THE HARMONY TRUST
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The Harmony Trust Guide to SEND

Introduction

The SEND Code of Practice (2015) makes clear the principle that all teachers are responsible and accountable for the progress and development of the children and young people. Teachers need to focus on outcomes rather than on hours of support to help a pupil to make progress.

Quality first teaching should be consistently available to the whole class. Provision that is different to quality first teaching should be an addition rather than a substitute for the identified learners.

For pupils identified as requiring additional or different provision, a graduated response of *Assess, Plan, Do, Review* will be undertaken by staff. During this cycle approaches should be revisited, refined and revised building on a growing understanding of learners' needs and the support needed in helping them to make good progress and secure good outcomes.

This guidance is designed to support staff in understanding Special Educational Need and Disabilities and how to identify approaches to implement within the classroom. **This is not to be used to diagnose or label pupils.**

# Guidance from the Education Endowment Foundation (EEF)

Beyond simple classification

The SEND Code of Practice groups needs into four broad areas to support schools to plan the provision that they offer:

- cognition and learning;

- communication and interaction;

- social, emotional, and mental health; and

- sensory and physical needs.

Considering these primary needs is a useful first step, but a more detailed understanding of an individual child is required for action to be beneficial. Teachers should understand the individual characteristics of pupils' needs, and how these relate to their classroom environment and the content that they are teaching.

There is variation within each of the four categories in the Code of Practice. For example, two pupils who both have needs related to communication and interaction could have quite different individual needs; one might have difficulty producing or understanding the sounds of spoken language while the other might struggle to understand conventions of social interaction, such as turn-taking in conversations. In some cases, difficulties in one area will lead to difficulties in another. For example, a child with Speech, Language, and Communications Needs (SLCN) may also present with literacy learning difficulties as a result of the SLCN.

In other cases, it may be that needs co-occur. A child with a physical disability may also have a learning disability, but of course this will not necessarily be
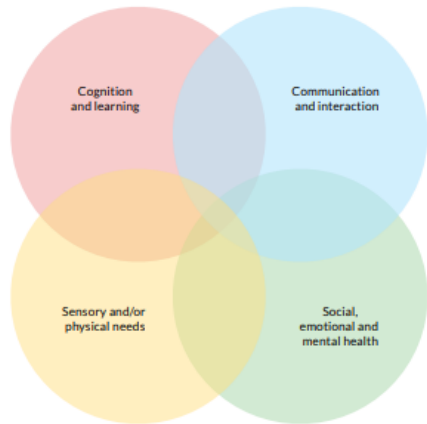
caused by the physical disability. The model of SEND described above shifts our focus from a condition or diagnosis that a pupil might have to their individual learning needs. The key question is not, 'What is most effective for pupils with dyslexia?' The key question becomes, 'What does this individual pupil need in order to thrive?'

Supporting pupils with special educational needs should be part of a proactive approach to supporting all pupils—it is not an 'add on'. It means understanding the specific barriers pupils face to learning and what they need in order to thrive so that they can be included in all that the school has to offer.

Areas of Special Educational Needs

The SEND code of practice defines the 4 broad areas of needs**:**

1. **Communication and interaction**
2. **Cognition and learning**
3. **Social, mental and emotional health**
4. **Sensory and/or physical**

Communication and interaction:
- Speech & language Needs (SLCN), includes receptive & expressive language difficulty   - ASC – Autism Spectrum Condition   - Social Communication difficulties
Cognition and learning:
- Specific learning difficulties (SpLd), such as Dyslexia, Dyspraxia, Dyscalculia   - Moderate learning difficulties (MLD)   - General literacy & numeracy difficulties (LD)   - Severe learning difficulties (SLD)   - Profound & multiple learning difficulty (PMLD)
Social, Emotional and Mental Health (SEMH):
- ADHD- Attention Deficit Hyperactive Disorder   - ADD- Attention Deficit Disorder   - ODD- Oppositional Defiance Disorder
Sensory and physical needs:
- HI- Hearing Impairment   - VI- Visual Impairment   - MSI – Multi-Sensory Impairment   Physical Disability (PD):   - Such as Cerebral Palsy, Muscular Dystrophy
Other: Medical conditions, such as Epilepsy, Allergy, Asthma

Communication and Interaction

Speech, language and communication needs (SLCN)

What is SLCN?

- Some children and young people find it difficult to listen, understand and communicate with others and may need support to develop the surprising number of skills involved.
- SLCN is the umbrella term most commonly used to describe these difficulties.
- Children with SLCN may have difficulty with only one speech, language or communication skill, or with several.
- Speech, language and communication skills include the
  - ability to form (say) sounds/words
  - ability to put phrases and sentences together
  - ability to understand what has been said
  - ability to use language socially
  - ability to listen

Possible Strengths:

Children with SLCN will have a unique combination of strengths. This means that every child with SLCN is different.

Children with SLCN may enjoy classes such as PE, Dance, Drama, Music and Art

They maybe:

- visual learners
- empathetic towards others
- determined to get their message across

Common signs:

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It is incredibly easy to misinterpret disruptive behaviour as an attention or behaviour difficulty, when a comprehension problem may actually be at the heart of the issue. Equally, the child who doesn't speak up in class, who is "shy" and fades into the background may actually be the child who struggles to find the right words or to speak clearly and fluently.

- Reduced word knowledge (difficulties naming objects/pictures and poor vocabulary)
- Child uses fillers like 'erm' or linked words e.g. sofa meaning chair
- Limited sentence structure e.g. Lack of conjunctions in both spoken/written sentences.
- Language abilities are substantially lower than expected
- Difficulties using different word endings e.g. may say runned instead of ran.
- Difficulties with pragmatics: how and when to use language
- Delayed literacy skills
- No real awareness of non-words (able to repeat words and non-words with no difference) e.g. phonics alien words
- Difficulties with 3rd person present (He or she) and past tense markings
- Poor sentence repetition
- Spikey profile
- Difficulties may be more noticeable in higher structures class
- Speech sound difficulties e.g. Saying tar instead of car
- Fluency issues (stammering/clarity)
- Selective mutism
- Following own agenda
- Attention and listening difficulties
- Unable to follow instructions
- Poor confidence and lack of self esteem

Identification:

In order to identify children and young people with SLCN it is essential to:

- know how many children to expect to have SLCN – understand your local population

- know the key components of language
- know what is typical SLC development at what age
- know what to look out for, in terms of warning signs or red flags
- have a whole school system for identification and tracking
- look beneath the surface if a child is not participating or progressing or is presenting with challenging behaviour.

Please see the Speech and Language Therapy (SLT) Norms document for example of SLC development throughout the primary school years.

Strategies:

- Get the child's attention before you do anything
- Build their vocabulary
  - Talk to the children as much as possible; talk about what they are doing, where they are going, what they had for lunch etc
  - Complete specific activities designed to teach new words
- Expand on what they say e.g. child says "car" adult says "blue car"
- Talk about what they are interested in i.e. follow their lead
- Comment on what they say/do, rather than asking questions (this will give them the language they need to use for themselves) e.g if a child is playing with bricks instead of asking "what are you doing?" say "oh you're building a big red tower"
- Model the correct way of saying something.
  - This could be the correct way to pronounce a word such as "please" if the child says "peas"
  - Or the correct way to form a sentence, e.g. if the child says "juice on the cup" you would say "oh put the juice IN the cup"
- Be fun and engaging
- Give time/wait for them to respond (don't repeat instructions too soon)
- Check in that they understand what has been asked of them
- Make your classroom/school visually accessible:
  - Use pictures
  - Use gestures and specific signs
- Use positive language: instead of saying stop running say "walking please"

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Interventions:

- BLAST
- Wellcomm: A Speech and Language Toolkit
- Universally speaking – published by the Communication Trust
- SLCN checklists
- SALT intervention programme for individual children
- ELKLAN trainings
- As child who has been assessed by SLT will have a report with specific interventions listed please refer to this for targeted interventions. Contact SENCO should you need support to follow these goals.

Autism Spectrum Continuum (ASC)

What is ASC?

- ASC is an umbrella term to describe a range of similar conditions, including autism (Autism Spectrum Disorder -ASD) & Asperger syndrome that affect a person's social interaction, communication, interest and behaviour
- They struggle to understand the meaning of gestures, facial expressions or tone of voice. Their understanding of language can be very literal.
- They have poor processing of visual and spatial information skills, which are quite common
- It is a lifelong condition
- People with autism see, hear and feel the world differently to other people
- Autism is not an illness or disease and cannot be 'cured'
- Children with ASD, may also have ADHD, anxiety or depression
- Symptoms of ASD, are present before 3 years of age, although a diagnosis can sometimes be made after the age of three.
- It is estimated that about 1 in every 100 people in the UK has ASD. More boys are diagnosed with the condition than girls
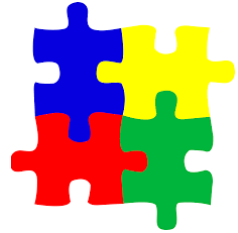
Possible Strengths:

- Honest
- Have good memories
- Enjoy finding out about topics that really interest them
- Thrive on routine and structure

Common signs:

- Social interaction and communication difficulties

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- Difficulties with verbal & non-verbal communication
- Lack of awareness and interest in other children
- Limited use of gestures or facial expressions for communication
- Struggle to understand other people's emotions and feelings
- Delayed language development
- Lack of imaginative play
- Repetitive play/ repetitive movements, such as flapping their hands, rocking back and forth, or flicking their fingers
- Rigidity
- Unusual sensory interests
- Struggle during unstructured time

Identification:
- ADOS assessment
- Diagnosis by a multi-disciplinary diagnostic team, often including a speech and language therapist, paediatrician, psychiatrist and/or psychologist.

Strategies:

- Maintain routine & structure
- Provide calm & structured classroom environment
- Use short simple instructions with visual support
- Use a structured social skill development programme
- Prepare them for any change of their routine
- Use 'social stories' to develop social understanding
- Visual timetable/ now and next board
- Empty/limited personalised workstation
- CIP Routine cards
- Transition booklets
- See 'Sensory and Physical needs' Strategies
- Find out about the child's interests
- Prepare for change using real objects/photographs/CIP

Interventions:

- Time to Talk

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- Socially Speaking
- TEACCH approach (Teaching, Expanding, Appreciating, Collaborating & co-operating, Holistic approach)
- SULP (Social Use of Language Programme)
- Occupational therapy interventions
- Lego therapy

Asperger Syndrome (AS)

What is AS?
- AS is to use to describe a group of children with autism, who have higher cognitive function
- They do not usually have learning or language difficulties

Possible Strengths:

- Average to very high intelligence.
- Good verbal skills; rich vocabulary.
- Ability to absorb and retain large amounts of information, especially about topics of special interest.
- Ability to think in visual images.

- Be self-motivated, independent learners.
- Good memory
- Special interests
- Strong focus
- Detail-orientated
- Unique humour
- Honesty

Common signs:

- Socially isolated
- Struggle to develop & maintain friendship

Identification:

- ADOS assessment
- Diagnosis by a multi-disciplinary diagnostic team, often including a speech and language therapist, paediatrician, psychiatrist and/or psychologist.

Strategies:

- Provide a quiet, well-structured, distraction reduced classroom environment
- Maintain routines with visual timetable
- Use concrete, multi-sensory teaching & learning approaches
- Use visual prompts & reminders
- Provide structured activities during unstructured times

Interventions:

- Social skills intervention programme

- Social stories
- Time to Talk
- Socially Speaking
- TEACCH approach (Teaching, Expanding, Appreciating, Collaborating & co-operating, Holistic approach)
- SULP (Social Use of Language Programme)
- Occupational therapy interventions
- Lego therapy

Cognition and Learning

General learning difficulties

What are general learning difficulties?

- Working 2 years below age related expectations
- Some difficulties with the acquisition of language / literacy / numeracy despite regular attendance, quality teaching and appropriate intervention
- Difficulty with the pace of the curriculum delivery
- Some problems with acquiring new concepts

Possible Strengths:

- Enjoy practical reinforcements
- Enjoy structure
- Possibly excel in the wider curriculum (rather than core subjects)

Common signs:

- Work avoidance e.g. out of seat, sharpening pencils, talking, toilet trips
- low –level disruption.
- Bravado/over confident "it's easy"
- low self-esteem (aware of learning differences

- spoiling of own work
- challenging behaviour
- Poor working memory
- difficulties with organisation
- Poor independence / reliant on adult support

Identification:

- Age related assessments
- Monitoring of intervention
- Through academy progress meetings

Strategies:

- Use alternatives to written recording e.g. Cloze procedure, Word processing, Drama /role play , Talking tins
- Use of ICT to support learning. E.g. • Communication in print (CIP) Widgets Staff familiar with a range of apps /software to support areas of learning. (Wheel of Apps)
- Teach to child's learning style/build on strengths
- Demonstration, prompts, visual support and opportunities for practice.
- Concrete, practical-based learning activities
- Teaching uses multisensory methods (VAK) and 'hand's on' practical activities
- Tasks broken down into manageable steps
- Differentiation in presentation, pace and outcome
- Mixed-ability groups (good role models / working to each other's strengths)
- Supportive resources available in class e.g. coloured overlays, word mats, table square, writing scaffolds, graphic organisers/ task planners / sand timers
- Mind mapping techniques
- Make links with previous learning.
- Social and emotional factors are taken into account
- Incorporate pupil interests to improve motivation
- Pre + Post teaching
- Specific/Precision teaching

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- Promoting growth mind set
- Regular monitoring of progress
- Realistic expectations and agreed targets
- Develop metacognition and pupils awareness of what works for them
- Additional support - staff aware of implications of child's learning need and how to respond.
- Work buddy / peer support / sensitive groupings
- Extra thinking time to process information
- Regular 'check ins' with specific positive praise (language of success)
- Differentiated homework
- Modify language to reduce memory / processing demand
- visual timetable / word banks/ word walls/ ABC charts/ phonic sheets

Interventions:

- Maths: 5 minute number box,
- English: 5 minute box, toe by toe
- Speaking and listening: Early/Talk boost, BLAST, Nelli

Dyslexia

What is Dyslexia?

- Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading & spelling.
- Dyslexia can co-exist with language, motor co-ordination difficulties, ADHD, anxiety or depression
- Dyslexia occurs across the range of intellectual abilities
- It is a continuum
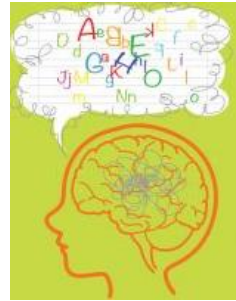
Possible Strengths:

- Able to see the 'big picture'
- Creative/artistic
- Good practical problem solving skills
- Good verbal communication skills
- Good visual spatial awareness

Common signs:

- Difficulty with reading, spelling & writing, despite various interventions
- The main features of dyslexia are difficulties with phonological awareness, verbal memory and verbal processing speed
- Inaccurate & slow reading - Omits, adds or substitute words
- Difficulty with syllable division & blending
- Difficulty with reading familiar & unknown words
- Poor attention & concentration
- Poor working memory
- Poor personal organizational skills
- Left/right confusion

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- Poor written work compared with oral ability
- Persistent reversal confusion, e.g. b/d
- Phonetic or bizarre spellings
- Unusual letter sequencing
- Avoids reading aloud
- Low self-esteem & confidence

Identification:

- Dyslexia checklists – IDP checklists (www.nasen@org)
- Commercially available screening tests
- Assessments by a qualified specialist teacher
- Educational Psychologist Assessment

Strategies:

There are no medications for dyslexia but medication can be a treatment for other difficulties that often co-exist with dyslexia, such as ADHD, anxiety & depression.

- Maintain a tidy, organised classroom
- Provide planned sitting at the front of the class
- Provide worksheets for pupils to work on, instead of copying from the board
- Set up a buddy system for support
- Support them with organization
- Check their understanding of tasks
- Boost their self-confidence
- Encourage to use the Spell checker
- Use a multisensory Approach to teach reading & writing
- Provide 'Paired reading' session
- Encourage proof reading
- Use 'Mind mapping' technique
- Use 'Precision Teaching' approach
- Use 'Look, say, cover, write & Check' method
- Use mnemonics
- Develop their visualizing skills

- Implement speech & language interventions
- Voice activated software
- Mind-mapping software
- Various reading & writing apps
- Coloured overlays
- Ensure writing is well spaced on whiteboard/ scaffolds.
- Use different colours for each line when child is reading.
- Cursive joined handwriting
- Positive marking—correctly spelling at childs level
- Alternative ways to record e.g word processing, audio tapes, written recording of verbal account.
- Staff refer to and incorporate strategies outlined in the IDP for pupils with dyslexia www.idponline.org.uk

Interventions:

- Toe by Toe
- Beat Dyslexia
- Direct Phonics
- Clicker 7

Dyspraxia

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What is Dyspraxia?

- Dyspraxia, is also known as Developmental Co-ordination Disorder (DCD).
- It is a specific learning difficulty with coordination and motor movement.
- It is a common disorder affecting fine and/or gross motor coordination in children and adults. It may also affect speech.
- Symptoms of dyspraxia can vary between individuals and may change over time. They may find routine tasks difficult

- DCD is a lifelong condition & is distinct from other motor disorders such as cerebral palsy and stroke, and occurs across the range of intellectual abilities
- Dyspraxia can co-exist with reading difficulty (dyslexia), numeracy (dyscalculia), ADHD, ASD, anxiety or depression

Possible Strengths:

- Tenacious
- Creative
- Empathetic
- Sensitive
- Keen to please

Common signs:

- Difficulty with fine and /or gross motor skills
- Poor balance & co-ordination
- Handwriting difficulty
- Poor scissor skills and difficulty cutting and sticking
- Struggle to follow instructions
- Poor oral communication skills
- Struggle to find the right word or words to use
- Speak in short sentences
- Reading difficulty
- Difficulty following or remembering instructions
- Short attention span
- Struggle with maths
- Fidget and be unable to sit still
- Difficulty with time management, planning and personal organisation
- Difficulty with dressing and undressing
- Poor stamina
- Poor listening & memory
- Social and emotional difficulty

- Sensory processing difficulty

Identification

The diagnosis of DCD is usually made by a paediatrician, often in collaboration with an occupational therapist.

A norm-referenced assessment of their fine and gross motor skills. This may be done by an occupational therapist, physiotherapist or paediatrician.

Strategies

- Provide structure, routine & consistency
- Deliver short & simple instructions
- Use visuals to support their understanding
- Support to develop independent learning & organisational skills
- Focus to develop memory skills
- Teach social skills
- Implement 'Motor skills development & language intervention' programmes- recommended by external agencies, such as OT, Physiotherapist, Speech & Language Therapy Service
- Provide sensory motor interventions
- Provide modified classroom equipment, such as a sloping desk or angle board, pencil grips, specialised scissors
- Develop ICT skills
- Provide counselling support
- Establish peer & buddy support
- Praise for their efforts
- Develop self-esteem & confidence.

Interventions:

- A task-oriented approach: breaking the action down into small steps.

- Regular exercise
- Adapting tasks with equipment: pencil grips, Velcro shoe fasteners,
- A process-oriented approach: activities aimed at improving general motor skills, rather than helping with a particular task or activity.

Dyscalculia

What is dyscalculia?

- Dyscalculia, like dyslexia, is one of a family of specific learning difficulties.
- There are several definitions of dyscalculia. One of the definition is:

  'Dyscalculia is a condition that affects the ability to acquire arithmetical skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasps of numbers, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mathematically and without confidence. (The National Numeracy Strategy – DfES 2001.
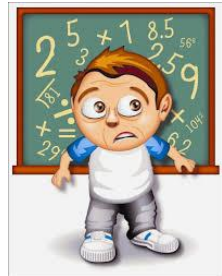
Possible Strengths:

- Creativity
- Strategic thinking
- Practical ability
- Love of words
- Intuitive thinking
- Problem solving

Common signs:

- Difficulty with the mathematical processes of calculation
- Struggle with 4 basic types of calculation
- Poor understanding of basic number facts
- Weak working memory
- Poor number & general math concepts
- Difficulty with math sequencing skills

Identification:

- Holistic assessments of strengths & weaknesses in numeracy
- Ongoing assessments to identify the gaps
- Tracking progress
- Assessments of errors & misconceptions
- Diagnostic Screeners
- Dyscalculia screener
- Specialist assessments

Strategies:

- Differentiated & engaging math activities
- Teaching language & vocabulary of math
- Using a variety of learning styles
- Structured opportunities for think, talk & share

Interventions:

- Numicon
- Number Box
- Power of 2

Memory

What is memory?

- Memory is the ability to remember information effectively. Memory is vital to function in the world
- There are different parts of memory - **short-term memory, long-term memory, and working memory**
- They all play an important role in remembering, learning and creating.

Short –Term Memory

- It is the ability for the human brain to keep information in the mind for a very short period of time, such as remembering a phone number long enough until you are able to dial it on our phones
- Short term memory holds small amount (typically around 5-7 items for a short period of time. The duration of short term memory is only a few seconds (10 -15 seconds), if effort is not made to retain the information for long-term use
- The information in short term memory quickly disappear unless we make conscious effort to retain it.

Working Memory

- Sometimes short-term memory and working memory are used interchangeably. Short-term memory definitely plays a function in working memory but it is not exactly the same thing.
- Both short-term memory and long-term memory hold information available for working memory usage.
- Working memory is used to describe the use of information for manipulation.
- There is a strong correlation between certain types of LDs and working memory difficulties. It is important to remember that not all students with LDs have working memory difficulties

- Students with Attention Deficit Hyperactivity Disorder (ADHD) have working memory difficulties
- Most students with learning and attention issues have trouble with working memory

Long-term memory

- It refers to the type of memory in the brain that holds information for a long period of time.
- Long-term memory remains in the brain for an indefinite period, and there does not appear to be a limit on one's long-term memory

Possible Strengths:

- Good knowledge
- Improved social interactions
- Reduced frustration/anxiety
- Good organisation skills
- Good progress of learning

Common signs:

- Difficulty remembering what is just read, heard, want to say, or was told to do.
- Loses or forgets personal belongings.
- Poor attention to detail
- Struggle to start or complete tasks independently
- Difficulty retaining new information, including words/ vocabulary for the subject matter, spelling and mathematical procedures
- Difficulty making inferences
- Difficulty following a sequence of steps, verbal instructions or tasks (in spite of repeated reminders).
- Difficulty remembering factual knowledge and procedural knowledge
- Difficulty transferring the learned concepts to other situations

Identification:

- Working memory assessments
- No specific diagnosis for memory

Strategies:

- Reduce elements that can interfere with working memory
- Repeat information and make connections to other concepts
- Develop specific routines and procedures for daily activities.
- Present concepts in a variety of different ways, using visual aids that allow encoding
- Repeat information in a variety of ways, making
- Provide memory aids and visual supports, including graphic organizers
- Chunk information into smaller bites
- Reducing the number of task steps
- Reducing the volume of work
- Activating previous knowledge/prior learning and do frequent reviews
- Opportunities for repetition & rehearsing
- Using meaning & association & mnemonic
- Make the learning multisensory
- Play visual and auditory memory games
- Work on visualization skills

Social, emotional and mental health (SEMH)

What is SEMH?

- Children with SEMH, have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations
- They struggle to engage with learning and to cope in classroom
- Children & young pupil with SEMH will often feel scared and misunderstood
- The majority of children with SEMH will not have a mental health diagnosis
- SEMH does not have to be a lifelong condition. With appropriate support children and young people can move forward and live successful lives.
- Mental health problems affect about 1 in 10 children and young people.
- 70% of children and young people who experience a mental health problem have not had appropriate interventions at a sufficiently early age.

Possible Strengths:

- Not always a lifelong condition
- Does not necessarily affect cognitive and learning capabilities
- Adventurous
- Curious
- Resourceful

Common signs:

- Disruptive, antisocial and uncooperative behaviour, such as stealing, vandalism, setting fires and drug abuse
- Obsessive, impulsive or risky behaviour
- Physical or verbal aggression
- Temper tantrums, frustration, anger
- Socially isolated

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- Reduced motivation
- Depression, anxiety and self-harming behaviour
- Avoidance behaviours (e.g. running off, truancy/ school
- Negative peer interactions
- Significant emotional distress (e.g. upset, crying)
- Selective talking (i.e. silent/ unable to talk in certain situations)

Identification:

- Identifying & analysing the possible triggers
- Completing the baseline measures of social/ emotional functioning, using Boxall Profile and /or completing A-B-C Log (antecedents, behaviour and consequences)
- Gathering pupil voice
- Support/identification from SEMH team and educational psychologist.

Strategies:

- Establishing the holistic picture of needs by gathering information about home situation
- Seeking help from to other external agencies such as Early Help, Educational Psychology, QEST, Healthy Young Minds and SEMH Team (Formally jigsaw)
- Having a personalised behaviour plan.
- Adopting Solution focused, no blame approach
- Providing adult led activities such as 'Circle Time', 'Circle of Friends', Social skills training sessions
- Nurturing confidence and self-esteem.
- Providing ongoing enhanced and specialised pastoral support to promote emotional wellbeing, social development and learning
- Timer
- Reward chart
- Feelings chart
- CIP positive behaviour visuals
- Photograph/ toy from home
- Buddy
- Learning mentor support
- Family support team support/advice

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- Emotions activities
- Organisational planning
- Meet and greet
- Busy boxes
- Feelings/emotions activities
- Worry box

<u>Interventions:</u>
- Mentoring
- Emotional literacy support
- Nurture groups
- Mindfulness
- Play therapy
- Draw and talk
- SEMH and healthy young minds team support
- Risk assessment care and support plans
- Boxall: Beyond the boxall assessment toolkit

Attention-deficit hyperactivity disorder (ADHD)

What is ADHD?

- ADHD is not all about hyperactivity. Children with ADHD can focus very well on tasks or activities that they find really interesting
- ADHD is caused by differences in brain anatomy and wiring, and often runs in families.
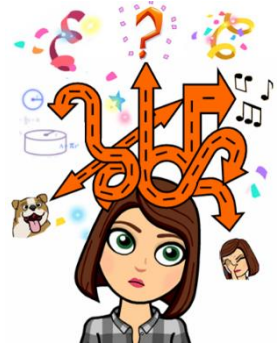
Possible Strengths:

- Adventurous
- Creative
- Resourceful
- Risk taker

Common signs:

- Trouble with focusing
- Struggle to manage emotions
- Poor self-regulation
- Restless & fidgety
- Daydreaming
- Struggle to take turns
- Shout out
- Poor time concept
- Difficulty with follow instructions
- Poor working memory
- Slow processing speed
- Struggle to shift focus from one thing to another
- Forgetfulness
- Planning & organisational difficulty
- Get distracted & frustrated very easily
- Does not think about consequences

Identification:

Diagnosis to be made by a health professional

There are medical treatments for ADHD that can help reduce symptoms. Medications may help to focus better.

Strategies:

- Provide interesting & motivating activities
- Provide some structured movement breaks
- Support for planning & organisation
- Building positive relationship
- Maintain routine & structure
- Use short & simple instructions
- Provide planned seating arrangement, e.g. at the front, away from distractions
- Fidget toy
- Organiser/checklists
- Meditation/ calming strategies
- Timer
- Visual timetable/ now and next board
- Allow children to stand rather than sit for long periods of time—to break up disruptiveness.
- CIP GHLLWK rules/expectations

Interventions:

- Mentoring
- Emotional literacy support
- Nurture groups
- Mindfulness
- Play therapy
- Draw and talk
- SEMH and healthy young minds team support
- Risk assessment care and support plans
- Social skills groups

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Sensory and Physical Needs

What are Sensory and Physical needs?

Sensory needs, include hearing loss and/or visual impairment or **sensory** processing difficulties.

Physical difficulties, can occur for a variety of reasons, e.g. congenital conditions (some progressive), injury or disease.

Possible Strengths:

- May enjoy a range of sensory experiences
- Explorers
- Determined

Common signs:

- Unable to say/hear/see certain sounds
- Sensitive to light/sound/smell/touch
- Won't eat particular foods
- Squinting to see the board/reading a book
- Unable to follow instructions
- Struggling to understand a task

- Unable to concentrate due to sensory overload (bright coloured walls, busy walls)
- Easily distracted
- Difficulties with toilet training
- Difficulties with certain life skills e.g. washing/brushing teeth
- Poor balance/coordination
- Poor fine motor skills
- Poor gross motor skills
- Physical difficulties are usually identified by Doctors

Identification:

- Hearing test
- Eyesight test
- Occupational therapy assessments
- Healthcare professional assessments
- School nurse

Strategies:

- Sensory trays/ toys
- Noiseometre
- Relaxing music
- Ear defenders
- Low light
- Sensory area /room
- Seating wedge
- Writing slope
- Divider boards
- Aqua beads/ sand/water
- CIP Menu
- Consider textures, colours, smell of foods
- Consider the class seating plan/carpet place
- Purchase a teething ring/toy. I'm happy to order but will be much quicker to buy from the supermarket (I'll add some to the order list so we have a stock for future).

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- Complete and ABC log to identify the function of the behaviour - identifying a specific day, time, lesson, transition, adult that could be related to a distressing memory- complete and send it over and I might be able to identify any triggers.
- Ask parents to take to dentist to rule out any teeth problems
- Social story- I know the children may not have the understanding but just an idea
- Visuals - object of reference to indicate stop, photograph or CIP symbol to indicate no biting
- Remove any other sensory discomforts - ear defenders, sunglasses, removing new smells in the classroom, perfume, area with blank walls
- Try to redirect/distract with something using both hands or mouth-instruments
- 'Bite Box' different sensory opportunities to bite- - harmonica, whistle, crunchy foods, electric toothbrush, spoon, pasta in a plastic bottle
- Staff to try and not have bare skin showing in places where children are biting e.g. arms. Children may indicate bare skin with biting (I know they might not and might bite through clothes)
- Comfort object - ask parents to bring in a teddy/object from home (sensory need for familiar smell and touch)
- I know its easier said than done but try to not over react when been bitten- the response could be seen as positive behaviour/ attention that the pupil required.

Interventions:

- Write from the start
- Occupational therapy recommendations
- Sensory environment checklists
- Physiotherapy recommendations
- Fine motor group: finger gym, dough disco
- Gross motor group : Ball skills, balancing and coordination games
- Cause and effect toys/ activities
- Sensory room experiences
- Play therapy
- Pupils with physical disabilities will have an individual health care plan jointly written by academy, parents and health professionals.

Non-Negotiables

Quality First Teaching and Learning for SEND

To ensure the needs of all learners are met we expect all teaching and learning environments to include –

Teaching

Modelling language

Visual prompts and gestures

Differentiated input (when appropriate),

to meet individual needs.

High expectations for all.

All adults aware of the children's needs

Adults prepared to adapt to the situation.

Good levels of differentiation with challenge for all.

Thinking time.

Acknowledging the answer – I will come to you next.

Instructions broken into manageable chunks (First then next)

Chunking learning.

Genuine Praise and encouraging good learning behaviours.

Different ways for the children to record and respond.

Use of visual behaviour system.

Purpose for listening

Opportunities to rehearse sentences and finger tell.

Modelled examples – success criteria/ working wall.

Assessment for learning

Support

TA and teacher working with a variety of different groups on planned differentiated activities

Environment

Mixed ability seating (when appropriate)

Positioning in the room

Individual learning stations

Quiet space

Rich and varied working walls with language prompts –accessible for all.

Visual timetable

Resources

Labelled resources

Differentiated resources

Inprint word mats or CIP resources

Manipulatives – cubes, counters, number line, number square, numicon and dienes.

Timers

Scaffolds, word mats, sentence starters

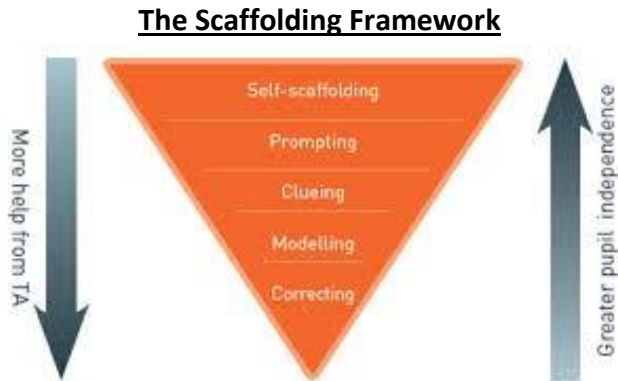Books at appropriate interest level and reading level.

Emotion Prompt cards

Use of ICT and talking tins

Coloured overlays, pencil grips, fiddle toys, wobble cushions, angled boards/desks

Task planners– learning broken into chunks for ch to work through and tick off.

Additional strategies to support SEND:

The Scaffolding Framework

- Understanding that all children learn differently
- Providing Quality First Teaching as a part of graduated response
- Using effective differentiation and having high & flexible expectations for all children
- Providing flexible support from teaching assistants
- Maintaining routine, structure, consistency & predictability
- Creating a supportive classroom environment
- Encouraging pupils to use materials and resources independently for their learning
- Noticing appropriate behaviour through praise & rewards
- Praising and reward good speaking and listening; focus on these skills
- Fine motor skills activities – threading
- Gross motor skills activities – throwing and catching a ball
- Write from the start handwriting intervention
- Pencil grips
- Busy box—games, colouring, lego
- Carpet mats
- Home—school communication books

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- Pupil voice questionnaire
- Sit the child near to the teacher
- Chunking learning—start and finished box
- Success criteria checklist
- Visual concrete learning
- Scaffolds, sentence starters and word mats
- Challenge boxes
- Assessment tools for pupils working 2 years below age related
- Wait and Silent time
- First person commentary 'I am…'

Websites

- Academies online resources
- Mobilise Kyra
- The local offer and graduated response – local authority website
- NASEN- www.nasen.org.uk
- Emotional Literacy Support Assistants (ELSA) – www.elsa-support.co.uk
- National autistic society – www.autism.org.uk
- SEND Gateway- www.sendgateway.org.uk
- The communication Trust- www.thecommunicationtrust.org.uk
- www.senresourcesource.co.uk
- www.senteacher.org
- www.specialneedsjungle.com
- EEF- www. educationendowmentfoundation.org.uk
- MITA – www.maximisingtas.co.uk

www.gov.uk

- The Rochford Review

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- SEN code of practice
- The Engagement Model

Books

- The SEN Handbook – Nasen (Other books on specific SEN subjects)
- MPTA - Maximising the impact of teaching assistants
- The teachers guide to SEN- Natalie Packer
- The perfect SENCO- Natalie Packer

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