

Shanklea Primary School

SEND Handbook



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INTRODUCING SEND – WHAT DO WE DO?

As a school we provide the following services:

- Assessment, monitoring and reviewing of pupils with special or additional educational needs.
- In class support for pupils with a range of difficulties, physical, sensory, learning or SEMH
- Fresh Start, Literacy & Numeracy interventions, Individual support for pupils in their area of need.
- Providing break time and lunchtime support for specific pupils whose physical or learning needs require this.
- Devising and implementing individual & group programmes covering:
 - Literacy
 - Numeracy
 - Comprehension
 - Thinking Skills
 - Extending short-term memory
 - Increasing concentration span
 - Communication Skills
 - Co-ordination and motor skills
 - Speech and Language
 - Social Skills
 - Self Esteem
- Supporting staff with Wave 1, 2 and 3 interventions.
- Providing staff with information with respect to various barriers to learning.
- Formulating and reviewing pupil learning plans.
- Setting, monitoring and reviewing targets with pupils.
- Support and assistance with differentiation of resources and activities when time allows.
- Liaise with representatives of external agencies.
- Apply for Education and Health Care Plans (EHCPs)
- Annual Reviews of pupils with Educational, Health and Care Plans.

- Organising assessment of pupils for access arrangements for Key Stage 2 tests and applying for arrangements as relevant.
- Providing support for pupils with assessments.
- Input into integration and re-integration interventions for pupils where required.

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THE SEND CODE OF PRACTICE

The **SEND Code of Practice** is statutory guidance for organisations that work with and support children and young people with special educational needs and disabilities. The full document can be found here:

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Key Statements

- All teachers are teachers of pupils with SEND, teaching such children is a whole School responsibility requiring a whole school policy.
- Class teachers have responsibility for:
 1. Meeting pupils' SEND within lessons through **Quality First teaching**
 2. Taking early preventative action where a pupil is, despite usual differentiation of approaches or resources, failing to make adequate progress for his/her ability levels.
 3. Employing a variety of approaches in order to meet the needs of **all** pupils and provide appropriate access to the curriculum for all.
 4. Delivering the interventions recommended in EHCPs
 5. Referring concerns to the SENDCO.

Implementing the Code at Shanklea Primary School

Pupils who receive additional input and support beyond that usually provided within the school because of additional needs that impact upon learning are identified as having SEN and placed upon our Inclusion Register.

The 0-25 **SEND Code of Practice** (2015) identifies 'four broad areas of special educational need and support: **Communication and interaction**; - **Cognition and learning**; - **Social, emotional and mental health**; - **Sensory and/or physical needs**.

SEND & additional learning needs – WHAT DO THEY MEAN?

Some pupils require educational provision, that is **different from or additional to** that normally available to pupils of the same age. Schools need to identify these children as early as possible, so longer-term interventions can be put in place. These pupils will be **making less than expected progress**, given their age and individual circumstances. This can be characterised by progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better the child's previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap

Progress is not limited to attainment. Some children need to make additional progress with **wider development or social needs** in order to make a successful transition to adult life.

Additional learning needs can be identified at an early age, but, for many children, these needs emerge as they develop. Any adult working with children should **be alert to emerging difficulties and respond early**.

High quality teaching targeted at the area of need should be the **first response** to an additional learning need.

Slow progress and low attainment do not necessarily mean that a child has an additional learning need, but **may be an indicator**. Equally, progress in line with age-group should not rule out an additional need.

COMMUNICATION AND INTERACTION

This category includes children who have [autism spectrum disorder](#) (ASD) and/or [speech, language, and communication needs](#) (SLCN). The table below breaks down the SLCN elements, any of which could apply to children with ASD or SLCN.

Speech refers to	Language refers to speech and understanding	Communication refers to how we interact with others
Saying sounds accurately and in the right places in words	using words to build up sentences, sentences to build up conversation and longer stretches of broken languages	language is used to represent concepts and thoughts
the sounds people make to communicate words	understanding and making sense of what people say	using language in different ways to question, clarify, describe
speaking fluently without hesitating or prolonging and repeating words		non-verbal rules of communication, good listening looking at people
speaking with expression with a clear voice using pitch volume and intonation to support meaning		

Communication and Interaction Difficulties

The problems experienced by pupils in this area are wide ranging. Some experience difficulties with speech, language or communication or all three.

Their problems may be mild or complex severe. These pupils include those who demonstrate features within the autistic spectrum. Difficulties can include:

- Problems understanding tone of voice, sarcasm, humour, facial expressions, and body language
- Literal interpretation of language often a key feature, especially idioms and metaphors (e.g. pull your socks up!)
- Difficulty expressing how they are feeling (poorly developed emotional literacy)
- May have difficulty processing long or complex sentences
- Difficulty forming, or uninterested in, friendships
- May avoid eye contact

- May need to be taught how to spot social cues, such as boredom
- Often have a special interest which they will discuss at length, and may show no interest in other people's opinions or interests
- These behaviours may unintentionally appear rude

Speech and Language Difficulties

Problems may involve their receptive vocabulary and their ability to understand what other people are saying, such as instructions. They may fail to understand the meaning of words or the meaning behind the words – leading to difficulty with sarcasm, social expectation, disapproval and humour. Others have expressive language difficulties: they will have a problem with making other people understand what they are saying. They may not speak clearly or they may lack the ability to produce words or express their thoughts into words to form sentences. Children with speech problems may not be able to articulate certain words.

[Strategies for Teaching SEN Speech and Language Difficulties](#)
[Living with Developmental Language Disorder](#)

Speech versus language – what's the difference?



The Impact of Speech, Language and Communication Needs

- Reading difficulties - the reading age gap can go from 3 months at age 6 to 5 years by age 14
- 15% of children with SLCN achieve pass grades in later school life.
- Children with SLCN are more likely to be bullied, feel less able or popular than peers, and at higher risk of mental health difficulties
- May exhibit behavioural difficulties designed to mask their underlying difficulties

Strategies for Teachers

- Remind pupils to listen at regular intervals
- Keep instructions precise and clear
- Check that the pupil has understood through questioning and discussion
- Check understanding by asking the pupil what they have learnt from the story or the instruction that has been given
- Give the pupil extra time to listen and respond
- Use repetition and demonstration
- Use words that the child will understand
- Produce word lists showing the meaning of words and display them around the classroom
- Explain the meaning of new words
- Reward the child when they have listened or followed instructions
- Make eye contact and use non-verbal cues to emphasise important points.

How Teaching Assistants can help

- Keep a watchful eye to ensure the child does not become isolated because of difficulties with verbal communication.
- Introduce new vocabulary in advance whenever possible (pre-teaching)

Support the pupil in lessons as follows:

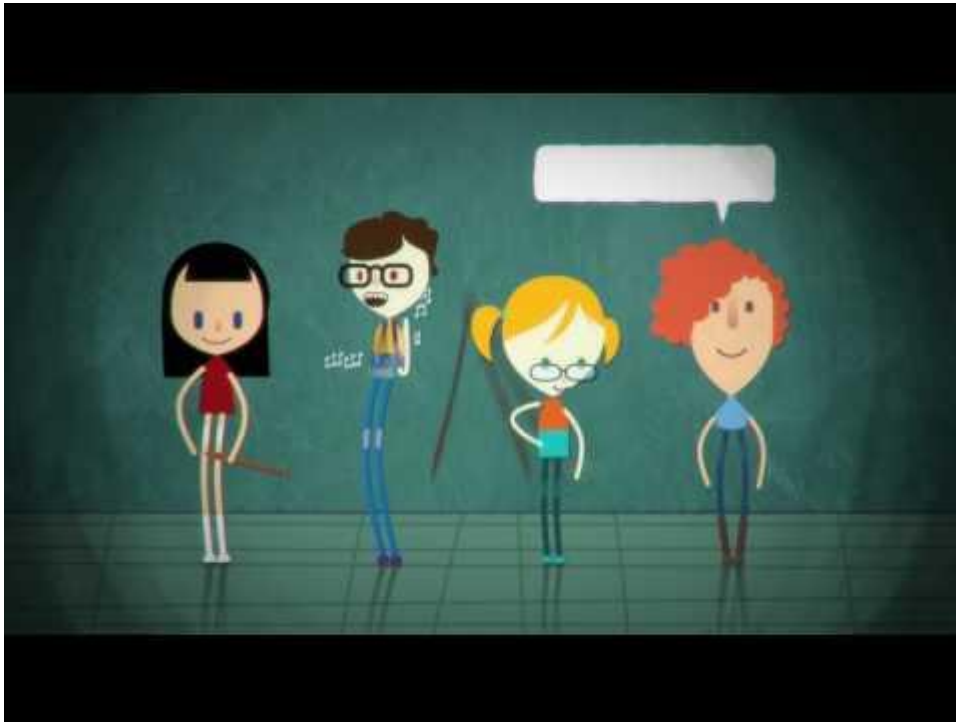
- Sitting near the pupil to offer support and encouragement
- Encouraging the pupil to offer verbal contributions.
- Sharing books to encourage the pupil to respond verbally
- Acting as spokesperson for the pupil at appropriate times. 'John has written a good description – shall I read it to the class John?'
- Ensuring the pupil is included in discussions within the peer group by observing the pupils' interaction and prompting occasionally, perhaps by asking a question: 'What do you think about what Jason just said Peter? Do you think it is cruel to keep animals in a zoo?'
- Repeating back to the child words they have said that do not appear to make sense
- Repeating back to the child words they have said that do make sense.

AUTISM SPECTRUM DISORDER

Autism spectrum disorder (ASD) covers all aspects of the autistic spectrum, including Asperger syndrome and high-functioning autism.

ASD is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.

Watch this fantastic short video for a simple introduction to autism.



ASD has key diagnostic features that express themselves to different extents in each autistic individual. This is why the term 'spectrum' is used to describe the way it affects people. **There is no 'one size fits all' approach to supporting autistic children**, but there are some very common elements that teachers need to be aware of:

Social Imagination

- Difficulty interpreting others' thoughts, feelings, and actions
- May be difficult to see things from someone else's point of view, and understand that people may have different thoughts and feelings from their own
- Hard to predict what will or could happen next
- Unplanned changes or unfamiliar situations can be extremely difficult to cope with
 - Planning for change and the future is likely to need support

- Interpersonal and imaginative play may be something that is copied or pursued rigidly and repetitively (see special interests above)

Sensory Sensitivities

- May have hyper- or hyposensitivity to one or more sensory inputs
- Hyper-sensitivity: e.g. a light touch on the arm may cause distress, or the texture of clothing could cause distress
- Hyposensitivity: e.g. some children may not detect pain as easily, or may feel reassured when given a deep hug
- Visual processing may be affected, such that details are noticed, but not the whole picture
- Loud or piercing sounds (e.g. fire alarm) can be painful and distressing (particularly when unexpected)
- Awareness of the body in 3D space can be affected, and they may appear clumsy and uncoordinated

Strategies for Teachers

- Point out pupils who are already following instructions, for example sitting quietly in order to clarify what it is you want them to do.
- Provide opportunities for playing games with other children, but avoid competitive games, which may cause confusion. Games that encourage the idea of taking turns can be useful
- Demonstrate how a game is played as well as giving instructions
- Encourage other children to act as befrienders
- Make sure your instructions are clear and check understanding by providing the child with checklist. See example below:

CHECKLIST

When I go into class I hang up my coat

Then I go and sit at my table

I take out my pencil and I write neatly in my book

I put my hand up when I want to ask a question

- Back up oral instructions with writing or drawing
- Cut down on unnecessary distractions
- Build on the child's strengths and interests
- Talk about others' thoughts and feelings in circle time
- Warn and explain to them any change in routines, perhaps by the provision of a visual timetable.
- Keep classroom routines regular
- Do not expect pupils to work in a variety of groups in one lesson. This will cause great stress

Visual Timetable



- Organise resources to ensure skills are learned in context. Autistic pupils have difficulty in generalising learning. For example, use real money in a real shopping experience.

How the Teaching Assistant can support

- Ensure the pupil is sitting in a position in which they feel comfortable. They may need to sit always in the same place, or to be seated well away from the door – which may create a distraction
- Escort the pupil from the classroom to a quiet place if they become dysregulated. They may become distressed if their regular teacher is away or there is a sudden change in the timetable. A brief time out of the classroom may help them to come to terms with the change.
- Adapt language to ensure the pupil understands. For example, instead of saying in numeracy, 'Get your books out', give more details: 'Get your *blue* maths book out.'
- Monitor obsessional behaviour and seek advice about minimising it or replacing obstructive obsessions with less intrusive ones.
- Do not put pressure on the pupil to maintain eye contact but do encourage it. The pupil has to learn to recognise what behaviour is acceptable in the world beyond school, when not everyone will be aware of their condition and if they are, they may not have sympathy with it.
- Teach the pupil to recognise non-verbal signals – for example when it is the right time to settle down and listen to the teacher.

- Be vigilant in meeting the child's needs. Can they see the teacher? Are they distracted by work going on outside? Are they unable to concentrate because the light of the sun reflected on the wall has gained their attention?
- Work with the child in a distraction free zone at times when they need to concentrate. This zone may be created within the classroom by using a display screen to cordon off a quiet area.
- Ensure the pupil knows where all necessary resources are kept and that they are returned to the place where they are always kept after use.
- Teach the child social skills by pointing out what other children are doing. Encourage pupils to imitate other pupils when appropriate

COGNITION AND LEARNING

SPECIFIC LEARNING DIFFICULTIES

Children with cognition and learning difficulties may have:

- low levels of attainment across the board in all forms of assessment
- difficulty in acquiring skills (notably in literacy and numeracy)
- difficulty in dealing with abstract ideas and generalising from experience and a range of associated difficulties, notably in speech and language (particularly for younger children) and in social and emotional development

This category can be sub-divided further into MLD (moderate learning difficulties), SLD (severe learning difficulties), and PMLD (profound and multiple learning difficulties).

General Learning Difficulties:

- Simplify language, repeat words, clarify meaning
- Be aware of the pupil's preferred learning style and differentiate all work accordingly. Encourage the child to respond to set work in ways appropriate to their preferred learning style – drawing a picture, using the computer, making models, participating in role play and so on.
- Teach the same concept in a variety of ways using a multi-sensory approach. Ensure that resources are available to work with visual learners (books, diagrams, videos), auditory learners (create opportunities for a discussion and listening to audio tapes) and kinaesthetic learners (who learn best through 'feeling and doing') These children will benefit from practical activities such as playing games or role play and will need regular opportunities to move around in order to keep them on task. Playing music can help.
- Allow time for frequent repetition, for example when the children are learning spellings and tables.
- Adapt worksheets to enable the pupil to understand the work.
- Introduce resources which are appropriate and will provide access to learning.
- Make sure strategies are in place for raising self-esteem – ensure that there are areas in which the pupil can succeed. Work targets need to be realistic and achievable.
- Ensure that lesson plans include suitable differentiated work.
- Differentiate the questions in question-and-answer sessions.
- Avoid dictation and copying from the board.
- Provide word banks.
- Set short term targets within lesson.

How Teaching Assistants can support

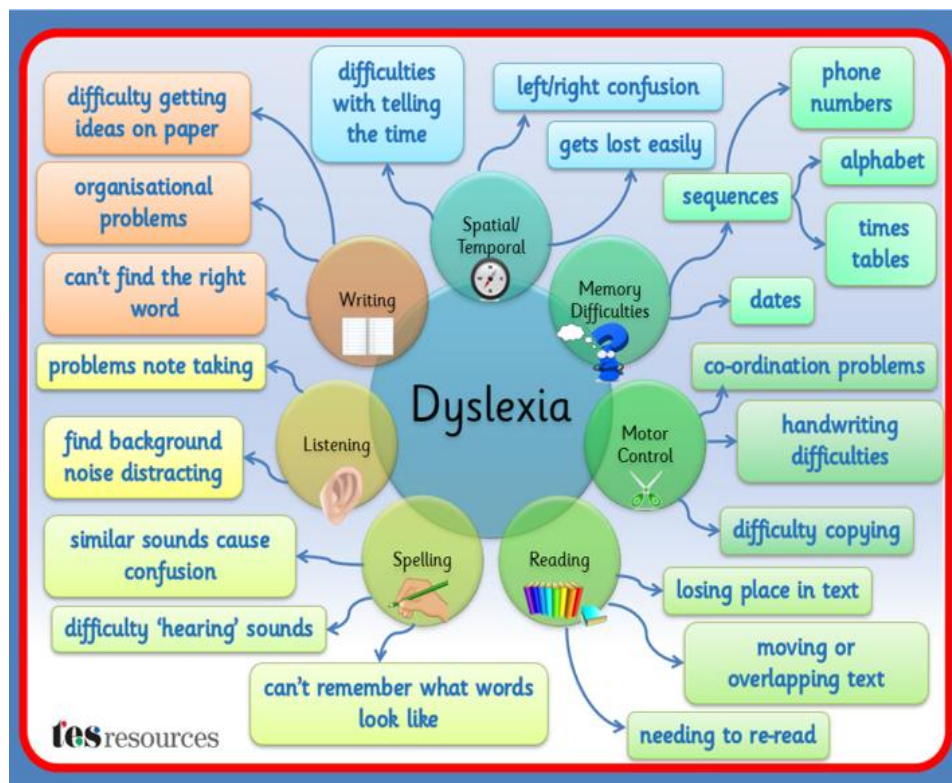
- Simplify teacher instructions
- Break tasks down into small steps

- Visit student frequently to keep on/get back on task
- Repeat teacher instructions
- Support with recording
- Support with reading
- Adapt worksheets
- Support pupil with organising self and equipment to begin a task
- Record homework – with additional information as appropriate
- Work with a small group
- Work one to one
- Help pupil to identify and employ alternative methods of recording information

DYSLEXIA

Dyslexia is a specific learning disability that is neurobiological in origin. It is characterised by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities.

Other symbolic systems, such as mathematics and musical notations, can also be affected. Dyslexia can occur at any level of intellectual ability.



[Dyslexia - Explained Video TED-ED](#)
[Dyslexia - A Teacher's Guide](#)

Strategies for Teachers

- Discuss with the pupil what approaches seem to help. Ask them if they have a seating preference, whether they would enjoy reading with a reading buddy, if they are able to copy from the board or would be more comfortable copying from a near model in front of them.
- Acknowledge alternative forms of recording that will allow the child to reflect their true potential and understanding. For example, use diagrams, pictures, paired work, group scribing, taping, and keyboard.
- Mark written work for the content and level of understanding.
- Focus on specific key words for the child to correct and learn. Do not overload them with corrections. Have an agreement with the pupil that you will pick up on a certain amount of spellings – maybe three or four.
- Discuss ways of remembering words by looking at their visual appearance, shape, beginning and ending.

- Assist with recording by providing subject-specific word cards or developing a bank of key words for pupil reference. These could be displayed on the classroom wall or on a bookmark, or a word bank could be prepared in advance of a lesson with tricky words that are likely to be needed already in place. Additional spellings may be added as the lesson progresses.
- Allow the child extra time to make written responses.
- Encourage the use of a spell checker.
- Keep instructions short and make sure they are well sequenced.
- Provide structured aids for organisation – a clear timetable, systems for providing appropriate equipment in case they forget.
- Encourage the use of memory aids to assist with spelling.
- Have high expectations of success and a positive approach.
- Explore which paper is most suitable – some pupils need to work on coloured paper with coloured pens as they may experience visual discomfort, text distortion, and headaches when confronted by black print on white paper.
- The use of overlays may help some pupils.
- Avoid dictation.
- Encourage use of ACE dictionary.
- Avoid copying from the board or texts.
- Give sufficient time to record homework.
- Record homework for pupils.
- Visit regularly to keep on task / get on task.
- Praise each small step but be specific.
- Provide written list of targets to be completed to refer to.
- Keep oral directions brief, not more than 2 (1 in some cases) at a time.

How Teaching Assistants support

- Give support in class across the curriculum to enable the pupil to have access to subject matter by using appropriate differentiated resources – for example worksheets with close procedure activities.
- Read maths problems together to enable the pupil to complete the work.
- Act as a scribe in test situations and in lessons, where appropriate.
- Offer praise and encouragement to help pupils stay on task.
- Encourage organisational skills – ask the pupil to complete a checklist for each day to ensure they have all the equipment they need at the start of lessons.
- Improve auditory memory by asking the pupil to repeat instructions.
- Ensure the board can be seen adequately; pupils will find copying difficult.
- Help pupils (if appropriate) to create visual timetables.

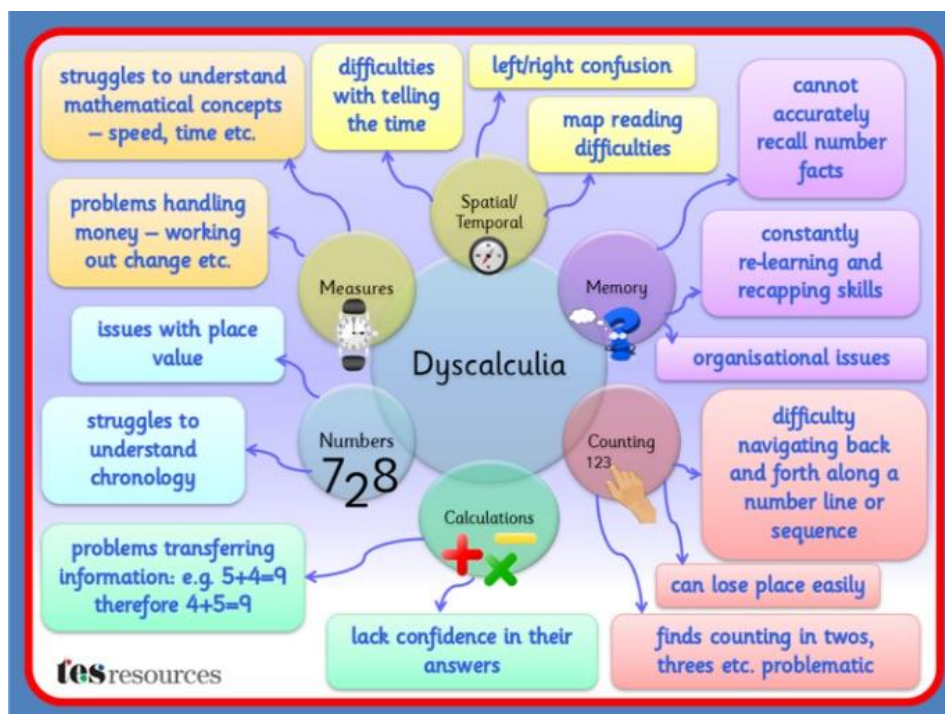
DYSCALCULIA

DSM-5 defines Dyscalculia as a specific learning disorder, an impediment in mathematics.

This condition closely parallels Dyslexia, but not all pupils with Dyscalculia have Dyslexia. The main criterion is a distinct discrepancy between a child's maths ability and their general ability.

Dyscalculia is recognised when pupils have problems with the following:

- Counting forwards and backwards.
- Memorising and using multiplication tables.
- Reversing numbers – 31 for 13 for example.
- Telling the time.
- Understanding mathematical signs and words such as add, subtract, divide and multiply.
- Mental arithmetic.



[What is Dyscalculia? and Solutions Video](#)
[A Brief Guide to Dyscalculia](#)

Strategies for Teachers

- Allow extra time for completion of work.

- Take multi-sensory approach: encourage the pupil to visualise the maths problems, draw a picture to aid understanding and then allow the child to explain what they have just learned.
- Use repetition, rhyme and music to help with memorising tables and facts.
- Ensure worksheets are simple.
- Encourage the pupil to read the problem or have it read to them.
- Work with real life situations whenever possible – for example, collecting in money for school trips.
- Provide number squares to refer to.

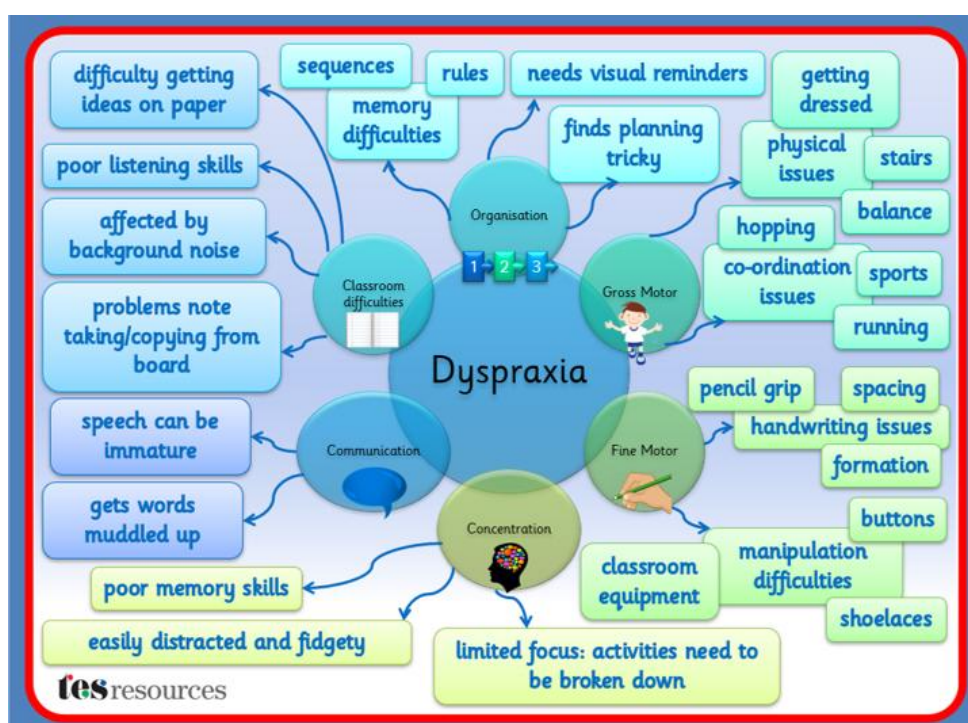
How Teaching Assistants can help

- Break tasks down into small steps
- Simplify tasks.
- Use practical equipment to support pupils in understanding and completing tasks.
- Support with reading problems.
- Provide opportunities with over learning or repetition.
- Work on tasks with small groups.
- Work one to one for short chunks of time only – work should be provided that pupils can do independently.

Dyspraxia (or Developmental Co-ordination Disorder) is a complex neurological condition, which affects muscle co-ordination and perception.

An impairment or immaturity of the organisation of movement, and in many individuals there may be associated problems with language, perception and thought.

It is thought that one in ten of the population may be affected by the condition, which is sometimes known as developmental dyspraxia or developmental co-ordination disorder (DCD). Children with Dyspraxia will have difficulty with numeracy, reading, physical education and handwriting.



[Classroom guidelines for Schools and Teachers](#)

[Dyspraxia Explained Video](#)

[Tips to help a Child in Dyspraxia in the Classroom](#)

Strategies for Teachers

- Offer lots of praise and encouragement.
- Provide an area of responsibility: giving out books, taking notes to the office or delivering messages around the school for example.
- Involve the pupil in-group activities to encourage cooperative work.
- Make sure the pupil sticks to the classroom rules and is frequently reminded what they are.
- Provide the pupil with a sloping desktop if that helps.
- Use wide lines exercise books when necessary to allow for large-scale writing.

- Include the use of diagrams or charts as part of the lesson to facilitate understanding.
- Have concrete materials such as counting rods and abacuses to help with numeracy, if this is a problem area.
- Allow more time before and after physical education lessons for the child to get ready.
- Try to reduce distractions in the class when giving instructions and make sure instructions and sequences are presented a little at a time.
- Avoid dictation.
- Avoid extensive copying from board or texts.
- Provide partially drawn diagrams, maps etc to complete and label.
- Mark for content and quality not presentation and quantity.
- Break tasks down into small steps.
- Give one instruction at a time.
- Visit regularly to get on / keep on task.

How Teaching Assistants can support

- Use symbols or pictures to facilitate understanding and establish key points. For example prepare a visual timetable or work with sequencing cards prior to story writing activities.
- Act as a scribe for the pupil when appropriate.
- Use a tape recorder with the pupil and write down what was said later.
- Encourage the use of a computer whenever possible, to enable the pupil to produce attractively presented and legible work of which they can be proud.
- Repeat and clarify key words the teacher has said.
- Provide feedback at the end of each session to remind the pupil what has been achieved.
- Support the pupil in physical education to ensure they are able to achieve some of the tasks set for other pupils, if appropriate.
- Ensure the pupil has all the necessary resources at the beginning of each lesson.
- Record homework for pupils.

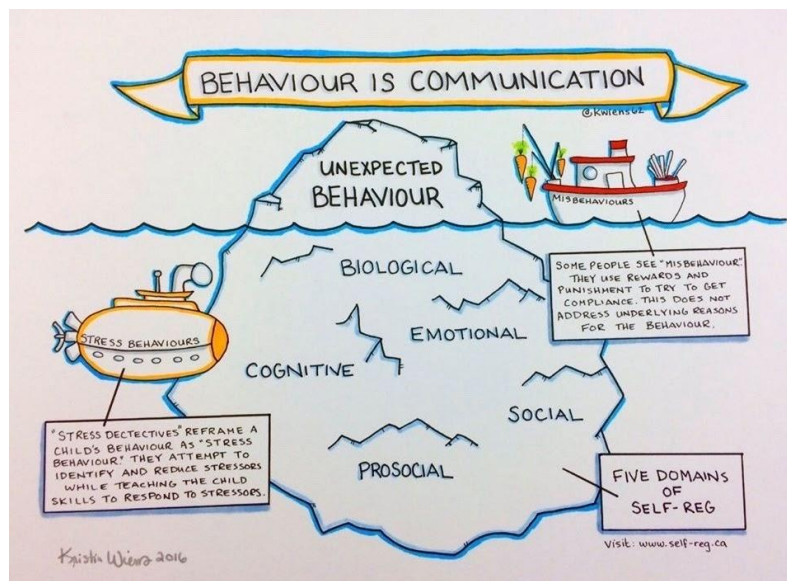
SOCIAL, EMOTIONAL AND MENTAL HEALTH

This area identified in the Code of Practice relates to pupils with problems with their behaviour and/or emotional and social development. These pupils demonstrate a wide variety of symptoms ranging from withdrawn and isolated behaviour to disruptive hyperactivity.

The types of behaviour that characterise emotional and behavioural difficulties are:

- Personal level: through low self-image, anxiety, depression or withdrawal, or through resentment, vindictiveness or defiance.
- Verbal level: the child may be silent or threaten or swear a great deal.
- Non-verbal level: clinging, truancy, failure to observe rules, disruptiveness, destructiveness, aggression or violence.
- Work/skills level: an inability or unwillingness to work without direct supervision, to concentrate in order to complete tasks, or to follow instructions.

In the UK, the category of social, emotional, and mental health difficulties (SEMH) was brought in to replace behavioural, social, and emotional difficulties (BESD). For many children their behaviour may be a result of these underlying factors. The iceberg model shows five domains which can contribute to unexpected behaviour in a child. This behaviour should be regarded as communication, and a clue that something is amiss. For this reason, the word 'behaviour' was removed to encourage professionals to focus on the underlying issues.



What leads to SEMH issues?

There are wide-ranging social and emotional factors that can have short- and long-term impact on a child's mental health. Persistent or accumulative issues and high-impact events can have significant long-term effects on a child's mental health. These may manifest themselves in a number of ways; examples are shown below:

Passive Behaviours	Active Behaviours:
Anxiety Low mood Being withdrawn Avoiding risks Unable to make choices Low self-worth Isolated Refusing to accept praise Failure to engage Poor personal presentation Lethargy/apathy Daydreaming Unable to make and maintain friendships Speech anxiety/ reluctance to speak Task avoidance	Challenging behaviours Restlessness/over-activity Non-compliance Mood swings Impulsivity Physical aggression Verbal aggression Perceived injustices Disproportionate reactions to situations Difficulties with change/transitions Absconding Eating issues Lack of empathy Lack of personal boundaries Poor awareness of personal space

Strategies for Teachers

- Focus on the positive – catch them being good.
- Intentional ignoring – ignore minor misdemeanours.
- Positive cueing – thank the pupil who is on task and clarify the behaviour that pleases you.
- Use positive directions – say what behaviour you want, not what you don't want.
- Rule reminders – keep clarifying what the rule is for a pupil who keeps on breaking it, and why it is important to keep the rule. For example, if you run down the corridor you are likely to hurt someone.
- Refocusing with questions – ask casual questions to refocus the pupil instead of making too much of the inappropriate behaviour.
- 'When....then' – establishes the promise of a reward in exchange for task that is completed.
- Acknowledge and redirect – 'I understand you want to talk to your friends and I want you to.....'

- Either/or language – use language of choice ‘You can choose to ... or you can choose to....’ It is important to provide choice since you are inviting the pupil to take on the responsibility that accompanies the decision.
- Follow through with an agreed consequence – if you have named a consequence for poor behaviour, you must stick to it.
- Walk away – give student time and space to choose and comply.
- Focus on what you want – don’t get drawn into side issues.

How Teaching Assistants can support

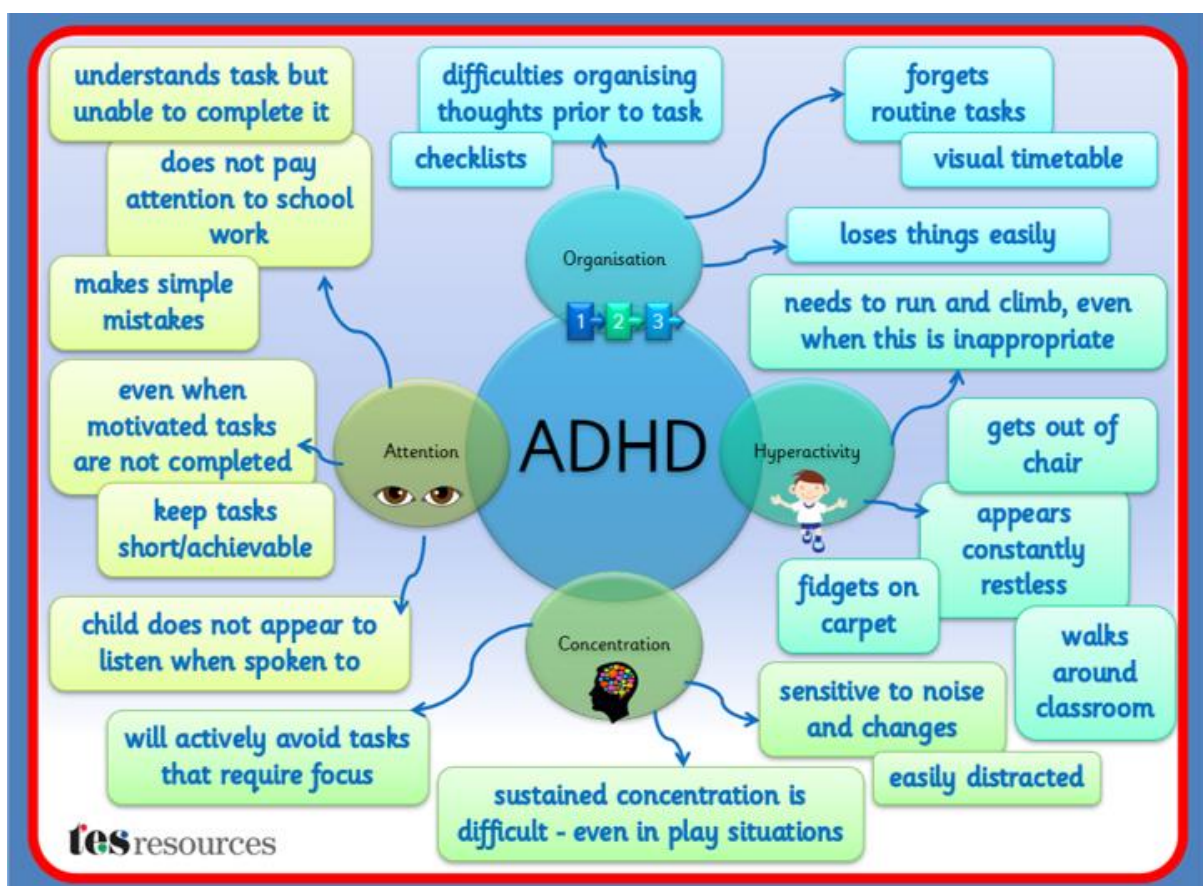
- Sit near pupils likely to offend and act as a second pair of eyes.
- Observe the class while the teacher is talking and take down the names of pupils not sticking to the rules to save the teacher having to interrupt the general flow of the lesson.
- Remove from the classroom pupils who need time to cool down. Accompany them on a walk around the playground or take them to the regulation room.
- Keep records noting incidents of dysregulated behaviour.
- Monitor pupil’s progress towards achieving targets.
- Administer any agreed rewards system.
- Visit student regularly to keep on/return to task.
- Unobtrusively redirect pupil to more appropriate behaviour.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADHD is a common condition characterised by difficulty staying focused and paying **attention**, difficulty controlling behaviour (**impulsiveness**), and **hyperactivity** (over-activity). It is a lifelong condition, but adults can learn to regulate the characteristics. Children may fall into one of three sub-types of ADHD:

- Predominantly inattentive type
- Predominantly hyperactive-impulsive type
- Combined inattention and hyperactive impulsive type

People tend to focus on the hyperactivity aspects of ADHD. However, there are many aspects of learning that can be affected by the condition, as shown in the image below.



What is it like to have ADHD?



Strategies for Teachers

- Break tasks down into small steps/chunks.
- Give one instruction/mini task at a time with clear time limits for completion.
- Get pupil to repeat back instructions to you.
- Visit regularly to keep on/return to task.
- Stay calm and avoid shouting.
- Set clear boundaries and stick to them.
- Do not be drawn into arguments.
- State what you want and repeat as necessary.
- Allow student 'cooling off time' if he/she is becoming excitable or loud.
- Reward short chunks of work/behaviour immediately.

How the Teaching Assistant can support

- Visit student regularly to refocus on task set.
- Break tasks down for pupils into small chunks.
- Re-explain/reinforce teacher instructions.
- Remind student of behaviour targets aiming at.
- Take student out of lesson to calm if he/she is becoming dysregulated.
- Implement/administer agreed rewards system within lessons.
- Report back to appropriate staff with difficulties, mood changes etc, experienced by student.

SENSORY AND/OR PHYSICAL NEEDS

There is a wide range of sensory and physical difficulties, but the important consideration in this area is the degree to which the difficulties impact on a child's or young person's ability to access educational opportunities.

Some pupils with physical and sensory needs have no problems within school, they do not have a SEN. However, for some pupils their condition will have an impact on their access to the National Curriculum and as a result they may need extra support. The Code of Practice 2001 explains this as follows:

There is a wide spectrum of sensory, multi-sensory and physical difficulties. The sensory range extends from profound and permanent deafness or visual impairment through to lesser levels of loss, which may only be temporary. Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to education facilities and equipment; others may lead to more complex and social needs; a few children will have multi-sensory difficulties some with associated physical difficulties.

HEARING LOSS

- The levels of hearing loss are mild, moderate, severe or profound

Hearing loss experienced by a pupil will be conductive or permanent. Conductive hearing loss is intermittent, and may be due to excessive ear wax, a heavy cold or a respiratory infection, which causes fluid to build up in the middle ear. Pupils with permanent hearing problems may be experiencing anything from profound loss to a mild one. The impairment may be deteriorating, fluctuating or stable. Most pupils with profound hearing loss will have been identified before school age is reached and hopefully will be benefiting from the provision of appropriate resources to aid hearing.

Strategies for Teachers

- Make sure that the room is bright enough for the child to see clearly any visual cues or posters, boards, charts and so on that are on view.
- Do not accentuate speech or speak more slowly – most children will lip read well as long as you maintain a normal pace and your speech is clear.
- Make sure that the child is looking at the teacher or TA before instructions are given.
- Do not talk when your back is turned to the child (for instance to write on the board). Make sure your face is visible at all times.
- Try to avoid a noisy classroom – ensure that children speak one at a time during discussion or question and answer time.
- Use gestures to aid understanding.
- Do not interrupt a conversation to correct a child's speech.

- Allow the pupil to turn off their hearing aid when conditions around are particularly noisy.

How Teaching Assistants can support

- Sit next to the pupil in order to clarify certain points or repeat crucial words to ensure they understand the points made.
- Stay in close proximity to a child outside or in physical education when they need to hear verbal instructions.
- Encourage the pupil to make verbal contributions to the lesson by prompting. 'Hayley, you know the answer to this, do on have a go'
- Escort the pupil from the classroom if they become distressed or disruptive.
- Check that equipment such as hearing aid is working.

VISION LOSS

- Visual impairment is an eye condition that cannot be fully corrected by glasses or contact lenses
- The levels of vision are mild, moderate, severe or profound

A pupil has a visual impairment if their vision cannot be corrected to normal by using some means of optical correction.

The pupil may have difficulty with scanning or with visual fixation. They may have problems in maintaining and changing focus both at long and short distances; or what they see may be grossly distorted. Their visual field may be restricted, they may suffer from visual fatigue, or they may have a problem in recognising different colours.

Strategies for Teachers

- Use a sloping desk.
- Use additional lighting to help, for example an anglepoise lamp.
- A laptop computer with a facility for enlarged print may be useful.
- The use of specialised software such as textHELP, with a voice that accompanies the text on the screen may help.
- Encourage the use of thick black felt-tip pens and wide-lined paper.
- Make use of a hand held tape recorder for taking notes and doing homework.
- Check on the position of the pupil in the classroom.
- Explore the use of coloured paper.
- Allow more time for the completion of work.
- Use brightly coloured balls and games equipment to help participation in physical education and games.

How Teaching Assistants can support

- Assist with the organisation and checking of equipment, for example Braille resources, computers and magnifying glasses.

- Differentiate visual resources so they are accessible to the pupil. For example photocopy worksheets and books, enlarging the print.

FOETAL ALCOHOL SPECTRUM DISORDER (FASD)

FASD refers to the range of problems caused by prenatal exposure to alcohol.

FASD is a lifelong disability which is characterised by learning and behaviour difficulties and specific facial features. Individuals have their own unique areas of difficulties and may experience challenges in their daily life, need support and experience poor:

- Motor skills and physical health
- Academic issues, including specific deficits in mathematics and memory skills
- Memory, sense of self, and theory of mind
- Emotional Regulation: oppositional or defensive when requests are made
- Difficulty making or sustaining friendships, despite being sociable
- Attention, concentration, or hyperactivity impairments

They have a unique set of talents and strengths that when nurtured and supported have huge potential.

[What is FASD? Video](#)
[Teaching Strategies in the Classroom](#)

Strategies for Teachers

- Keep to predictable routines. Give warning at any changes, for example in seating plans and change of room.
- Give a LONG time for pupils to act upon directions (3-4 minutes). Do not continue to repeat them in the waiting period. This will harass the student.
- One person speaks to the student at a time.
- Break tasks down into steps. Give one step at a time.
- Provide visual cues.
- For longer tasks give a numbered list to refer to.
- Build in lots of opportunities for over learning.
- Model activities.

MULTI SENSORY IMPAIRMENT

Multi-sensory impairment occurs when there is a hearing loss and visual impairment, which are both educationally significant although they may be at different levels

SENSORY PROCESSING DIFFICULTY

Our bodies and the environment send our brain information through our senses. We process and organise this information so that we feel comfortable and secure. When a child has difficulty coping with these demands, they may have sensory processing difficulties.

A child may be under-sensitive or over-sensitive in the 5 areas:

- Proprioception (ability to perceive the body's position in space and movement)
- Vestibular (sense of balance and spatial orientation)
- Auditory (reaction to certain sounds)
- Oral Sensory (taste, texture, and temperature of food)
- Tactile (reaction to touch - e.g light touch or deep pressure)

PHYSICAL DIFFICULTY

- Physical/medical injuries can be for a variety of reasons, e.g. congenital conditions (some progressive), injury or disease.
- A child with a physical difficulty may have a diagnosed medical condition which affects them physically. There may be an undiagnosed condition where the child presents with delayed development or impairment with their physical ability and/or presentation.

MEDICAL CONDITIONS

The SEND Code of Practice also identifies the fact that some pupils in schools have a medical condition. However most of these pupils will not have a SEND but they should be included in a school register of pupils with medical conditions. The following information may be helpful in raising awareness of implications of particular conditions and providing ways to offer support for pupils.

ANAPHYLAXIS

Children with this condition will experience an extreme allergic reaction to a particular source.

This may be related to a food such as nuts or dairy products; insect stings and latex may also be responsible. The pupil may experience difficulty with swallowing or breathing, or feel nauseous and have stomach cramps and swelling of the face. They may collapse and become unconscious. Some pupils in school have epi-pens.

For more information please go to: <https://www.nhs.uk/conditions/anaphylaxis/>

ASTHMA

Pupils with asthma experience a narrowing of the airways and will become breathless and wheezy when they have a cold or when they come into contact with certain stimuli or triggers.

These will vary, but the most common are grass pollen, house dust, animal fur and cold air. Physical activity and stress may also trigger an attack.

For more information please go to: <https://www.nhs.uk/conditions/asthma/>

CEREBRAL PALSY

Cerebral Palsy is a condition marked by impaired muscle co-ordination and/or other disabilities, typically caused by damage to the brain before or at birth.

Children with Cerebral Palsy will not all manifest the same symptoms; these will depend on the severity of the condition. They may have difficulty in walking, or their speech may be affected. Some who have this condition produce involuntary movements and some have problems with visual perception. Certain pupils will manage perfectly well in mainstream schools and need only to be placed on a medical register.

For more information please go to: <https://www.nhs.uk/conditions/cerebral-palsy/>

CYSTIC FIBROSIS

Cystic Fibrosis is a genetic disease caused by a disturbance in the mucus-secreting glands, which leads to the clogging of some organs, especially the lungs and pancreas, with thick sticky mucus.

Children with Cystic Fibrosis will usually experience a persistent cough and may have a lot of time away from school through hospitalisation with chest infections. It is important for them to eat as often as possible as they do not fully absorb their food.

For more information please go to: <https://www.nhs.uk/conditions/cystic-fibrosis/>

DIABETES

Diabetic pupils do not have the ability to control their blood sugar levels, which must be checked regularly so they are neither too high (hyperglycaemia), or low hypoglycaemia or hypo).

Most children will have Type 1 Diabetes meaning they no longer produce insulin and may have a pump or have to inject themselves, usually twice a day. Pupils **must** be allowed to eat regularly during the day since lack of food or strenuous exercise may cause a hypo. Symptoms of an impending attack include drowsiness, sweating, shaking and glazed eyes. Hyperglycaemia may be the result of missed insulin, eating a lot of starchy food or being unwell. The child is likely to be thirsty, tired and have a headache.

For more information please go to: <https://www.nhs.uk/conditions/diabetes/>

DOWN'S SYNDROME

This syndrome is caused by an extra chromosome in each body cell.

Physical characteristics include an enlarged tongue and an upward slant to the eyes. Down's Syndrome children are particularly prone to infections and viruses such as colds. The syndrome is associated with difficulties in learning, but in fact some pupils achieve reasonable academic standards in school.

For more information please go to: <https://www.nhs.uk/conditions/downs-syndrome/>

ECZEMA

Pupils with eczema suffer from itchy dry skin, which, if scratched, may bleed and become infected.

There are various types, the most common being atopic, often associated with hayfever and asthma. In severe cases pupils will need to have a prescribed cream administered at school. Certain factors may make the eczema worse, including wool, wasps, pollen, sweating and stress.

For more information please go to: <https://www.nhs.uk/conditions/atopic-eczema/>

EPILEPSY

Epilepsy is a transitory disturbance of the brain which begins and ceases spontaneously. These uncontrolled electrical impulses usually result from a damaged or abnormal area of brain tissue.

Seizures are divided into two types, referred to as generalised and partial. Generalised seizures involve both hemispheres and are accompanied by a loss of consciousness. In partial seizures a specific part of the brain is involved and the nature of the seizures may be simple or complex.

Episodes usually do not last long, but they may occur very frequently. Epilepsy is usually controlled by drugs, but these have side effects which impact on the ability to concentrate and remain focused.

For more information please go to: <https://www.nhs.uk/conditions/epilepsy/>

HAEMOPHILIA

Haemophilia is a hereditary disorder of the blood which interferes with its clotting.

It usually affects males. The Haemophiliac is liable to have repeated episodes of bleeding. Bouts may be brought on by falls, blows and exercise and some appear to occur spontaneously. Bleeding occasionally occurs in the joints, which may cause severe pain and eventual damage.

For more information please go to: <https://www.nhs.uk/conditions/haemophilia/>

MUSCULAR DYSTROPHY

Muscular Dystrophy is an inherited disease involving deterioration and wasting of the voluntary muscles.

Some pupils will be severely affected while others will experience comparatively mild symptoms. Those with the severe form will lose their ability to walk and the muscles in the hand and arm may be affected, causing problems with writing and drawing. Children with Muscular Dystrophy tend also to have a learning difficulty and emotional problems are common.

For more information please go to: <https://www.nhs.uk/conditions/muscular-dystrophy/>

PRADER-WILLI SYNDROME

Prader-Willi Syndrome (PWS) is caused by an abnormality on chromosome 15. The main symptoms are poor muscle tone, overeating, speech and language problems, emotional immaturity and behavioural problems.

Physical characteristics often include small hands and feet and almond shaped eyes, those affected may have fairer hair and eye colouring than other family members. Most children with PWS will have moderate learning difficulties. Usually reading and writing skills develop well but ability in maths and abstract thinking may cause educational difficulties. Short term auditory memory is weak but long term memory is often a strength.

For more information please go to: <https://www.nhs.uk/conditions/prader-willi-syndrome/>

SICKLE CELL ANAEMIA

Sickle Cell disease is the name for a group of inherited health conditions that affect the red blood cells. The most serious type is Sickle Cell Anaemia. People with sickle cell produce unusually shaped red blood cells that can cause problems because they do not live as long as healthy blood cells and can block blood vessels.

The main symptoms are painful episodes called sickle cell crisis which can be severe and last for up to a week, a risk from infections and anaemia which can cause tiredness and shortness of breath. Some people can experience delayed growth, strokes and lung problems.

For more information please go to: <https://www.nhs.uk/conditions/sickle-cell-disease/>

TOURETTE SYNDROME

Tourette Syndrome is an inherited neurological disorder in which the body develops motor and vocal tics, usually apparent by the time a child reaches the age of 15.

The severity will vary from day to day. Some children are able to control their tics at times, but they will often reappear at a later date. The most common motor tics include eye blinking or rolling, nose twitching, lip smacking and shoulder shrugging; while vocal tics include throat clearing, swearing, stammering and shouting.

For more information please go to: <https://www.nhs.uk/conditions/tourettes-syndrome/>

THE INCLUSION REGISTER (SEND Register)

Explaining the Inclusion Register

This register contains the names of pupils at Shanklea Primary School who have been identified as having either Special Educational Needs or Additional Education Needs.

- Special Education Needs refer to needs centred within the child, whether related to medical, learning, sensory behavioural or speech and communication.
- Additional Educational Needs refer to needs that have their origins outside the child e.g. social or environmental factors.

The School Inclusion Register classifies pupils according to:-

- The nature of their difficulties.
 - SEMH – social, emotional and mental health
 - SLCN – speech, language and communication need
 - PD – physical disability
 - HI – hearing impairment
 - VI – visual impairment
 - SPLD – specific learning disability
 - MED - medical
 - MLD – moderate learning disability
 - MSI – multi-sensory impairment
 - FASD – foetal alcohol spectrum disorder
 - ADHD – attention deficit hyperactivity disorder

Pupils are identified as being on:-

- K – SEN support
- E – has an EHCP
- W – Watch - has an identified SEN need, but does not need/ receive support, please keep an eye on their progress and contact the SENDCo if there becomes any concerns

Some pupils on the register may have Education, Health and Care Plans (EHCP). These pupils have a legal entitlement to the support and resources specified on their plan. The individual EHCPs can be found on Insight and should be well understood by all members of staff working with the child.

If a student has a learning plan, you can view it on Insight and all staff working with the child should be aware of targets set on this. These are updated half termly.

This information, should help you in preparing appropriate resources, identifying areas of strength and weaknesses and getting to know the pupils. Information should be read and discussed with relevant people regularly.

Identifying children with SEND

Pupils are often identified as having an SEN through the following routes:

- School testing and advice from external agencies.
- Teachers have noticed a student is experiencing difficulties with learning or behaviour and is not progressing in line with his/her individual ability levels
- Parents have concerns and contact the school
- Children recognise it themselves.

What to do if you feel that a child in your class is experiencing difficulties with learning or behaviour and is not progressing in line with his/her individual ability levels:-

1. Ensure that you are using Quality First Teaching, employing recommended strategies, and differentiating resources, activities etc in order to support the student more effectively.
2. Review and modify your approach/resources to suit the SEN you suspect the student may have.
3. Speak to the SENDCo.
4. The SENDCo will conduct tests as appropriate with the student to identify areas of difficulty and collect information where needed in order to identify whether the student's difficulties are subject specific or more general.
5. Intervention will take place as appropriate depending upon needs.

The Use of TA's

The Education Endowment Foundation have completed research in this area and made the following recommendations:

Recommendation 1: *TAs should not be used as an informal teaching resource for low attaining pupils*

Recommendation 2: *Use TAs to supplement what teachers do, not replace them*

Recommendation 3: *Use TAs to help pupils develop independent learning skills and manage their own learning*

Recommendation 4: *Ensure Teaching Assistants are fully prepared for their role in the classroom*

Recommendation 5: *Use TAs to deliver high quality one-to-one and small group support using structured interventions*

Recommendation 6: *Adopt evidence-based interventions to support TAs in their small group and one-to-one instruction*

Recommendation 7: *Ensure explicit connections are made between learning from everyday classroom teaching and structured interventions*

The full Education Endowment Foundation Guidance Report can be by clicking the following link, then downloading the report:

[Education Endowment Foundation Guidance Report](#)