without turning the first session into a high-pressure assessment. Use an accessible task and observe the support needed.
- Consider pain, fatigue, hunger, sleep, medication effects, sensory demands, language, anxiety, trauma, relationships and digital access. Do not assume a diagnosis explains every difficulty.
- Agree the learning purpose, session routine, break signal, safe space, return cue and how progress will be recognised. Keep materials appropriate to chronological age while adapting the level of challenge.

## Prepare before every session

Plan a small essential learning outcome and more than one way to work towards it. Prepare a short model, an easier entry point, an extension if the task is too easy, and an alternative way to respond. Check the venue or platform and any changes since the last session.

Use a simple visual or written agenda where helpful: arrival and check-in, first task, break, next step and finish. Some learners find timers reassuring; others find them stressful. Agree their use rather than introducing a countdown as pressure.

## Age respectful examples

For a KS2 learner, a practical activity or familiar story may make the first step accessible. For a secondary learner, offer a meaningful problem or interest-based text without childish presentation. For post-16 learners, connect work to their own goals such as qualifications, travel, employment or independent living. Do not assume interests or ability from age alone.

## Boundaries that support access

Meet basic, communication and regulation needs without making them rewards for work. Do not withhold water, food, toilets, movement, communication aids or medical support. Avoid public behaviour charts, bargaining through distress or repeatedly raising the demand. A learner can need support and still be offered an appropriate learning challenge.

# 2 Respond when learning has stalled

## Connect and check

Approach calmly, reduce the audience and allow space. Use one short observation without blame: “Starting looks difficult today.” Check immediate welfare. Offer a low-demand way to communicate, then allow processing time matched to the learner. Silence is not an invitation to repeat the same instruction more loudly.

## Find a possible barrier

Ask one manageable question, such as “Is it the instructions, the writing, or something else?” Alternatively offer a visual choice or observe. Describe your explanation as a possibility to test, not a diagnosis. If the learner cannot answer, reduce demands and use what is already known from their plan.

## Change one useful thing

Shorten the instruction, model the first step, change the response method or reduce sensory load. Offer two genuine options that both meet the learning purpose: “Would you like to tell me your idea or type it?” If neither works, offer help or a planned pause rather than repeating a false choice.

## Make the next step achievable

Agree a small action: choose a word, sort two examples, watch a model, dictate one idea or try one calculation together. Use “I do, we do, you try” where useful. Notice the strategy used: “You asked for the example, and that helped you start.” Avoid exaggerated praise if the learner dislikes it.

## Pause and support regulation

If distress is rising, pause the learning demand. Offer the agreed calming activity, movement or quieter space and remain available with appropriate supervision. Co-regulation means the adult adjusts their own voice, pace and response to help the learner feel safe. Do not touch without an appropriate basis, insist on breathing exercises or make discussion a condition of the break.

## Return with a smaller entry point

When the learner is ready, offer a familiar success or a shared first step. Check whether the original objective remains accessible today. If participation is still not possible, maintain safe contact, explore an alternative learning route and seek the lead’s advice. Do not keep cycling through demands until distress escalates.

## Example language

- “You can show me, tell me, or use the chat.”
- “I will do the first example. You can decide when to join in.”
- “We can pause. When you are ready, we will choose one small step.”
- “That did not help enough. Let us change how we are doing it.”

If conduct becomes unsafe, protect people and use the Behaviour Policy. Distress alone is not a reason for punishment. Record the adjustment and its effect so the next tutor does not repeat an unhelpful approach.

# 3 Match strategies to the barrier

Use this as a selection guide, not a diagnostic checklist. Ask the learner what fits, try a relevant adjustment and look for its effect. Several barriers may be present at once.

| What the tutor notices | What to try | What to check |
|---|---|---|
| Instructions seem lost or the learner stops at the first step | Use one step, plain language, a visual example and processing time. Invite pointing or showing. | Can the learner identify the first action without repeating a memorised instruction? |
| Writing prevents a good idea being expressed | Offer dictation, speech-to-text, typing, scribing or a diagram. Teach writing separately when that is the objective. | Has the response method removed a barrier while preserving the learning aim? |
| The task seems overwhelming or mistakes feel unsafe | Reduce visible items, model an error and repair, practise together and give private feedback. | Does the learner attempt a small step with less distress? |
| Noise movement lighting or proximity appears difficult | Adjust seating, lighting or sound; offer agreed movement and sensory resources. | Ask whether it feels easier; do not judge by stillness alone. |
| The learner loses place or cannot organise the work | Use a short checklist, one resource at a time and prompts that can gradually reduce. | Can the learner return to the next step with the agreed cue? |
| The task is too easy too hard or feels irrelevant | Check prior knowledge, alter challenge and connect to an interest or chosen goal. | Is there evidence of learning rather than only time spent on the task? |
| A demand appears to increase anxiety or loss of control | Offer predictable choices, collaborative wording and time to initiate. Avoid a contest of wills. | Does the learner feel more agency without removing the learning purpose? |
| Fatigue pain or distress is limiting participation | Check welfare, adjust pace and seek appropriate advice. Follow the healthcare or safeguarding plan. | Does the learner need health support or a placement review rather than more task prompts? |

Do not apply a strategy solely because a learner is autistic, has ADHD or has another diagnosis. Check individual preference and response. Do not remove an adjustment just because the learner succeeds while using it; review whether it remains necessary.

# 4 Adapt to the outreach setting

## In the home

Agree a realistic teaching space and routine with the learner and family. Reduce distractions where possible without criticising the home. Clarify the adult's role: they may help with arrival or reassurance, but should not become an additional source of repeated demands. Use a familiar resource to bridge into learning, then review what was achieved.

Example: a learner stays away from the table. Offer to begin with a short verbal sorting task in the agreed safe space, then invite one chosen item at the table. Do not enter private rooms, chase or physically move the learner to the work.

## In a community venue

Preview the venue, arrival route, toilets and session ending. Identify a quieter seat and a planned break location. Build travel and transition demands into the plan. A public place may make reading aloud or discussing feelings more difficult; offer a private or non-verbal response method.

Example: the learner stops working when a group arrives nearby. Ask whether noise or privacy is the issue, move if safe and agreed, and restart with a familiar task. Record a venue issue rather than calling it refusal.

## On a school site

Agree a named school contact and a predictable handover. Share relevant adjustments with school staff so the learner receives consistent support. Explore whether timetable, corridor transitions, peer contact or fear of returning to class affects engagement. The learner should know what happens after the Compass session.

Example: the learner repeatedly asks when the lesson ends. Use an agreed visual sequence, confirm the next adult and rehearse the transition. Check whether the question signals anxiety rather than simply redirecting it.

## Online

Check device, connection, log-in, audio, reading load and platform skills before interpreting silence or missed tasks. Use short shared-screen segments, accessible documents and one instruction at a time. Offer chat, audio, pointing or an agreed camera-off arrangement, with the welfare checks required by the Behaviour Policy.

Example: a learner contributes verbally but does not type in the shared document. Offer dictation or a tutor scribe, check typing or access difficulties, and keep the thinking task intact. Do not award engagement solely for switching on a camera.

## When connection fails

Use the agreed backup contact and learning arrangement. An unexplained disconnection requires a proportionate welfare check, especially after distress. A technical failure is not a behaviour sanction. Record the actual interruption and whether learning continued by another route; escalate safeguarding concerns immediately.

# 5 Review progress and seek further support

## Choose meaningful indicators

Agree a starting point and one or two observable goals with the learner. Measure progress against their own baseline. Examples include using a help signal, attempting a first step with a model, returning after a break, explaining one idea or completing a skill with fewer prompts. Include the learner's sense of safety and effort, not just completed work.

Keep attendance, engagement, learning and welfare distinct. A learner may attend but need a different approach to participate, or may demonstrate learning through discussion rather than a worksheet. Do not combine these into a public score or use the record to rank learners.

## After every session

Record the task and context, what the learner did, support offered, what changed and the learner's view. Use factual descriptions: "After a worked example, chose two answers verbally" rather than "Finally complied." Identify one adjustment to retain or test next time. Share relevant information securely with the responsible lead.

## When difficulty continues

The tutor flags repeated difficulty to the Programme Lead promptly, without waiting for a fixed number of failed sessions. Review whether the work, venue, relationship, timing, communication or support is the barrier. Check that agreed adjustments and EHC plan provision were delivered. Agree an owner, next action and review date with the learner and relevant partners.

Seek specialist input through the commissioner or relevant service when appropriate, for example SENDCo, speech and language, occupational therapy, educational psychology or health advice. Do not promise access to a service or carry out clinical assessment beyond staff competence. Suspected abuse, serious distress or unmet health needs go to safeguarding or health routes immediately.

## Assess plan do review

Assess the barrier using learner voice and observation; plan a small change and a way to judge it; deliver it consistently; review the effect. Tutors review short-term goals weekly while concerns persist. Coordinate formal placement reviews with the commissioner, normally at least every six weeks for an active support plan, and sooner when needs change.

Repeated non-engagement does not automatically end a placement. Review the suitability and accessibility of the offer and the continuity of education. Any change to hours or delivery follows the Behaviour Policy and commissioning arrangements. A preferred activity can be a bridge to learning; avoid an indefinite plan with no educational objective or review.

## Practice sources

SEND code of practice 0 to 25 years

EEF Special Educational Needs in Mainstream Schools

The framework adapts inclusive teaching principles to Compass's one-to-one model. The templates are Compass practice tools, not diagnostic assessments or standardised measures. Sources checked September 2026.

# 6 Individual engagement plan

Complete with the learner in their preferred format. Use this alongside relevant EHC, healthcare, safeguarding and risk plans. Keep the plan secure and share only with those who need it.

## Learner and session arrangements

Learner or identifier: _____ Tutor: _____
Date: _____ Review date: _____
Location or platform and agreed contact arrangements: _____

## My strengths interests and goals

What I enjoy and what I want to work towards

_____
_____

## How I communicate and ask for help

My preferred communication, processing time and help or break signal

_____
_____

## What makes learning difficult

Possible barriers, early signs and things adults should avoid

_____
_____

## What adults will do

Agreed task, communication, sensory and environment adjustments

_____
_____

## My next achievable learning step

The step, starting point, support and how we will recognise progress

_____
_____

## Breaks return and support

What helps me regulate, how we reconnect, and who to contact if needed

_____
_____

## Review and responsibilities

Who will do what, by when, and how my views will be included

_____
_____

# 7 Session reflection and next steps

A brief factual record is enough. This sheet supports teaching decisions; record any safeguarding or serious behaviour incident through the approved reporting procedure as well.

## Session details

Learner or identifier: _____ Tutor: _____
Date and time: _____ Venue or platform: _____

## Learning purpose and starting point

What was the learner working towards and how were they at the start

_____
_____

## What we noticed

Observable participation, difficulty, context and possible barriers

_____
_____

## What we tried and its effect

Adjustment or strategy, the learner's response and evidence of learning

_____
_____

## The learner's view

Their words, preferred communication or interpretation checked with them

_____
_____

## Next session

What to keep, change or stop and the next achievable step

_____
_____

## Action and follow up

Named person, action, deadline and review date

_____
_____

Welfare or safety concern raised: Yes / No Separate record reference: _____
Shared securely with: _____ Date: _____