

SEND Handbook
Beechcroft St. Paul's CE Primary School

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SEND Code of Practice 0-25

The SEND Code of Practice is the official guide for teachers who work with children who have Special Educational Needs and/or Disabilities (SEND) and focuses on a family-centred system of care and education which spans four broad areas of special education needs and support.

Key implications

• Class teachers are responsible for the progress of individual SEND children in their classes. The Inclusion Lead's responsibility is to ensure that SEND children as a group are making progress.

• SEND became more defined, meaning that low ability children without additional needs were removed from SEND lists.

• A longer-term view was adopted. All support is targeted towards the skills we want the child to have for the future, and what we are aiming for the child to achieve in the long term. This can include targets in both academic areas and non-academic areas such as personal care skills.

• Parental involvement is paramount. Parents' views and their aspirations for their child must be taken into account at all stages. Parents may need support to be able to take part in this process.

• Children whose needs require additional funding are given EHCPs (Education and Health Care Plans). These are awarded based on the support needs of the child rather than being based on any diagnosis the child may have. EHCPs are reviewed annually in a meeting between the parents and all professionals working with the child. At Beechcroft, we endeavour to ensure these are child centred.

Beechcroft St Pauls: Our Commitment to SEND

Beechcroft St Paul's CE Primary School has high aspirations for all children identified as having Special Educational Needs and/or Disabilities. We strive to ensure that all children achieve their best, that they become confident individuals living fulfilling lives, and make a successful transition into adulthood, whether into employment, further or higher education or training.

Where a pupil is identified as having SEND, we will take action to remove barriers to learning, make them feel that they belong and put effective special educational provision in place. All pupils should have access to a broad, inclusive and balanced curriculum. The National Curriculum inclusion statement states that teachers should set high expectations for every pupil whatever their prior attainment. Teachers use appropriate assessment to set targets which are deliberately ambitious. Potential areas of difficulty are identified and addressed at the outset. Lessons are planned alongside the consideration of what reasonable adjustments are needed to support progress. In many cases, such planning will mean that pupils with SEND and disabilities will be able to study the National Curriculum and have the opportunity to SOAR.



Beechcroft St Pauls aims to ensure that:

- SEND students have their needs met.
- The views of the students are sought and taken into account.
- Partnership with parents / carers play a key role in supporting the child's education and enabling them to achieve their potential.
- Our school will endeavour to support parents /carers through the process of transition.
- SEND students are offered full access to a broad, balanced and relevant education.
- SEND students have full access to all school activities.
- We work in partnership with external agencies to meet the needs of the student.
- There is a smooth transition at each transition stage for the student.
- Teachers are aware of the importance of early identification and of providing for SEND students whom they teach.
- Parent/carer and child voice is obtained and listened to.
- For any child with an EHC plan, our school will work with parents / carers and the child, to help them fully understand the EHCP
- Child centred annual reviews are held at least annually.

Introduction to SEND

What is the purpose of this handbook?

This handbook has been designed to inform staff about SEND at Beechcroft to ensure a consistent approach. It outlines the actions and people involved at every stage and level of SEND provision so that individuals have a clear, shared understanding of their responsibilities.

What does SEND stand for?

SEND stands for Special Educational Needs and Disabilities. Children with SEND might have a diagnosis like Dyslexia, ADHD or ASC, or might just not be making progress with Quality First Teaching and Wave 1 and 2 interventions.

What are Special Educational Needs and/or Disabilities (SEND)?

A child has Special Educational Needs and/or Disabilities (SEND) if he or she has learning difficulties or disabilities that make it harder for him or her to learn than other children of about the same age. Schools and other organisations can help most children overcome the barriers their difficulties present. A few children will need extra help for some or all of their time in school.
Children make progress at different rates and have different ways they learn best. Teachers take account of this when they plan, organise and deliver their lessons. Children making slower progress or having particular difficulties in one area may be given additional support alongside reasonable adjustments and curriculum adaptations to help them succeed.

Supporting SEND Children

At Beechcroft, pupils are taught in ways and at levels which match their preferred learning style. Most pupils make progress within an inclusive curriculum where a range of reasonable adjustments, curriculum adaptations and scaffolding is used as part of Quality First Teaching.
Quality First Teaching and a broad and balanced curriculum is the first, most important and often most effective way of meeting a child's individual educational needs and ensuring they make expected progress.

Our SOARing Curriculum

We value the well-being, personal and spiritual development of each individual pupil and member of staff, and aim to provide a curriculum in which each member of our school family can thrive. Our school vision, Soaring with Compassion, is at the heart of everything we do – we soar together as a Beechcroft community just as St Paul describes in his letter to the Phillippians, which underpins all of our work. The values of hope, respect and wisdom guide us every day as a school community and inform the way in which we approach our curriculum.

We see our curriculum as the whole experience that children have whilst at Beechcroft - a focus on academic rigour alongside the holistic development of the whole child. We bring together the Christian values of hope, respect and wisdom alongside our curriculum drivers: communication, aspiration, spirituality and enrichment to form the basis of our Soaring Curriculum, enabling all children to flourish.

At Beechcroft St Paul's, all class teachers are responsible for providing a curriculum that is suitable for all pupils in the class, including those with Special Educational Needs and/or Disabilities (SEND) with support from the Inclusion Lead. We have high expectations for all pupils and are committed to ensuring our curriculum complies with the Equality Act 2010 and the Special Educational Needs and Disability Regulations 2014.

What is inclusion?

At Beechcroft inclusion means including all children in all activities and groups, while being mindful of the things they may find challenging and the support they will need to achieve alongside their peers. Inclusion provides the opportunity to learn together and from one another. We aim for an inclusive approach for all of our pupils, not just those with SEND.

SEND Information Report

All settings and local authorities must produce a statutory document called a SEND Information Report. The document gives parents (including parents of prospective pupils) information about our approach to SEND to enable them to make an informed choice about their child's education. It is created based on information from the previous academic year.
Our SEND information Report can be found on our website, and can be printed for parents on request.

SEND Policy

All school have a SEND policy. DSAT schools have similar policies, with adjustments to accommodate the differences between each setting.
SEND policies are reviewed and approved by the LGB at the start of each academic year.

Our SEND policy can be found on our website.

SEND 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
2. Cognition and Learning
3. Social, Emotional and Mental Health difficulties
4. Physical and/or Sensory Needs

Please see information below regarding these four areas, taken from the *Code of Practice 2015*

As stated in the Code of Practice:

"These four broad areas give an overview of the range of needs that should be planned for. The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, individual children or young people often have needs that cut across all these areas and their needs may change over time. For instance speech, language and communication needs can also be a feature of a number of other areas of SEN, and children and young people with an Autistic Spectrum Disorder (ASD) may have needs across all areas, including particular sensory requirements. The support provided to an individual should always be based on a full understanding of their particular strengths and needs and seek to address them all using well-evidenced interventions targeted at their areas of difficulty and where necessary specialist equipment or software'

Communication and interaction

6.28 Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.

6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Cognition and learning

6.30 Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning

difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

6.31 Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Social, emotional and mental health difficulties

6.32 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.

Sensory and/or physical needs

6.34 Some children and young people 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. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. "

Code of Practice 2015 Pg 97

SEND Process- Wave 1 Strategies – Quality First Teaching (QFT)

If there is a child in your class who is not making expected progress, who is showing challenging behaviour or whom you have any other concerns about, the first step is to review the whole school's provision map and check whether there are any Wave 1 strategies which may support the pupil which have not yet been tried.

It's important that you keep notes of the strategies you attempt/have attempted and their outcomes as this will be important if you go on to complete a Progress Monitoring Form.

If the child begins to make appropriate progress or other difficulties reduce, you should continue using these Wave 1 strategies. If the child does not begin to make progress in your area/s of concern, you should go on to complete a Progress Monitoring Form if agreed after speaking with the Inclusion Lead and an observation if required.

Beechcroft Primary School - Whole School Provision Wave 1 Strategies

	Cognition & Learning	Communication & Interaction	Social, Emotional Mental Health	Sensory & Physical
Wave 1 – Quality First Teaching	• Adaptive teaching/curriculum – planning, learning, resources, scaffolding etc. • Pre-teaching of subject vocab • Teaching sequencing as a skill • Text presented clearly – bullet points, clear font, headings • Pupils encouraged to explain what they have to - check understanding • Flexible groupings • Links to prior learning explicitly made /retrieval practice integrated into lessons • Key learning points reviewed throughout lesson • Conceptual variation in Maths • Alternative ways of demonstrating understanding eg. Diagrams, mind maps, use of voice recorders • Using technology • Provide a range of writing frames	• Structured class routines • Using songs for routines • Increased visual aids including dual coding • Visual timetables at eye level of children • Use of sign language/basic Makaton • Use of key words/vocabulary emphasised when speaking • Multi-sensory approaches used to support spoken language eg. Symbols/pictures/concrete apparatus/artefacts/role-play • Instructions in manageable chunks • Checklists and task lists • Delivery slowed down with time given for processing • Prompt cards used to support understanding • Talking partners used	• Emphasise positives in front of others to develop children's self-confidence • Give pupils classroom responsibilities • Refer regularly to school/classroom rules • School SMARTS • Calming music • Weighted blankets • Team around the child approach • Use of ear defenders to support focus • Breaks between tasks • Moving around/in class sensory breaks • Interactive strategies eg. Whiteboards to hold up answers • Clear behaviour expectations modelled by staff • Quiet zone or sensory space in and out class	Visual • Coloured overlays/ different coloured paper • Consider lighting – natural and artificial • Eliminate inessential copying from the board • Where copying is required, ensure appropriate print size photocopy is available or use full page magnifier to enlarge • Read aloud as you write on the board • Avoid standing in front of windows – your face becomes difficult to see • Use Ipad/Chromebook for reading if text is too small in physical book • Consider seating – sat at the front closer to board/resources Hearing • Careful seating – closest to the teacher • Keep background noise to a minimum – if severe use felt in

	• Word mats designed for specific subjects/lessons • Opportunities to work with a scribe or use ICT when necessary • Use of ICT/apps to reinforce what has been taught • Use of ICT/apps as solution to difficulties e.g. dictation, typing • Cognitive and metacognitive strategies • Coloured overlays, coloured paper for worksheets & coloured background on SMART board • Extra time to complete tasks • Learning ladders to break down steps • Learning buddies • Tactile resources e.g. lego phonics • Explicit instructions • Dual coding devices • Widgit online resources	• Classroom seating plan considered so children can see teacher and visual prompts • Access to a quiet work station • 'Word walls'/displays to develop understanding of new vocab • Minimise use of abstract language/language tailored to individuals • Eye contact as necessary for the child	• Visual timer/stop watch • Use post-its for questions rather than interruptions • Learning tools • Concrete resources easily at hand to support • Give a 'set time' for written work • Personalise teaching to reflect pupils' interests • Transition from whole class work to independent is taught and actively managed • Learning ladders to break down steps • Wobble cushion/resistance bands to support sitting in chairs or on carpet spot • Dojo points/certificates	pencil pots etc., reduce use of velcro • Slow down speech rate • Allow more thinking time • Repeat contributions from other children – their voices may be softer and speech more unclear • Check that oral instructions have been understood • Face the pupil when speaking & keep hands away from mouth Co-ordination • Sat at table where there is sufficient space • Desks at elbow height • Sloping desk stand if appropriate • Seated with minimal distractions. • Encourage oral presentations or use of ICT as an alternative to written work where appropriate. • Lined paper with sufficient wide spaces between lines to accommodate pupil's handwriting. • Take 10 to support fine motor • Range of fine motor and gross motor activities

If concerns arise about a child's progress with Wave 1 strategies in place, a Progress Monitoring Form will be completed and Wave 2 strategies will be provided for the child

SEND Process – Progress Monitoring Form – Wave 2 Strategies

If it becomes clear that the child is continuing to have difficulties despite the Wave 1 Strategies put in place it is important that you complete a Progress Monitoring Form after speaking with the Inclusion Lead. This is to ensure that the child begins getting the support they need as quickly as possible so that they do not fall further behind their peers.

Some children may have Wave 2 interventions to support progress. This will be monitored closely by Inclusion Lead, class teacher and Subject Leader. The child will not have a progress monitoring form unless not making progress.

If Wave 1 strategies have been introduced but there are still concerns about the child's progress a Progress Monitoring Form will be completed. The Inclusion Lead needs to agree that a Beechcroft's Monitoring Plan is necessary, the child's class teacher will be asked to create a plan for the child. The targets set should reflect the area(s) of concern identified. The Inclusion Lead may suggest targets.

Parents are fully involved in this and discussion about what Wave 2 strategies that will be needed to be put in place to ensure the child does not fall further behind their peers. This will be reviewed by the class teacher and parent every 6 weeks – the plan needs to include up to three SMART targets and must be signed by all. Discussions are held throughout the school year and also during pupil progress meetings to identify children who need a Progress Monitoring Form put in place.

Information included on the Progress Monitoring Form completed on Edukey:

- Information about the child
- Start date and review date
- Attainment Levels
- Areas of strength and areas of need
- Graduated Response
- Plan including up to three SMART targets
- Signatures – Child, Parent, Teacher

It is the class teacher's responsibility to complete the progress monitoring review with the parents and get all those involved to sign it.

A child with a Progress Monitoring Plan is not considered SEND. The intention of a Beechcroft's Progress Monitoring Plan is to improve a child's progress so that they can start to keep up (or stop falling behind) their peers.

If a second cycle has been needed, the targets should be reviewed again in another 6 weeks. If the strategies have been successful, they should be continued. If they have not, the class teacher needs to discuss the outcome of the plan with the Inclusion Lead, and together decide on what the next steps for the child should be. This may mean continuing the provision if the child has made good progress, ending the plan if the child has caught up to where they should be or placing the child on the SEND register if the class teacher and Inclusion Lead are satisfied that the child needs access to Wave 3 provision to make progress

Beechcroft St. Paul's CE Primary School

Flowchart - Concerns about a child – SEND

Progress Monitoring Form
Child requiring Wave 2 strategies

If you are concerned about a child's progress and feel there may be a possible SEND need.

Four Areas of SEND Need:

- Cognition and Learning
- Communication and Language
- Social, Emotional and Mental Health
- Sensory and/or Physical Disabilities

Teacher to have tried Wave 1 strategies. If concern continues and child not making progress speak to the Inclusion Lead.

Refer to SEND handbook.

Next steps agreed by Inclusion Lead, if required teacher to write Progress Monitoring Form– 3 SMART targets, Wave 2 strategies.

Teacher to meet with parents and share Progress Monitoring Form. Child added to monitoring list by Inclusion Lead.
All involved sign monitoring form.

Review SMART targets <u>6 weeks later</u> with parents.

Progress made- complete another cycle, amend targets if needed and review <u>6 weeks later.</u> Remove from monitoring if gap closed.

SEND Need

Child on SEND register, ILP in place. Evidence towards target logged on Class Dojo shared with parents. ILP to be a working document

ILP to be reviewed by class teacher <u>end of every term</u> on Edukey. If targets are met sooner these need to be moved on.

ILP written <u>end of every term</u> by class teacher and Inclusion Lead Professional advice included.

Class teacher to meet with <u>all</u> SEND parents <u>Week 2 of each term</u> to share.
Parent and child voice added to ILP.

No or limited progress. Complete cycle for <u>another 6 weeks and review.</u>
Inclusion Lead to observe and support.

Gap closing. Repeat another cycle. Continue to review <u>every 6 weeks</u> with parents until gap closed.

No or limited progress made. Child to go onto SEND register follow SEND Need flow chart. Inclusion Lead to request professional support at SEND Planning Meeting if needed.

SEND Process -Wave 2 and 3 Strategies and Provision

	Monitoring	Individualised Learning Plan (ILP)
Area of need	Keep up (Wave 2)	SEND Support and EHCP (Wave 2) (Wave 3)
Cognition and Learning	Pre-teach groups (Reading/Phonics). Maths keep-up sessions. Daily 1:1 Reader. Precision Teaching. Sounds Write Phonics Intervention. Fine Motor Intervention (EYFS) and Take 10 (KS1) Number Sense (EYFS). HFW Interventions- multisensory 5 minute boxes Pre teach vocabulary. RAPID Reader. Words First. Reading Fluency intervention. Learning Tools	Specialist Teacher Programme. Learning tools. Clicker. Key Adults. Assistive Technology. Support from EP and Specialist Teachers. Adapted curriculum meeting need Stand up desks
Communication and Interaction	In class support from LA. Social Stories. Talking Tin. Referral to Speech and Language service.	Support from Speech and Language Speech and language Programme. Access to support from 'Outreach team' for social, interaction and communication difficulties. Assistive Technology. Support from EP and Specialist Teachers.
Social, Emotional and Mental Health	Social Skills Intervention. Family Liaison Officer support ELSA Social Stories. Zones of regulation intervention. Mental Health Team discussion and referral. Core Diagnostic referral.	Support from EP and Specialist Teachers. Pastoral Support Plans. Access to support from 'Outreach' Safe place agreed. Mental Health Teams for Schools (MHST) CAMHS Referral. Advice from Paediatrics and Behaviour support Sensory room access. Meet and greet from assigned adult
Physical Disabilities and/ or Sensory	Scaffolding of learning. Sensory Circuits Learn to Move In class sensory Pegs to Paper	Occupational Therapy Support/ programme Touch Typing Programme. OT Equipment i.e. Writing slopes, wobble cushions. Learning tools. Sensory Circuits and/or Learn to Move Support from EP and Specialist Teachers. Sensory Programme. Sensory room access/ Movement and sensory breaks

SEND Process- Individualised Learning Plan (ILP) and SEND Register

If the child has not made satisfactory progress over two waves of a Progress Monitoring Plan a decision may be reached that they should be added to the school SEND Register. This will be discussed with the parents and a letter sent home. At this stage, an external professional may also become involved to support the child.

Some children may be placed straight on the SEND register without a Progress Monitoring Form. This may happen if the child has a Speech and Language Need or an outside agency has become involved. Children joining Beechcroft who at their previous setting were on the SEND register will be added when they join.

Parent Partnership

At Beechcroft, our parent's voice is important to us. ILP's are reviewed every term, these are shared with the parents and their contribution added. They are also asked to contribute to their child's passport at the beginning of each academic year.
To gather feedback questionnaires are also sent out during the year to ensure parents feel they can also make a difference to their child's education and are fully involved.
Parents play an important role in the annual reviews if a child has an EHCP and their voice included in the paperwork.
Parents are encouraged to speak to the class teacher or the Inclusion Lead if they have any questions in regards to their child's provision.

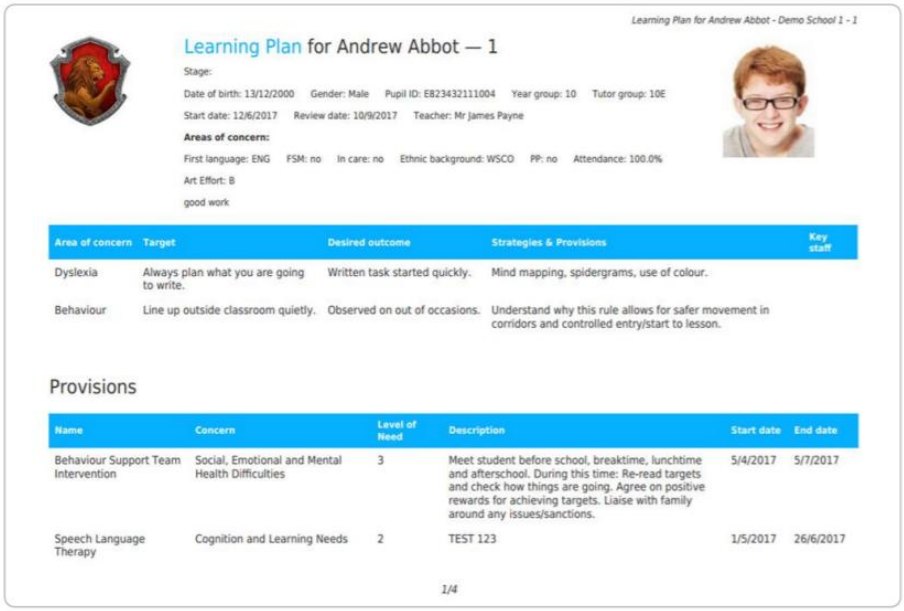
What happens when a child goes on the SEND register?

- The class teacher and Inclusion Lead will need to produce an ILP (Individual Learning Plan) using the programme Edukey. The plan will include up to three/four targets which are SMART.
- Progress towards the targets on the ILP will be recorded on the child's Class Dojo portfolio.

The child's ILP will be reviewed by the class teacher with child contribution each term. Parent and child voice will be included on all documents. Class teachers will meet with parents at least three times a year to discuss the child's ILP plan.

Individual Learning Plan (ILP)

The ILP is a working document which is annotated across the term. If targets are achieved, new targets are given to the child. This document celebrates strengths and identifies areas of need.



Learning Plan for Andrew Abbot - Demo School 1 - 1

Learning Plan for Andrew Abbot — 1

Stage:

Date of birth: 13/12/2000 Gender: Male Pupil ID: EB23432111004 Year group: 10 Tutor group: 10E

Start date: 12/6/2017 Review date: 10/9/2017 Teacher: Mr James Payne

Areas of concern:

First language: ENG FSM: no In care: no Ethnic background: WSCO PP: no Attendance: 100.0%

Art Effort: B

good work

Area of concern	Target	Desired outcome	Strategies & Provisions	Key staff
Dyslexia	Always plan what you are going to write.	Written task started quickly.	Mind mapping, spidergrams, use of colour.	
Behaviour	Line up outside classroom quietly.	Observed on out of occasions.	Understand why this rule allows for safer movement in corridors and controlled entry/start to lesson.	

Provisions

Name	Concern	Level of Need	Description	Start date	End date
Behaviour Support Team Intervention	Social, Emotional and Mental Health Difficulties	3	Meet student before school, breaktime, lunchtime and afterschool. During this time: Re-read targets and check how things are going. Agree on positive rewards for achieving targets. Liaise with family around any issues/sanctions.	5/4/2017	5/7/2017
Speech Language Therapy	Cognition and Learning Needs	2	TEST 123	1/5/2017	26/6/2017

1/4

Class Dojo Portfolio

Every child on the SEND register has a Class Dojo portfolio which is used to celebrate the journey and progress towards the child's targets.

The electronic portfolio includes child's work, intervention progress, links with classroom learning, photographs and comments by Teacher, Learning Assistant and child.

This communication allows parents to be involved and receive regular updates on how their child is working on their targets. Additionally, it allows parents to know what they are doing in school so they can support their child with their targets at home and also celebrate with them.

The Graduated Response

Where a pupil is identified as having SEND, schools should take action to remove barriers to learning and put effective special educational provision in place.
This SEND support should take the form of a four-part cycle (assess, plan, do, review) through which earlier decisions and actions are revisited, refined and revised with a growing understanding of the pupil's needs and what support is needed in achieving good progress and securing outcomes. This is known as the graduated approach. It draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles in order to match interventions to the SEND of children and young people.



Assess

In identifying a child as needing SEND support the class teacher, working with the Inclusion Lead, should carry out a clear analysis of the pupil's needs. This should draw on the teacher's assessment and experience of the pupil, their previous progress and attainment, as well as information from the school's core approach to pupil progress, attainment, and behaviour. It should also draw on the experience of parents, the pupil's own views and, if relevant, advice from external support services. Schools should take seriously any concerns raised by a parent. These should be recorded and compared to the setting's own assessment and information on how the pupil is developing.

This assessment should be reviewed regularly. This will help ensure that support and intervention are matched to need, barriers to learning are identified and overcome, and that a clear picture of the interventions in place. For some types of SEND, the way in which a pupil responds to an intervention can be the most reliable method of developing a more accurate picture of need.
In some cases, outside professionals from health or social services may already be involved with the child. These professionals should liaise with the school to help inform the assessments. Where professionals are not already working with school staff the Inclusion Lead should contact them with the parents' agreement.

Assessments using the Sandwell (Maths), YARC (Reading), Sounds Write (Phonics) and HAST (Spelling) can be completed in school to give an accurate picture. Additionally, if appropriate the Inclusion Lead may ask a specialist teacher to come in to complete a full diagnostic assessment. Other assessments can also be completed to ensure child needs are identified correctly and progress can be recorded. Progress is recorded in the child's learning log and on Insight.

Plan

The teacher and the Inclusion Lead should agree in consultation with the parent and the pupil the adjustments, interventions and support to be put in place, as well as expected progress, development and/or behaviour, along with a clear date for review. This is recorded on the child's ILP and reviewed termly.

All teachers and support staff who work with the pupil should be made aware of their needs, the outcomes sought, the support provided and any teaching strategies or approaches that are required. This information is on the child's passport. The support and intervention provided should be selected to meet the outcomes identified for the pupil, based on reliable evidence of effectiveness, and should be provided by staff with sufficient skills and knowledge. Parents should be fully aware of the planned support and interventions and, where appropriate, plans should seek parental involvement to reinforce or contribute to progress at home. This is achieved at Beechcroft through the termly reviewed individuals Learning Plans (ILPs) and meetings with parents.

Do

The class or subject teacher is responsible for working with the child on a daily basis. Where the interventions involve group or one-to-one teaching away from the main class they should still retain responsibility for the pupil. Where possible, all interventions should be delivered within the classroom in the designated intervention slot on the timetable. They should work closely with any learning assistants or specialist staff involved, to plan and assess the impact of support and interventions and how targets can be linked to classroom teaching. The progress is recorded in the child's learning log.

Review

The effectiveness of the support and interventions and their impact on the pupil's progress should be reviewed in line with the agreed date. At Beechcroft, this is at least 3 times a year. If the child meets the target before this, this is reviewed and a new target set.
The impact and quality of the support and interventions should be evaluated, along with the views of the pupil and their parents. This should feed back into the analysis of the pupil's needs. The class teacher, working with the Inclusion Lead, should revise the support in light of the pupil's progress and development, deciding on any changes to the support and outcomes in consultation with the parent and pupil. Parents should have clear information about the impact of the support and interventions provided, enabling them to be involved in planning next steps. Where a pupil has an EHC plan, the local authority must review that plan as a minimum every twelve months. Schools must co-operate with the local authority in the review process and, as part of the review, the local authority can require schools to convene and hold annual review meetings on its behalf. At Beechcroft, these annual reviews are child centred and a celebration of the child's year. Parent and child voice is obtained and next steps and targets are agreed.

SEND Process- EHCP Applications and EHCPs

If the child is failing to make progress towards their ILP targets after all classroom adaptations and reasonable adjustments from waves 1-3 has been provided the Inclusion Lead may approach the parents about the possibility of applying for an EHCP (Education and Health Care Plan). The child will have already been on an ILP plan which has been reviewed many times.

If the child's parents are in agreement, the Inclusion Lead may seek additional assessment of the child from external professionals to provide evidence for the EHCP. The Inclusion Lead, class teacher and parents will work together to complete an application, which will include some suggested longer-term targets for the child (usually running to the end of the next key stage).

Once the application is completed it will be considered by a SEND Panel at the Local Authority who will consider whether to grant the application. They will also decide what level of funding the school will receive to support the child.

An EHCP does not mean that a child will receive one to one support. It describes the sorts of support the child should receive, much of which can be delivered in whole class or small group settings. It is the role of the Inclusion Lead to decide how to allocate staff to meet the needs listed in the plan.

Parents have the right to make their own EHCP applications. If this happens, when county contact school, they have two weeks to complete the EHCP assessment document. Teachers will be asked by the Inclusion Lead to contribute.

Children with an EHCP will have their plan reviewed at least annually. This will take place in a meeting with the Inclusion Lead, the child's class teacher and other relevant staff, any relevant external professionals, the child's parents and the child. The child's needs, successes and targets will be discussed and reviewed, and a detailed record of the meeting submitted to the Local Authority.

External Professionals

We have a wide variety of external professionals come into school to visit, observe and assess our children:

- Specialist Teachers – visits a class to observe a specific child or children, observes their behaviour and makes recommendations on useful strategies or complete individual assessments.
- Educational Psychologists – observes a specific child in class and occasionally one to one to assess their current needs and record observations and make recommendations. This can sometimes be used as evidence for an EHCP.

- Hearing Support Team – visits children with established hearing difficulties (most commonly those with hearing aids). Works with them one to one to check their hearing aids and talk about their school experience, sometimes makes recommendations about how to make adaptations in class.
- Occupational Therapists – looks at the way a specific child is using their fine and gross motor skills and advises staff in ways to develop these. Also do work with sensory issues.
- Play Therapists – work one to one with a child with specific emotional difficulties through play.
- Specific Learning Difficulty Specialist Teachers – assesses a variety of skills used in learning to read and write successfully, and uses these to identify where further assessment may be useful, and suggests possibly interventions and strategies.
- Speech and Language Therapists – assess or review a child's speech and language skills, produce a report and/or a programme, provide advice to school on how to support him.
- TADSS Teachers – usually teachers from a special school coming to observe a specific child and provide advice and suggestions based on their observations and meetings with parents.

SEND Acronyms

ASC - Autistic Spectrum Condition
ADHD- Attention deficit hyperactivity disorder
BESD - Behavioural, emotional and social difficulties
EBD- Emotional and Behavioural difficulties
EP - Educational Psychologist
EHCP - Education, Health and Care Plan
CAMHS - Child and adolescent mental health services
HI - Hearing Impaired
ILP - Individual Learning Plan
LSA - Learning Support Assistant.
MLD - Moderate Learning Difficulties
OT - Occupational Therapist
PD - Physical disability
QFT- Quality First Teaching
SALT - Speech and Language Therapist
SA - School Action
SAP - School Action Plus
SEN - Special Educational Needs
SPLD - Specific Learning Difficulties
SEND - Special Educational Needs and/or disability
SLCN - Speech, Language and communication needs
TAC - Team Around the Child Meeting
TAF - Team Around the Family Meeting

Common SEND Needs

On the following pages you will find descriptions of the most common SEND needs in our school. These are only summaries, see the links to further information for more exhaustive information. There are signs to look out for in the children you teach, as well as suggestions of strategies to try.

Please note that:

- A child may show some or all of the signs listed
- A child may have more than one area of need
- Some children may have traits of a condition without having the condition itself
- Many of the strategies will be helpful to children with similar difficulties or traits of a condition, even if they do not have a diagnosis

For brevity this handbook refers to the child as 'he' and 'him', but everything in the handbook applies equally to both girls and boys.

Remember that although a child may have a SEND need, or traits of that need, all children are individual. Strategies which work for some children may not work for others, so it's important to keep an open mind and keep careful notes of what works for the child you are working with. It is important that a reflective approach is followed and reasonable adjustments are constantly reviewed.

If you try any of the strategies with a child please make a note of this. If the child is already on the SEND register the appropriate place for this is the on the child's ILP in the class SEND folder.

If the child does not have an ILP, the appropriate place would be a Progress Monitoring Form or recorded on Edukey which can be used to populate a Progress Monitoring Form if one becomes necessary at a later date.

Strategies and provision are outlined on a child's ILP. If you have concerns about a child please speak with the Inclusion Lead who may suggest completing a Progress Monitoring Form and record the strategies you use and the outcomes.

Common SEND Need – Attention Deficit Hyperactivity Disorder (ADHD)

Attention Deficit Hyperactivity Disorder (ADHD) is a mental health disorder that can cause above-normal levels of hyperactive and impulsive behaviours. People with ADHD may also have trouble focusing their attention on a single task or sitting still for long periods of time.

What to look out for:

- Difficulty focusing or concentrating on tasks, easily distracted, daydreams. Can struggle to pay attention even when someone is speaking to them directly.
- Poor personal organisation
- Difficulty being still - may get up and move around, fidget, squirm
- Interrupts people when they're talking, butts in to conversations they're not part of, overly talkative
- Self-focused behaviour - has difficulty recognising other peoples' needs and desires
- Difficulty keeping emotions in check, may have outbursts of anger or become very upset, may have temper tantrums
- Difficulty playing quietly or engaging calmly in enjoyable activities
- Attempting to avoid tasks which they know will require lots of mental focus as they know they will find this challenging
- Making mistakes with tasks involving planning or executing a plan.
- May appear lazy or appear not to understand.
- Difficulties across both home and school.

ADHD Strategies

Attention

- Sit him near the front of the room and away from windows, with a 'buddy' who will help him understand what to do, and who can be a positive role model.
- Create opportunities for him to incorporate movement in an appropriate way e.g. sensory circuits, handing out books, taking a message to another classroom. Consider introducing a learning tool for him to fiddle with while listening or watching.
- Develop a sign or 'code' with him to draw their attention to the fact that he has lost focus (e.g. touching his book), without making it seem like a criticism or drawing the attention of the rest of the class.
- Use simple language when giving him instructions and allow one minute processing time before expecting him to follow the instruction or giving further instructions.
- Ask him to repeat the task back to you to ensure that he's understood.
- If you are aware that he is having a challenging day consider reducing the things you ask him to do, so that you can maintain the expectation that he will complete all tasks you set.
- Ensure that you have his attention before speaking

Impulsivity

- Teach him to regulate their own behaviour by encouraging him to pause before reacting. Consider a short verbal prompt such as 'stop, think, do' and reward him for trying to do this, even if he isn't fully successful.
- A 5 point scale may be helpful to help him and the adults who work with him to recognise the signs of impending upset (which can include sadness, frustration, anger, anxiety, being overwhelmed) and suggest strategies to him.
- If he struggles to articulate how he feels, label his feelings for him e.g. "Your face looks cross. I think you might be cross because Jamie touched your pencil."

Organisation

- Try to keep routines as predictable as possible and ensure he has access to a visual timetable.
- Give him work in small chunks. Consider only giving the next task once the previous one is completed. Alternatively, use clear language to indicate the order in which tasks should be completed e.g. Job 1: write the date, Job 2: write about the Vikings, Job 3: draw a picture of a Viking longboat.
- Support him in making a simple plan for extended writing, using just a few words or pictures. Model checking this for sense and explicitly teach him how to use this to produce a final piece.
- Tell him where to put any letters home and give him time to do this straight away
- Check that he's remembered any equipment he'll need ahead of time by asking him to tell you what he'll need e.g. 'What do you need to bring in for PE tomorrow?'

For more information and advice visit:
www.raisingchildren.net.au/school-age/behaviour/adhd
www.nhs.uk/conditions/attention-deficit-hyperactivity-disorder-adhd

Common SEND Need – Autistic Spectrum Condition (ASC)

Autism Spectrum Condition (ASC) is a term used to describe a number of symptoms and behaviours which affect the way in which some people understand and react to the world around them. It affects verbal and non-verbal communication, social understanding and behaviour and flexibility of behaviour and thought. Many people with ASC will be very sensitive to some sensory experiences, and will either seek out or avoid certain sounds, sights, smells, tastes or textures. ASC on its own is not a learning difficulty.

ASC can look very similar to Attachment Disorder in some cases.

What to look out for:

- Not seeming to understand what others are thinking or feeling
- Liking a strict daily routine and getting very upset if it changes
- Having a very keen interest in certain subjects or activities
- Finding it hard to make friends or preferring to be on their own
- Taking things very literally
- Avoiding eye contact
- Difficulties in social situations including turning away or walking away when someone is speaking, interrupting, inappropriate facial expressions
- Becoming distressed when exposed to a stimulus he doesn't like e.g. loud noises
- Needing food to be separate on the plate, or being very picky with food
- Self-soothing actions such as self-hugging, squeezing their hands, flicking their fingers
- Difficulties with conversation including turn taking, relevance, turn length, showing interest in others' turns
- Difficulty controlling or modulating feelings
- May cope well at school but 'melt down' at home

ASC in girls can present differently to ASC in boys. It's theorised that this could be because girls may be better at mimicking social behaviours, even if they do not fully understand them. The symptoms below are more common in girls than in boys:

- High levels of anxiety
- Appears quiet or shy
- Very reliant on friends
- Have difficulty keeping friends as she gets older
- A very strong desire to fit in and be like her peers, but find this very challenging
- Difficulties likely to become more apparent as she gets older and social interactions become more complex

ASC Strategies

Lessons

- Try to keep language as simple and unambiguous as is possible while still achieving lesson objectives

- Do sometimes use idioms, but only when you have enough time to fully explain it's meaning.
- Break tasks into steps on a taskboard (with pictures if necessary) and allow him to tick/rub off stages. As he gets older gradually teach him to use the taskboard independently.
- Don't expect him to infer what to do based on previous activities or what peers are doing etc.
- Think about where to seat him where he will learn best. This may be at the front where there are fewer distractions, or at the side or back where it is easy to give prompts or refocus him.
- Sit him next to a positive role model who will be patient with him but will not do things for him or 'baby' him.
- Keep routines as consistent as possible. Ensure he has access to a visual timetable and explain any unusual events planned at the start of the day
- Use social stories to explain new/novel situations such as changes, school trips to the child so that he knows what to expect. Provide extra opportunities to visit new classroom/teacher when classes change.
- Tasks such as writing plans may seem unnecessary to him. Take time to understand his point of view before explaining why it is necessary, possibly with a social story.

Social

- Use social stories to explain social situations or expectations. Explicitly teach how to behave in social situations such as wanting to join in/leave a game. Consider providing a 'social script' that he can follow in these situations.
- Be very consistent in application of the behaviour policy and their reasonable adjustments. He may find it very difficult to understand why something may be allowed 'just this once' or why calling one name results in a higher level than another.
- If you are aware that he is having a challenging day consider reducing the things you ask him to do, so that you can maintain the expectation that he will complete all tasks you set.
- A 5 point scale may be helpful to help him and the adults who work with him to recognise the signs of impending upset (which can include sadness, frustration, anger, anxiety, being overwhelmed) and suggest strategies to him.
- If he struggles to articulate how he feels, label his feelings for him e.g. "Your face looks cross. I think you might be cross because Jamie touched your pencil."
- Encourage children to set and maintain social boundaries with him. Give them strategies and scripts to tell him when he has crossed a line for them, so that he can understand that his behaviour has been unacceptable while minimising upset. Explain to the other children that they are helping him by doing this, even if it does make him a little upset in the short term.

Sensory

- Ensure that you have his attention before speaking
- If he has an unexpected meltdown, record all of the things that happened prior to this, including sensory stimuli. Over time, use to identify the causes, even if they are not immediately obvious.

- Be aware that while many ASD children dislike stimuli such as loud noises and strong smells, some actively seek them.
- Make reasonable allowances if he has a very strong dislike of a stimulus, such as allowing him to wear ear defenders.
- Create opportunities for him to incorporate movement in an appropriate way e.g. sensory circuits, sensory room, handing out books, taking a message to another classroom. Consider introducing a learning tool for him to fiddle with while listening or watching.

For more information visit
Www.nhs.uk/conditions/autism
Www.mentalhealth.org.uk/learning-disabilities/a-to-z/a/autistic-spectrum-disorders-asd

Common SEND Need - Attachment Disorder

Attachment Disorder describes the difficulties which result from the lack of or disruption of the development of a normal bond with a primary caregiver in early childhood. It tends to occur in children who have felt very early on that their needs will not be met. Children at particular risk of attachment disorder include those who experience:

- Separation from primary caregivers through death and illness
- Frequent change in primary caregivers through parental separation, moving between family members or moving between foster carers
- Primary caregivers who have a reduced ability to meet their child's needs through difficulties such as mental illness or addiction
- Abuse and neglect
- Sometimes the circumstances which cause attachment disorder are unavoidable but the child is too young to understand what has happened and why. To a young child, it just feels like no one cares. They lose trust in others and the world becomes an unsafe place.

What to look out for:

- Aversion to touch and physical affection; may flinch, laugh or react as if hurt. Perceives touch as a threat.
- Goes to great lengths to be in control and avoid feeling helpless, often through bossy, disobedient, defiant and aggressive behaviour.
- Expresses anger through tantrums, acting out or manipulative passive-aggressive behaviour.
- Lacks impulse control
- May express his anger through variations on socially acceptable actions such as giving a high five that hurts or hugging someone too hard.
- Difficulty showing genuine care and affection. May show little or no affection to those who they have a close relationship with while being inappropriately affectionate to others.
- Is inappropriately demanding and clingy, asks persistent nonsense questions or incessantly chatters.
- Appears not to have a conscience. Fails to show guilt, regret or remorse after behaving badly.
- Perceives interactions between adults and children in a negative way.
- Makes limited eye contact.
- Lacks cause and effect thinking.
- Can be superficially engaging and charming.
- Blames others for his own mistakes and problems. Often lies.
- Has great difficulty tolerating external limits or controls.
- Has unstable peer relationships.
- There is a great deal of overlap between the symptoms of attachment disorder and the symptoms of ASD and ADHD.

Attachment Disorder Strategies

Many ASD and ADHD strategies are useful in supporting children with attachment disorder. Children with attachment disorder do not have as much capacity to deal with unexpected

change, unpleasant stimuli, challenge etc. as other children as much of their energy is expended in feeling unsafe and the behaviours associated with this. Strategies from these other conditions which will be particularly useful are:

- Use simple language when giving him instructions and allow one minute processing time before expecting him to follow the instruction or giving further instructions.
- If you are aware that he is having a challenging day consider reducing the things you ask him to do, so that you can maintain the expectation that he will complete all tasks you set.
- Ensure that you have his attention before speaking
- Teach him to regulate their own behaviour by encouraging him to pause before reacting. Consider a short verbal prompt such as 'stop, think, do' and reward him for trying to do this, even if he isn't fully successful.
- A 5 point scale may be helpful to help him and the adults who work with him to recognise the signs of impending upset (which can include sadness, frustration, anger, anxiety, being overwhelmed) and suggest strategies to him.
- If he struggles to articulate how he feels, label his feelings for him e.g. "Your face looks cross. I think you might be cross because Jamie touched your pencil."
- Sit him next to a positive role model who will be patient with him but will not do things for him or 'baby' him.
- Keep routines as consistent as possible. Ensure he has access to a visual timetable and explain any unusual events planned at the start of the day
- Use social stories to explain new/novel situations such as changes, school trips to the child so that he knows what to expect. Provide extra opportunities to visit new classroom/teacher when classes change.
- Use social stories to explain social situations or expectations. Explicitly teach how to behave in social situations such as wanting to join in/leave a game. Consider providing a 'social script' that he can follow in these situations.
- Be very consistent in application of the behaviour policy and their reasonable adjustments. He may find it very difficult to understand why something may be allowed 'just this once' or why calling one name results in a higher level than another.
- Encourage children to set and maintain social boundaries with him. Give them strategies and scripts to tell him when he has crossed a line for them, so that he can understand that his behaviour has been unacceptable while minimising upset. Explain to the other children that they are helping him by doing this, even if it does make him a little upset in the short term.
- If he has an unexpected meltdown, record all of the things that happened prior to this, including sensory stimuli. Over time, use to identify the causes.
- Create opportunities for him to incorporate movement in an appropriate way e.g. sensory circuits, sensory room, handing out books, taking a message to another classroom. Consider introducing a learning tool for him to fiddle with while listening or watching.

Other strategies

- Be very calm when he is misbehaving, and be immediately available to reconnect and repair. Reassure him that it's the behaviour you didn't like, not him, and that you know he's still a nice boy.
- Rather than focusing on shame/guilt/apologies, focus on ways to 'fix it' such as tidying up, bringing a biscuit

- Own up to mistakes you've made
- If he is uncomfortable with direct praise, praise him to others where he will hear
- If he struggles with you leaving him give him an object of yours to look after until you come back.
- If he needs to be in control give him two good options (not just do it now or do it at lunchtime)
- Draw his attention to and explicitly label positive adult-child interactions such as "Mrs J is helping Lucy understand how to make good choices."
- Develop a sign that you're thinking of them even when you can't work with them 1:1 - a tap on the desk or shoulder, a subtle mime.

For more information visit:
https://www.helpguide.org/articles/parenting-family/attachment-issues-and-reactive-attachment-disorders.htm
https://www.webmd.com/mental-health/mental-health-reactive-attachment-disorder#1

Common SEND Need - Developmental Co-ordination Disorder (Dyspraxia)

Developmental Co-ordination Disorder (DCD), also known as dyspraxia, is a condition affecting physical co-ordination. It causes a child to perform less well than expected in daily activities for their age and to appear to move more clumsily. Medical professionals prefer the term DCD as dyspraxia can also refer to movement difficulties which occur later in life because of things such as strokes. DCD sometimes runs in families, and is three or four times more common in boys than in girls.

What to look out for:

- Early milestones such as crawling, walking, self-feeding and dressing may be (or have been) delayed
- Difficulties with playground activities such as hopping, jumping, running, catching, kicking a ball, walking up and down stairs
- Difficulties with writing, drawing, using scissors - work may appear scruffy and handwriting immature
- Difficulties getting dressed, doing up buttons, tying shoelaces
- Difficulties keeping still, may swing their arms or legs
- May appear awkward or clumsy, bumping into things or falling over
- May attempt to avoid joining in with physical activities such as PE as he knows he will find it difficult, and may be less fit as a result of this.

Some also consider the following traits to be associated with dyspraxia:

- Social and emotional difficulties
- Problems with time management, planning and personal organisation

Developmental Co-ordination Disorder Strategies

- One to one work on motor tasks he finds challenging such as fastening buttons. Break the task down into the smallest possible steps and practice these steps.
- Use Sensory Circuits and the Fine Motor Station to develop fine and gross motor skills and core stability.
- In PE or other physical activities pair him with a positive role model who will be patient with him but will not do things for him or 'baby' him.
- Minimise the amount of writing required, especially copying, as this can take a lot of time and effort. Consider writing learning intentions and dates for him.
- Use strategies like writing very large letters, writing in sand, writing outside with chalk etc. to practice letter formation.
- Try pencil grips, chunky pencils or mechanical pencils to improve handwriting.
- Consider wide-ruled paper or double spacing to make his writing clearer, and make it easier for him to re-read and edit their work.

For more information visit:
https://www.nhs.uk/conditions/developmental-coordination-disorder-dyspraxia/
https://dyspraxiafoundation.org.uk/

Common SEND Need – Dyslexia

Dyslexia is a specific learning difficulty. It primarily affects skills needed for reading and writing such as phonological awareness (the ability to recognise and work with sounds in spoken language), verbal memory (the ability to recall language heard) and visual processing speed (the time needed to make a correct judgment about something they see). These difficulties can also cause problems in areas such as personal organisation. Dyslexia occurs across the range of intellectual abilities and many dyslexic people have strengths in reasoning, and in creative and visual fields.

What to look out for:

- Slow processing of written or spoken information
- Poor standard of written work compared to oral ability
- Messy, badly set out work
- Confusion between similar letters especially b/d, p/q, n/u, m/w
- Spelling the same word in several different ways in one piece of writing
- Difficulty blending sounds
- No expression in reading, poor comprehension,
- Fails to recognise familiar words
- Uneven performance day to day, may use work avoidance strategies

Dyslexia Strategies

Reading

- Give him a print copy of texts rather than reading from the board.
- Avoid asking him to read aloud to the class if it makes him anxious.
- Use simple, uncluttered fonts. Use 1.5 line spacing to reduce crowding on the page. Try to make worksheets as uncluttered as possible.
- Use a reading ruler to support him in keeping his place when reading. Ordinary rulers or bookmarks with a straight edge can also be used.
- Some dyslexic people report finding text easier to read on a coloured background. There is no scientific evidence to support the benefits of this, but it is worth considering if he reports that he finds it helpful. In this case the colours should be selected carefully as some make reading harder.
- Consider teaching whole word reading of high frequency words through precision teaching.

Writing

- Minimise the amount of copying he is required to do. Switching his gaze, especially from the board to the page would require a lot of effort.
- Don't expect him to be able to listen and write simultaneously
- Consider the use of word processing software for extended writing.
- Teach careful proofreading. Encourage him to use double spacing in his writing so that he can read it back and make corrections more easily.

- Only mark spellings at the level he is working at.
- Teach a small number (around five) spellings at a time, making sure he's completely secure before moving on. Precision teaching may be a useful technique. Encourage him to self-check the spelling of these words during editing.
- Use multi-sensory techniques to teach spelling, including rhymes, images, pneumonic devices
- Use word mats of topic vocabulary to encourage him to try to include more specific or challenging vocabulary.

Organisation

- Use simple language when giving instructions and allow processing time before expecting him to follow the direction.
- Ask him to repeat the task back to you to ensure that he's understood.
- Consider allowing older children to use a notebook/whiteboard to write/draw reminders of instructions
- Use clear language to indicate the order in which tasks should be completed e.g. Job 1: write the date, Job 2: write about the Vikings, Job 3: draw a picture of a Viking longboat. Consider writing these steps on the board.
- Encourage creating simple plans for extended writing, a few words for each paragraph or a storyboard/story mountain. Model checking this for sense before starting a final piece.
- Tell him where to put any letters home and let do this straight away
- Check that he's remembered any equipment he'll need ahead of time by asking him to tell you what he'll need e.g. 'What do you need to bring in for PE tomorrow?'

For more information and advice visit:
www.bdyslexia.org.uk
www.dyslexia.uk.net

Common SEND Need - Dyscalculia

Dyscalculia is a specific learning disorder which causes reduced intuitive understanding of numbers and difficulties with memorisation of arithmetic facts, accurate and fluent calculation and accurate mathematical reasoning.

What to look out for:

- Difficulties learning and recalling basic number facts such as number bonds.
- Overreliance on counting in ones instead of using more advanced methods.
- Poor understanding of the signs +, -, x and ÷; may get them muddled.
- Struggles to recognise that 3+5 is the same as 5+3, may not be able to solve 3+26-26 without calculating.
- Has difficulty making number comparisons (e.g. knowing that 12 is greater than 10, and four is half of eight).
- Difficulty subsitising (recognising how many of something there are without needing to count).
- Difficulty with place value, often puts numbers in the wrong column.
- Difficulties understanding mathematical language including greater than or less than.
- Struggles to devise a plan to solve maths problems.
- May avoid situations which require understanding of maths such as games involving counting.
- Has difficulty counting backwards.
- Forgets maths procedures and formulae which he has previously been taught.
- Is not able to estimate accurately.
- May feel anxious about maths and have a negative, fixed mindset towards it.

Things to look out for mostly in younger children (although these difficulties can persist in older children)

- Difficulty learning to count.
- Struggles connecting a number to an object, such as knowing that '3' applies to groups of things like 3 cakes, 3 friends.
- Struggles to recognise patterns like smallest to largest.

Dyscalculia Strategies

- Let him use squared paper to help keep columns and numbers straight.
- Encourage use of maths apps and games to allow him to practice skills in a fun way and build confidence.
- Acknowledge any 'maths anxiety' that has developed and help him to develop appropriate anxiety management strategies.
- Acknowledge that he may have found a task very challenging, and the extra effort it may have taken him to succeed.

- Supports such as multiplication tables for when a task isn't specifically targeting multiplication skills.
- Pre-teaching to encourage him to feel confident and be able to take part in lessons successfully.
- Opportunities to practice maths skills a lot more than other children.

For more information visit:
https://dynamomaths.co.uk/dyscalculia/
https://www.dyslexia.uk.net/specific-learning-difficulties/dyscalculia/

Common SEND Need – Global Developmental Delay

Global Delay, or Global Development Delay, refers to a child taking longer to reach certain developmental milestones than other children their age. These might include learning to walk and talk, fine and gross motor skills, learning new skills and interacting with others socially and emotionally. Global Delay can occur alongside other conditions. For some children the delay in their development will be short term and can be overcome with additional support or therapy. In other cases the delay may be more significant and the child will need ongoing support. This would indicate that the child may also have a learning disability.

What to look out for:

- Has poor social skills or judgement
- Has difficulties performing tasks involving fine/gross motor skills
- Shows aggressive behaviour as a coping mechanism
- Has difficulty learning new things
- Finds it difficult to process information, organise his thoughts and remember things
- Has unclear or immature speech
- Does not understand what is said to him
- Is unable to successfully use spoken language to communicate

Global Delay Strategies

Global delay simply refers to a child hitting milestones from several areas of development late. Strategies to support a child with Global Delay are therefore the same as the strategies as you would use to support a child with difficulties in each individual area of difficulty. For example, some dyslexia strategies may be useful for a child who is struggling to read and write; some ASD strategies may be useful for a child who struggles with social interaction.

In addition, a child with Global Delay may become aware that they are not learning at the same rate as their peers and suffer from anxiety and frustration as a result. Strategies to help him to cope with this include:

- Provide extra opportunities to practice the skills he is struggling with, ideally as part of pre-teaching so that he can take part in the same learning as his peers as much as possible.
- Acknowledge any that has developed around particular tasks and help him to develop appropriate anxiety management strategies.
- Acknowledge that he may have found a task very challenging, and the extra effort it may have taken him to succeed.

For more information visit:
https://contact.org.uk/advice-and-support/health-medical-information/conditions/g/global-developmental-delay/
https://www.specialeducationalneeds.co.uk/global-developmental-delay.html

Common SEND Need - Hearing Difficulties

Hearing difficulties can include reduced hearing in both ears, reduced hearing in one ear or temporary difficulties with hearing such as glue ear.

Children with hearing difficulties can experience problems in school while appearing to cope well. Many try to stay in the background to avoid standing out from their classmates. They might not tell teachers or peers that they cannot hear them and fail to ask for clarification or repetition. They may even tell teachers that they don't need to wear their hearing aids or use their radio microphone, even when this isn't true.

What to look out for:

- Slow to learn to talk or unclear speech
- Doesn't look or reply when you call him
- Talks very loudly
- Asks you to repeat yourself
- Responds inappropriately to questions
- Complains that videos are too quiet
- Has difficulty understanding others, especially in noisy environments
- Finds it hard to keep up with conversations
- Feels tired or stressed from having to concentrate while listening
- Has difficulty ignoring background noise

Hearing Difficulties Strategies

- Sit him near the front and facing the teacher so that your voice is as clear as possible and he can lip read if this is a strategy he uses to support his understanding.
- Consider grouping tables into groups rather than rows so that he can hear his peers
- If his hearing is stronger in one ear (either naturally or due to a hearing aid) ensure this ear is facing the majority of the classroom.
- Sit him away from the door to reduce background noise.
- Try to keep background noise in the classroom as low as possible, especially during group discussions.
- Talk to him and his parents about the best ways to support him, make it clear that you want him to tell you if he is struggling and suggest ways that he can do this without drawing attention to himself in front of his peers.
- Continued use of visual supports, visual timetables etc. as with other children.

For more information visit:
https://www.nhs.uk/conditions/hearing-loss/symptoms/
https://www.hear-it.org/Hearing-impaired-children-experience-difficulties-in-an-ordinary-classroom

Common SEND Need - Speech and Language needs

Speech sounds

Children may have problems with the intelligibility of their speech. They may have a reduced number of sounds available to them and difficulty making particular sounds in simple or longer words. They may not be easy to understand when they speak or reluctant to speak or reluctant to speak for fear of not being understood.

Children develop their speech sounds gradually, for example they are not expected to develop the use of initial consonant blends until they are six.

Speech sound strategies

- Help him with his spelling by sounding out words containing tricky sounds for him with his tricky sound exaggerated. Don't ask him to repeat this (and depending on his stage actively discourage him from doing so) until you know he is able to consistently say the sound correctly.
- Know the stage he's working at with his target sound and provide opportunities for him to use it at this level in the classroom.
- If you haven't understood what he's said, repeat back the part you have understood so that he doesn't have to start again.
- Model speaking slowly, he may speak more slowly (and clearly) too
- Note any key interests and names of friends/family/pets; familiarity with these can help you to understand some of his speech.
- He may have temporary difficulties distinguishing the difference between certain sounds. Until this has been resolved in speech therapy it will not be beneficial to work on correcting the spelling of these words.

Stammering

Stammering (called stuttering in the US) typically refers to a child repeating sounds or syllables involuntarily. The stammer can vary from situation to situation. Very young children frequently develop a stammer as they rapidly learn new language. Stammering typically only warrants a referral to the Speech and Language Service if it is upsetting the child or affecting him socially or academically.

Stammering strategies

- Focus on what he's saying not how he's saying it, and allow him time to finish rather than trying to finish for him. Keep natural eye contact with him especially when he stammers.
- Pause for a few seconds before responding to him to encourage him to pause before speaking; model speaking slowly to him.
- Chose him early if he puts his hand up in class to reduce waiting time.
- Don't make him read out loud to the class if it makes him anxious (but don't assume this)

Selective Mutism

Selective Mutism is a severe anxiety disorder similar to a phobia where a person is unable to speak in certain social situations. Children with selective mutism are able to speak normally in some situations, such as at home with close family. For a diagnosis to be considered their difficulties must be consistent and last for longer than one month (or two in a new setting).

Selective Mutism Strategies

- Never ask him to talk, even in a situation you have known him to talk in before.
- If he does speak, respond as you would with any other child but make a note. Try not to show that you are surprised or pleased, or let him see you telling others.
- Talk to him about his selective mutism and explain that you understand that it might be too tricky for him to talk to you at the moment. Find ways which he is able to communicate with you e.g. parents passing messages, talking through peers, writing notes.
- Develop a system to enable him to communicate needs such as feeling unwell, being hurt or needing a drink or the toilet. Consider using communication cards or having subtle actions.
- Avoid describing his difficulty as "he can't talk" or "he won't talk" and encourage his peers to do the same. Emphasise that he *can* talk, but finds it tricky to talk sometimes.
- Use 'I wonder' when asking questions so that he is given to opportunity to answer with no pressure to do so.

Word finding difficulties

Some children have difficulty finding the world they need to express themselves. They may have heard the word before, but not 'stored' the new words in a useful way. Most children naturally store new words they learn by category e.g. a cow might be a farm animal, animal, thing that moos, large animal, British animal, animal that makes milk, animal that begins with c. Children with a word finding difficulty need to be explicitly taught this skill.

Word finding strategies

- 'Talk around' new or less familiar words you use by discussing the meaning of the word, words with similar meanings, words with opposite meanings, how to use the word in a sentence.
- Ask questions requiring categorising such as "I could find this information in a book, how else could I find out more?" Encourage them to give several different answers.

Blank's Levels of Questioning

Questions can be divided into 4 levels depending on how concrete or abstract they are, and how much reasoning is required.

- Level 1 - at around 3 years old children begin to be able to answer questions which refer directly to personal experience in forms such as 'what is it?', 'who is it?', 'what did you see?', 'can you find one like this?'.
- Level 2 - At around 4 years old children begin to be able to talk about less obvious questions about their experience such as 'What's happened?', 'Where is it?', 'How are these different?', 'What noise does it make?'

- Level 3 - At around 4.5 years children begin to answer more abstract questions such as 'What will happen next?' "What do I use with …?', 'What could ...say?',
- Level 4 - between the ages of 5 and 6 children develop the ability to answer questions involving reasons such as 'What will happen if?' 'Why?', 'Why should we use…?' and 'Why can't we…?'

An awareness of the level a child is working at makes it possible to rephrase questions in a way that the child can answer them. Be aware that a distressed child will not be able to answer questions as well as they might normally. This bears consideration when reflecting on misbehaviour as asking a child working at Level 2 why they made a choice will not be productive.

Common SEND Needs - Sensory Processing Difficulties

Sensory processing refers to the way the nervous system receives messages from the senses and turns them into responses. For those with sensory processing difficulties, sensory information goes into the brain but does not get organised into appropriate responses. Children with sensory processing difficulties perceive and/or respond to sensory information differently. Sensory information gets 'mixed up' in their brain and therefore their responses can be inappropriate in the context. Sensory processing difficulties are commonly associated with ASC.

Sensory processing needs can be broadly categorised as oversensitive to sensory stimuli or under-sensitive to sensory stimulation. For example, a child who is oversensitive is likely to dislike loud noises while a child who is under-sensitive is likely to enjoy and even create loud noises. The same child may show traits of being oversensitive and under-sensitive at different times and in different situations.

What to look out for:

- Overly sensitive to stimulation, overreacts or does not like touch, smell, hear some things.
- Unaware of being touched/bumped unless done with extreme force/intensity.
- Unusually low or high pain threshold.
- Does not respond appropriately to temperature, may wear his coat on a hot day or short sleeves in the middle of winter.
- Seems unsure how to move his body in space, is clumsy and awkward.
- Difficulties making friends; is either overly aggressive or passive/withdrawn. May crave wrestling/fighting games.
- May put non-edible things like stones in their mouth.
- Easily overwhelmed in the playground and in class.
- Is intense, demanding or hard to calm and has difficulty with transitions. Has sudden mood changes and unexpected temper tantrums
- Gets 'stuck' on a task/activity and has difficulty moving on to another.
- Is in constant motion. Is easily distracted, often out of his seat and fidgety.
- Difficulties with toilet training.
- Slow to perform tasks and learn new skills and/or avoids performing fine motor tasks such as using fastening on clothing or practicing handwriting.
- Gets in everyone else's space and/or touches everything around him.
- Seems weak, slumps when sitting/standing, prefers sedentary activities.
- Stumbles over words; speech lacks fluency, rhythm is hesitant.
- Frequently speaks at inappropriate volume.

Sensory Processing Difficulty Strategies

- Have a daily routine which changes as little as possible and give advance warning of routine changes.
- Build in brain breaks at times when the child will be struggling to remain focused such as in the middle of a long writing task.

- Seat him away from distractions such as doors, windows, buzzing lights.
- Introduce a learning tool (previously a fidget toy) with a learning tool contract
- If he consistently chews on or sucks items such as clothing speak to the Inclusion Lead about chewable learning tools.
- If in EYFS or KS1, give him a clearly defined space to sit in on the carpet such as a carpet square, chair, cushion or taped area on the floor and praise him for keeping his whole body in this space.
- Use a 5 point scale to enable him to learn to recognise when he is becoming overwhelmed and allow him to take some ownership of returning to a 'just-right' state.
- Use social stories or verbal warnings to prepare him of loud noises or activities if he finds these difficult, make sure he understands acceptable ways of coping with this before the activity starts.
- Be aware that he may seek loud noises, possibly by making noises himself. If this is the case find ways to incorporate noise into a sensory break, possibly using outside spaces.
- Reduce the need for writing if this is not the objective of the lesson, consider providing the date and learning objective already written for him.
- Allow extra time for writing tasks or expect him to complete less work as writing requires a lot more effort for him than it would for other children.
- Consider allowing him to type extended writing tasks. Free touch-typing games online can improve typing speed if this strategy is to be used regularly.

For more information visit:
https://childmind.org/article/sensory-processing-issues-explained/
https://www.webmd.com/children/sensory-processing-disorder#1

Common SEND Need - Vision Impairment

Vision impairment can describe conditions ranging from no vision (blindness) to not being able to see particular colours. Children may not realise that they have an undiagnosed sight problem and don't see as well as their peers.

Some children have some difficulties with their vision but can see perfectly if they are provided with a pair of prescription glasses. These children aren't considered to be visually impaired but it is important that their vision needs (such as ensuring that they use their glasses appropriately) are met to ensure that they access their learning.

What to look out for:

- Eyes not pointing in the same direction
- Complaining of headaches or eye strain
- Problems reading such as needing to hold books close to his face or lose his place frequently
- Problems with hand-eye coordination such as difficulty catching a ball
- Unusually clumsy
- Regularly rubs his eyes
- Sits to close to screens
- Doesn't understand or use body language successfully, may not make natural eye contact

Vision Impairment Strategies

- If the child has glasses, ensure that you know when he needs to be wearing them
- Try to seat him with a light source behind him, don't sit him facing a light source
- Try to use contrast: brightly coloured balls in PE, high contrast on whiteboard and worksheets
- Read what you write on the whiteboard as you write it, consider giving him a copy if he will be expected to copy from the board
- Provide printed copies of large passages of text the children will need to read from the board
- Encourage him to use double spacing in his writing to make it easier for him to read back his work and edit it.

For more information visit:
https://www.nhs.uk/conditions/eye-tests-in-children/
https://raisingchildren.net.au/disability/guide-to-disabilities/assessment-diagnosis/vision-impairment

Strategies and Provision

It is important to have reasonable adjustments between strategies and provision for a child and rewards. Some provision for a child may be enjoyable; sensory circuits, learning tools and online learning apps can seem like a treat.

Even young children should be told the purpose of these; "This will help you focus on your learning." "We're doing this to help get your body ready to learn again." This can also help other children to understand why they may not be doing the same activities as their SEND peers.

It is also important that we as adults remember not to treat these learning tools or strategies and strategies as treats and use them in the most appropriate way. For example, it may be easiest in terms of staffing to send a child for a sensory break at the end of a lesson but this is rarely the time when a child needs the break. The best use of sensory time is to help a child to regulate their sensory needs so that they are ready to learn – so they are more likely to need a break in the middle of the lesson. The temptation to deny a child a sensory break because "they haven't done the work so don't need a break" can also confuse the purpose as a sensory break as a reward.

Structured use of these strategies also allows for more flexibility. For example, a child may need a sensory break in the middle of most mornings but not on a day when they have PE as their sensory needs have already been met. This can be explained reasonably easily to children who understand that their sensory time is not a reward or something they are entitled to but a tool to help them to learn.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experience (ACES) describe childhood traumas. In school we generally recognise the following as ACES:

- Being on a Child Protection plan (CP)
- Being on a Child In Need plan (CIN)
- Safeguarding concerns (but not on CP and CIN plans)
- Child spending time in hospital
- Changes to the home environment (e.g. a new sibling)
- Household member spending time in hospital
- Home trauma (e.g. house fire, eviction)
- Domestic violence towards either parent
- Substance misuse in the household, including alcoholism
- Mental illness in the household
- Parental separation, divorce or the death of a parent
- Incarcerated household member

The World Health Organisation estimates that 30% of adult mental illness in 21 countries could be attributed to ACES. As the number of ACEs a child experiences increases, so does the risk of negative mental and physical health outcomes. A common effect of ACEs in children is the formation of attachment disorder.

Relationships can mitigate against negative effects of ACEs. These can include relationships at home, within the community and also at school. Feeling valued, having a sense of belonging and the opportunity to take part in community activities can also be protective.

As a school, we use a relationship based approach to support the wellbeing of all of our children, but particularly those who have experienced adversity without these protective relationships. The strategies we use are largely the same as those used to support children with attachment disorder.

It's important for class teachers be aware of which children in your class have a higher number of ACEs so that you can provide appropriate support. You can find this information out on the staff drive in the behaviour folder, in a folder named ACEs. Teachers should have a password to access these files. If you do not have a password but need access please speak to SLT. If you become aware that a child has experienced an ACE you can make a record of it for other staff by recording them on these same documents.

To find out more visit
www.rwjf.org/aces

The fight, flight or freeze response

When a child experiences a certain level of anger, anxiety or sensory overload they may experience the fight, flight or freeze response. This response is inherited from an earlier stage in human evolution, when a threat would often take the form of a potential attack. The natural response in this case would be to fight the threat, run from it or freeze so that it will not see or attack you.
While this response was very useful in the past it is now an inappropriate response to modern day stresses such as anxiety over a test or an argument with a friend.

For a child with a five-point scale, this response is activated in stages four and five.
Once a child's amygdala senses a stressor of a certain severity their body enters survival mode more quickly than their rational mind can react. Adrenaline is pumped around the body; diverting blood to areas important to fight or flee such as leg muscles and away from 'less useful' areas like the brain.

In this state the child is literally not able to reason, as the blood flow to the regions of the brain with this capacity is significantly reduced. It won't be useful to try to engage them in their work, as with the reduced flow of blood to their brain they will not be able to do it. In this situation it is important to help him to calm himself. He may have pre-established strategies to calm himself which you can help to guide him through. It is likely that this will involve removing him from the stressor and possibly using some sensory or breathing strategies. It is important to guide him through these as he will probably not have the capacity to choose them himself.
While he is in this state his ability to process language will also be significantly reduced. Use simple, straightforward language complete with gestures.

When children are in this state it is natural for other adults to come and help. An adult should take the lead in the situation and decide which adults will be useful and which could make the child feel crowded. It can be useful to try to find an adult with a good relationship with a child in this state and swap roles with them if necessary, so that they can try to help him to calm down.

A child who has experienced a fight/fight/freeze response is likely to take upwards of 45 minutes to fully return to a regulated state. Although it may be tempting to try to get them to reflect during this time, it is best to do some low demand tasks and come back to reflection when they are truly calm to avoid them returning to their earlier state.