Westmorland & Furness Council

Ordinarily Available Provision Inclusive Guidance

Contents

Introduction

In Westmorland and Furness, we strive to ensure that all children and young people with SEND, and their families have positive experiences in their setting and feel well supported. To achieve this, access to the right support, in the right place and at the right time is essential. Wherever children and young people live in the county, we want them to have their additional learning needs met. For most children attending their local setting, with other children from their community, is the best way to ensure this happens. To achieve this for the children and young people in our county, all settings must have a core offer that meets the needs of all children, including those with SEND. This core offer is referred to as the ordinarily available provision. It is the range of activities, opportunities and strategies that are offered as good basic practice to meet a range of additional needs without the need for a formal diagnosis or specialist support.

Definition of Special Educational Needs:

'A child or young person has special educational needs if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

- Has a significantly greater difficulty in learning than the majority of others of the same age, or
- Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided to others of the same age in early years, mainstream schools or mainstream post-16 institutions.
- SEND CoP

The Department for Education has identified four broad areas which cover a range of needs. These are defined in the Special Educational Needs and Disability Code of Practice – 0-25 years, January 2015.
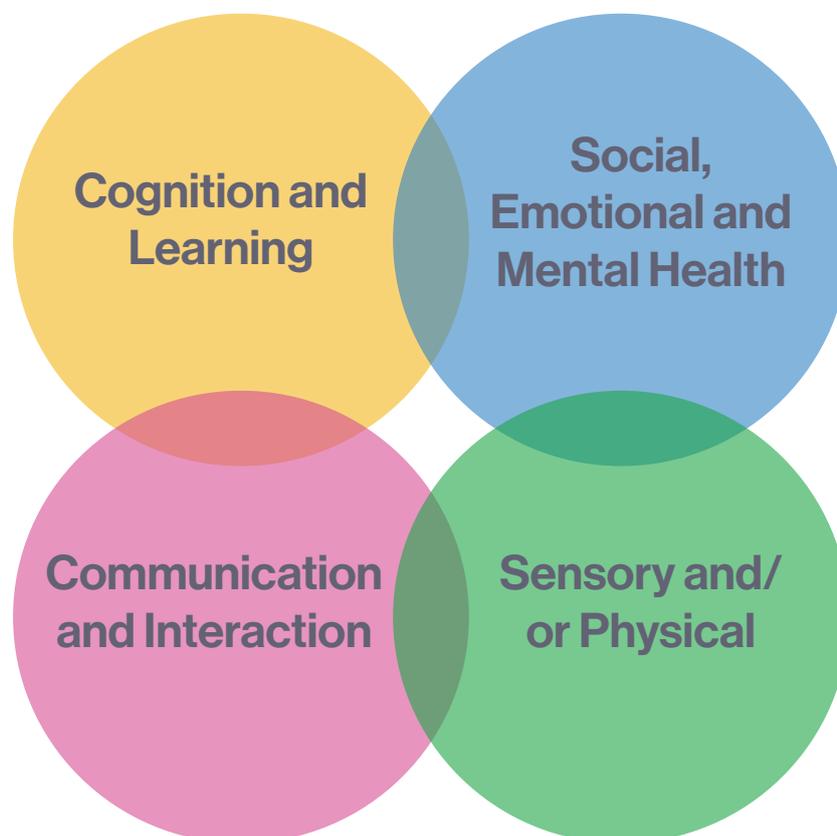
High quality teaching and special educational provision in schools and other education settings

(Numbers in brackets refer to chapters in the SEND Code of Practice where relevant).

All children and young people are entitled to an education that is appropriate to their needs and that promotes high standards and the fulfilment of potential.

This guidance is designed to support education professionals working directly with children and young people (CYP) to identify, plan for, and meet the needs of those with special educational needs or disabilities (SEND) who require reasonable adjustments or additionality at the SEN Support stage. It highlights the importance of high-quality teaching and inclusive pedagogy as the foundation for meeting a diverse range of needs within mainstream settings.

Universal support is what every child receives as standard and is ordinarily available from mainstream schools. It is the everyday interactions inside and outside the classroom and is rooted in school culture and staff skills. Whole school inclusion should be built from the universal up. This means designing policies and staff interactions to support all children's learning, wellbeing and safety needs so that the vast majority of children are supported through the everyday, inclusive activity of mainstream schools.

In Westmorland and Furness, we expect all education settings to comply with relevant legislation, including the SEN Code of Practice (2015) and the Equality Act (2010). The code of practice requires settings to use their best endeavours to ensure that children and young people (CYP) with special educational needs (SEN) receive the support they need—meaning staff must do everything reasonably possible to meet each child's individual needs. Education settings must also ensure that CYP with SEN are fully included in school activities alongside their peers who do not have SEN.

This document outlines the main categories of SEND, typical characteristics or presentations of learners within these categories, and practical approaches and strategies to support them in the classroom. It also signposts services and agencies that can offer further advice and support. The strategies and provisions recommended here will help settings make effective reasonable adjustments and deliver high-quality learning experiences—not just for those with SEND, but for all children in the setting.

It is also expected that settings will:

- Have an observation and assessment system that enables prompt identification of any developing needs of a child and will act on this information
- Actively work with parents and carers to understand and support the child's needs
- Let the child have a voice. Listen to and observe the child to see what they are trying to tell you and acknowledge this in provision/interaction. Behaviour is a form of communication.
- Support all staff to develop their skills and knowledge around supporting children with SEND. Group based settings and schools should have an identified SENCO. (Special educational needs coordinator)
- Work with other agencies to support the child and family

This guidance aims to provide advice to all school practitioners with the support of the school's special educational needs coordinator (SENCo).

(6.36) Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff.

(6.37) High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Additional intervention and support cannot compensate for a lack of good quality teaching. Schools should regularly and carefully review the quality of teaching for all pupils, including those at risk of underachievement. This includes reviewing and, where necessary, improving, teachers' understanding of strategies to identify and support vulnerable pupils, and their knowledge of the SEN most frequently encountered.

(5.36) It is particularly important in the early years that there is no delay in making any necessary special educational provision. Delay at this stage can give rise to learning difficulty and subsequently to loss of self-esteem, frustration in learning and to behaviour difficulties. Early action to address identified needs is critical to the future progress and improved outcomes that are essential in helping the child to prepare for adult life.

There are recommendations and prompts to promote effective and consistent provision for Westmorland and Furness children and young people with SEND, enabling them to achieve the best possible educational outcomes and to be effectively prepared for adulthood, including independent living and employment. This framework is not exhaustive and provides guidance and suggestions that can be adapted and implemented to create a personalised response to meeting the specific needs of each individual whilst acknowledging that all settings are different.

The SEND Pathway OR The graduated approach

All children develop at different rates. Their learning is not linear, and many may experience short term difficulties along the way. Learning can also be affected by external factors, such as the arrival of a new baby or moving settings. With the right support at the right time, many of these difficulties can be short-lived and the child will continue to make progress. For children with emerging needs the setting should ensure it follows the graduated approach of assess, plan, do, review:

- Assess the needs, by careful observation, discussion with parents/carers, use of developmental guidance as appropriate.
- Plan to support those needs, including using the guidance in this document. Consider developing an SEN Support Plan with parents.
- Do (implement) the support. Give it sufficient time to see if it works.
- Review the impact of the support and alter if necessary. Continue using the plan, do, review cycle.
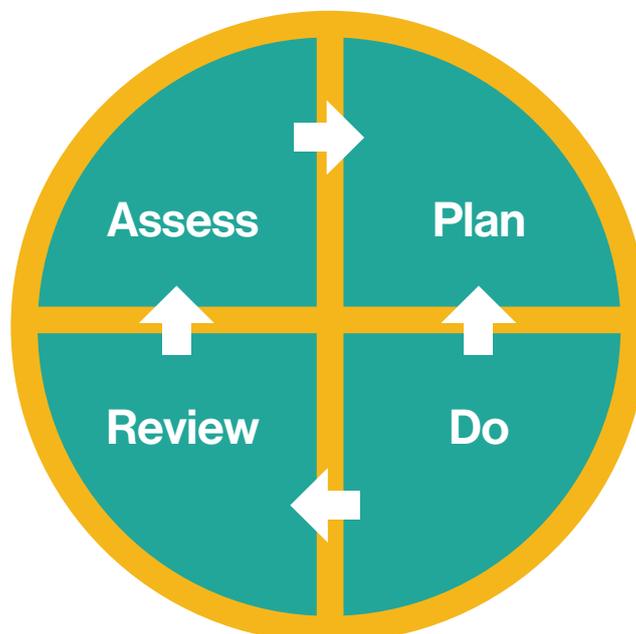
This may be all the child needs in many cases. Once the child's needs are being met, they may begin to make good progress. However, if despite this support the child is still experiencing difficulties, further action may be needed to access specialist advice (see below).

Within schools and other education settings, children's needs fall into one of the following 3 broad categories:

- **Universal –** The majority of children fall within this category and will have their needs met through quality first teaching with some short-term targeted intervention as required.
- **SEN Support –** Children who have been identified by the school as having special educational needs and requiring some more prolonged targeted or specialist support.
- **Education Health Care Plans (EHCP) –** These children will have been through a statutory assessment which has resulted in an EHCP being issued and may require more prolonged targeted and specialist support.
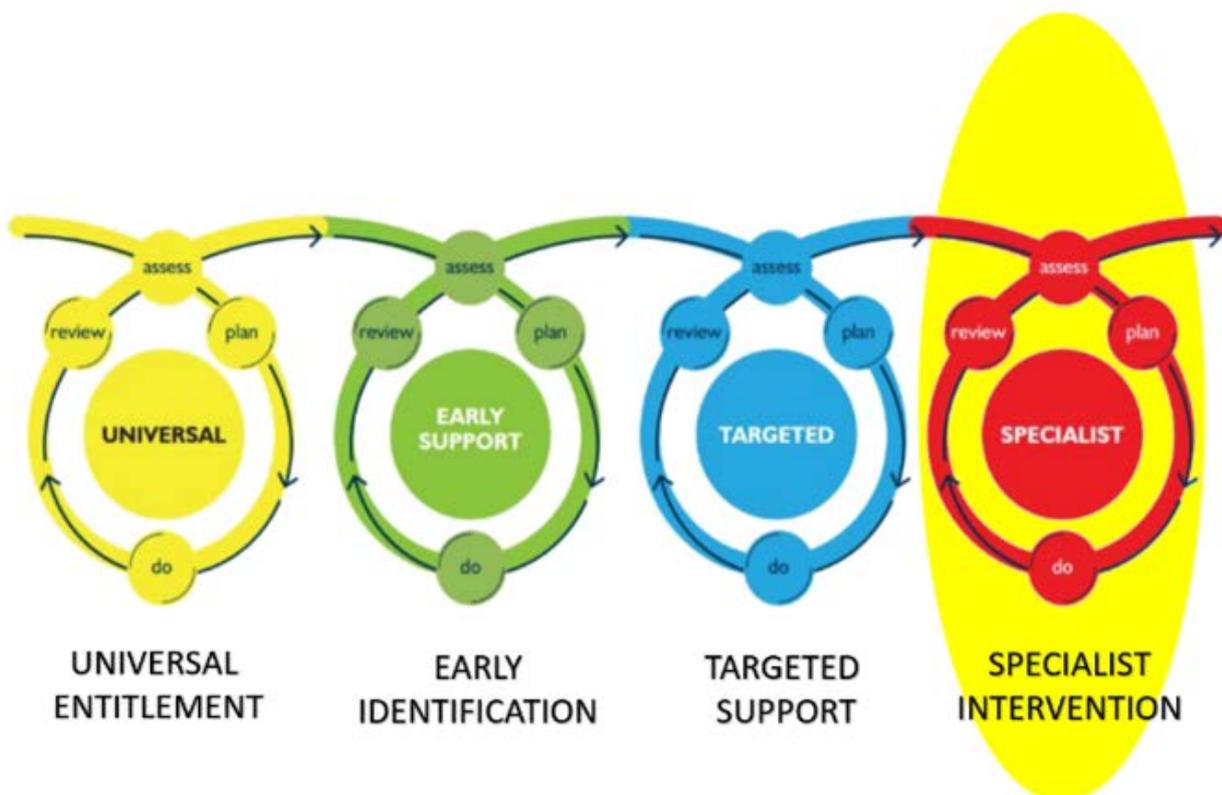
The SEND Pathway shows a graduated approach to ways in which needs may be met. It is important to recognise a continuum of need, with much variation of extent and nature of need within a defined group. Many CYP are identified as requiring additional support for SEN, but the level and extent of need will vary significantly within that group, including for CYP who have the same category of need. This is why a graduated approach is important; one size will not fit all, and boundaries of need may often be blurred and/ or variable.

Definition of Ordinarily Available Inclusive Provision in Westmorland and Furness

Ordinarily Available Inclusive Provision (OAIP) in Westmorland and Furness refers to the core universal level of high quality, inclusive teaching, adjustments and support that all early years settings, mainstream schools and post 16 providers are expected to deliver from within their own delegated resources, without the need for specialist services or an EHCP. It represents the baseline entitlement for every child and young person, including those with emerging or identified SEND.

Inclusive Settings:

*   Provide opportunities for learners with SEND
*   Promote a sense of belonging
*   Help pupils and satff understand the challengers that learners face
*   Teach strategies for removing barriers to learning and participation

Ref: NASEN Whole School SEND training

For ease of use the framework is divided into each of the 4 broad areas of need as described in the SEND Code of Practice. However, it is recognised that for the purpose of the school census special educational needs can be further broken down into nine categories. and that that many children and young people will present with a range of needs that will span several different areas.

Universal Provision

The provision and strategies outlined in **The Ordinarily Available (OA) Inclusive Teaching Framework - Universal Provision** document should typically be available to support all learners. A reminder of some overarching principles:

Expectations of all settings	Strategies
A regular cycle of Assess, Plan, Do, Review is used to ensure that pupils are making progress. (See SEND Code of Practice Ch.6.44- 6.56 for more details)	• Pupil's difficulties in learning and behaviour are observed and monitored in different contexts to inform planning and next steps. • Staff are aware of pupil's starting points so that expected progress can be measured. • A holistic assessment is used to inform planning and interventions
Formative assessment and feedback are a feature of lessons and evident in marking and assessment policy	• A range of assessment strategies are used to ensure a thorough understanding of learners. • The impact of interventions is evaluated. • Alternative approaches are explored to establish whether they may result in better outcomes for the learners
The setting works in partnership with parents, carers and learner	• Formal and informal events take place to seek views in relation to SEN provision. • Parents/carers are signposted towards the WAF local offer. • School meet with parents and CYP at least termly to discuss progress, identify appropriate outcomes and plan provision. • Learners are helped to understand their own barriers to learning. • Providers adopt a 'Think Family' approach to assessing and meeting need including Family Help. • Parents are involved in developing the schools SEN offer through the SEN Information Report

Expectations of all settings	Strategies
The setting recognises, and responds to, the need for pastoral support for learners with SEND and recognises that behaviour is a means of communication and may indicate an unmet need	• Peer awareness and sensitivity towards difference are raised at a whole school level. • PSHE is used to develop wellbeing and resilience. • There is awareness that learners with SEND are vulnerable to bullying and exploitation and are more likely to struggle with poor mental health. • Whole school policies take account of individual circumstances, including any special educational needs and/or disability, and are applied sensitively and equitably.

Staff should consider the social model of disability and inclusion and belonging principles.

The Social Model of Disability makes an important distinction between 'impairment' and 'disability'. It recognises that people with impairments are disabled by barriers that commonly exist in society. These barriers include negative attitudes, and physical and organisational barriers, which can prevent disabled people's inclusion and participation in all walks of life.

This distinction between difference rather than disorder needs to be considered in terms of the of the social model of disability in 2002. They differentiate between the terms "impairment" and "disability". For example, imagine an autistic pupil starting at a new school. They may be impaired because they have heightened anxiety in this new environment with unknown people. They are disabled by the fact that nobody considered a transition plan to bring them into the school beforehand, allow them to see their classroom, know about the timetable that first week and meet the key school staff.

Framework of Support

Communication and Interaction

'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.' (SEND Code of Practice, 2015, p.97.)

Students with this kind of need may have difficulty in 4 main areas and may have needs in one, or all of the areas. The main types of difficulty are: Expressive Language (ability to translate thoughts and feeling into language), Receptive Language (ability to process and understand spoken and written language) and Pragmatic Language (the ability to understand and use the social language skills that we use in our daily interactions with others). There are also Production and Fluency Disorders (e.g. stammering – hesitation, or repeating sounds or whole words and speech issues -the ability to produce speech sounds accurately. It also includes students with other difficulties, such as dyspraxia (which may result in word-finding difficulties) and with or without a diagnosis of autism.

What does SLCN look like?

Children with SLCN may demonstrate some of the following characteristics:

- They may be constantly looking round the class for clues about what to do next.
- They may copy their peers or ask other children for help.
- They use masking techniques such as smiling and nodding when they are struggling to understand what is said to them.
- They may be frustrated as a result of being unable to voice their needs and feelings appropriately.
- They may not follow instructions.
- They may struggle to answer questions.
- They may be quiet and lacking in confidence.
- They may have word-finding difficulties.
- They may have limited vocabulary.
- They may overuse of non-specific words like "thing" or "stuff".
- They may have an over reliance on stock phrases.
- They may have difficulty "coming to the point" of what they are trying to say.
- They may have difficulty with forming communication using correct word/sentence structure.
- They may appear to be in a 'world of their own'
- They may interpret language literally finding it difficult to understand idioms, some jokes and sarcasm, which can lead to vulnerability and embarrassment.
- They may encounter difficulties with differentiating or misinterpreting tone of voice.
- They may initiate interactions inappropriately – shouting out, touching others to get attention, interrupting.
- They may have difficulty in understanding body language and in recognising and interpreting facial expressions.
- Their speech may be unclear or difficult to understand.

Strategies to support the identified barriers and/or need:

Expressive Language difficulties	Training/support/reference interventions	Assessment/ screening tool
- Support the child's confidence in communication by allowing choice and control over when and how they respond. - Model language – reflect back correct speech rather than correcting. eg: CYP says "ball gone", adult says "the ball's gone in the box." - Repeat what the child or young person has said and add one word to extend vocabulary or syntax - Encourage children and young people to work in pairs and small groups with positive language models. - Organise small group language/ phonology sessions. - Allow time for children and young people to process and respond (10 second rule) then repeat the question or reword to make it more accessible. - Introduce a variety of language through rhymes, songs appropriate to age and development. - Ensure that all efforts to communicate verbally are supported. Give the student time and do not talk for them or allow others to talk for them. - Consider use alternative methods of communication. For example, Makaton, ICT, communication books and boards.	**General resources:** https://speechandlanguage.org.uk/educators-and-professionals/ https://www.oxfordshire.gov.uk/business/information-providers/childrens-services-providers/send-information-providers/early-years-sen-toolkit/communication-and-interaction https://speechandlanguage.link/the-link-community/the-ultimate-guide-to-slcn/ https://www.facebook.com/CumbriaCommunicates Families Information	Speech and Language Therapy https://research.ncl.ac.uk/media/sites/researchwebsites/buildingearlysentencestherapy/BESTManual_2025.pdf https://speech-language-therapy.com/index.php?option=com_content&view=article&id=34:ages&catid=11&Itemid=101 SEND strategies for the primary years – Georgina Durrant (Book) **National training:** Whole School Send (these links need you to sign in to see them – registration is free) Unit 4: An introduction to speech language and communication needs Unit 5: Identifying and supporting speech, language and communication needs (SLCN) Unit 6: Supporting the development of speech, language and communication skills Unit 7: Creating a learning environment that supports speech, language and communication.	**WellComm** https://progress-checker.

Expressive Language difficulties	Training/support/reference interventions	Assessment/screening tool
• Build confidence through specific praise and support where needed e.g. Prompting with first word, encouragement to re-order ideas, visual support. • Notice what the child is interested in, follow their lead and comment on it. Talk about what is happening in the moment. • Ensure different uses of language with the pupil such as comments, instructions and questions e.g. "you've built a big tower" "sit down now" "what are you making?" • Provide opportunities to talk without interruption, practice new vocabulary and talk to adults/in small group rather than in whole class. • model use of language in social contexts e.g. "My turn… your turn", "Yes please", "No thanks", "Good morning!" • consistent practice of one developmentally appropriate error e.g. -ed endings such as "walked" through reading, talking and at home. • explicit teaching of new vocabulary e.g. subject-based word banks • if the pupil struggles to respond, offer an alternative e.g. "Is it… or…?" • Try role play and drama, use of props (e.g. puppets) • Modelling • Storytelling and sequencing.	**LA training:** **WellComm** The Specialist Advisory Teacher Service offer a range of training suitable for education professionals that will provide teaching andsupport staff with the knowledge and skills to adapt teaching and to deliver meaningful early support and intervention. **https://professionaldevelopment. westmorlandandfurness.gov.uk/Training** **SALT service** Speech and Language therapy across Westmorland and Furness is delivered through the North Cumbria Integrated Care (NCIC) NHS Trust. Their website provides lots of useful information including strategies and training to support professionals working with children with expressive language difficulties **https://fid. cumberland.gov.uk/kb5/cumberland/directory/ advice.page?id=Ft2SF4XOkss** SLT service advice line open every Thursday 09:30 – 12:30 01228 608177 Advice and Support Sessions can be accessed by professionals and families. Topics include • Supporting early words • Supporting early sentences • Supporting language and communication through play • Modelling language using communication boards • Supporting vocabulary development • Using a total communication approach • Supporting Gestalt language processors Places can be booked by emailing **SLTCumbriaTraining@ncic.nhs.uk**	

Receptive Language Difficulties (understanding what is being said to them)	Training/support/reference interventions	Assessment/ screening tool
• Build predictable routines to support development of attention and understanding. • Keep instructions short and specific, delivered one at a time. • Give instructions in the order they need to happen. • Ask the child to tell or show you what they have to do rather than asking "do you understand?". • Use more comments than questions. • Consider how many information carrying words a child or young person can manage when giving instructions – adapt use of language and method, e.g. simple choices, reduce complexity and sentence length, consider using forced/ false alternatives. • Provide visual prompts including key vocabulary, visual timetables, now and next, objects of reference, gestures and labelling equipment with photographs, pictures or symbols. • Ensure the adult is physically at the child or young person's level. • Allow 'take up' time to process what has been said. • Think about the environment and how to limit any distractions. • Check you have engaged the child's attention before talking to them, use their name. • Check that hearing has been tested. • Provide opportunities to re-visit vocabulary, understanding and use of words. •	**General resources:** https://speechandlanguage.org.uk/educators-and-professionals/ And resources above. **National training:** Whole School Send (these links need you to sign in to see them – registration is free) • Unit 4: An introduction to speech language and communication needs • Unit 5: Identifying and supporting speech, language and communication needs (SLCN) • Unit 6: Supporting the development of speech, language and communication skills • Unit 7: Creating a learning environment that supports speech, language and communication. **LA training:** As above	**WellComm** https://progress-checker. speechand language.org.uk/ https://fid. cumberland. gov.uk/kb5/ cumberland/ directory/advice.

Receptive Language Difficulties (understanding what is being said to them)	Training/support/reference interventions	Assessment/ screening tool
• Consider use of 'First, then, now, next' visual framework. • Tell students at the start of lesson what they will be working on e.g.fractions / rivers etc. and re-visiting key terms so that key vocabulary can be primed will help a lot. • Establish a system of asking for help; a question mark card or red card on the desk. • Try role play and drama, use of props (e.g. puppets), modelling, storytelling and sequencing. • Harness the use of the child or young person's (special) interests when considering your approach. • Be clear about work expectations e.g. what is expected, how much is needed e.g. You have 10 mins to do questions 1-10. • Provide simple 'tick list' of instructions for task • Model and practise asking for help.		

Receptive Language Difficulties (understanding what is being said to them)	Training/support/reference interventions	Assessment/ screening tool

Pragmatic Language (Child or young person does not understand or use social rules of communication)	Training/support/reference interventions	Assessment/ screening tool
• Implement small group sessions e.g. Circle of friends. • Consider use of social stories. • Give prompts – symbols, signing systems. • Use visual supports for routines e.g. Now (you are doing this) and Next (you are going to be doing that) boards. Use of, 'My turn, your turn...' • Use modelling / role play. • Playground buddies/role models • Restorative approaches to conflict resolution • Give simple instructions (avoid the use of idiom). • Use literal language (avoiding sarcasm and figures of speech). If you do use idioms and non-literal language explain what you mean • Be aware of your own body language: a high percentage of what we communicate is non-verbal but not always recognised. • Use an appropriate tone of voice (calm, not too loud).	**General resources:** https://www.ndcs.org.uk/information-and-support/language-and-communication/pragmatics-everyday-communication/ **National training:** NEN https://www.nen.org.uk/expert-led-autism-training Comic Strip conversation/social stories https://www.youtube.com/watch?v=BqQldkFWW_M https://www.youtube.com/watch?v=JMPV-8ojHvk Many examples and training videos on YouTube https://carolgraysocialstories.com/social-stories/what-is-it/ https://www.ambitiousaboutautism.org.uk/what-we-do/connecting-young-people/youth-led-toolkits/autistic-and-ok?	As above

Dysfluency (stammering)	Training/support/reference interventions	Assessment/ screening tool
• Give the child time to finish what they are saying • Model this to the rest of the class so they also know to wait and listen • Slow down your own rate of talking – aim for a relaxed pace • Reduce time pressure to speak or respond by encouraging all of the class to take their time to think before putting their hands up and by avoiding timed speaking tasks • Let the child know that you value their ideas and participation • Offer choice of answers to support their response. • Be open about stammering and communication differences. Acknowledge difficulty, validate feelings and offer help ("is there anything I can do to make it easier?") • Avoid giving advice about speech. • Use active listening – eye contact body language and giving your full attention. • Keep language simple, use short sentences and reduce the number of questions. • Avoid putting the child who stammers on the spot. • Praise overall communication skills to build confidence. Don't use negative language (e.g. "his stammer is really bad today").	**General resources:** https://stamma.org/get-help/resources https://actionforstammeringchildren.org/ https://michaelpalincentreforstammering.org/ **LA Training:** **SALT service** Speech and Language therapy across Westmorland and Furness is delivered through the North Cumbria Integrated Care (NCIC) NHS Trust. Their website provides lots of useful information including strategies and training to support professionals working with children with expressive language difficulties **https://fid. cumberland.gov.uk/kb5/cumberland/directory/ advice.page?id=Ft2SF4XOkss** SLT service advice line open every Thursday 09:30 – 12:30 01228 608177 Advice and Support Sessions can be accessed by professionals and families. Topics include Supporting stammering in your setting Supporting stammering at home Places can be booked by emailing **SLTCumbriaTraining@ncic.nhs.uk**	As above

Dysfluency (stammering)	Training/support/reference interventions	Assessment/ screening tool
• Acknowledge the child's fear of speaking, e.g. 'I know you want to speak but talking to new people can feel scary'. • Remove pressure to speak and ensure that all associations with talking are positive • Avoid tasks that demand speech unless the child is comfortable doing so, e.g., reading aloud in front of the group • Provide opportunities to speak but do not expect it – make comments rather than asking directed questions to the child • Respond positively to non-verbal communication. • Give them a chance to enjoy demonstrating their skills, interests or talents in non verbal ways. • Join in alongside the child. Use comments rather than questions. • Pause and allow processing time between comments. • Use visuals and routine to help children feel more secure. Avoid surprises. • Accept and encourage all forms of communication (pointing, gesture, eye gaze etc). • Don't speak on behalf of the CYP	**General resources:** https://www.selectivemutism.org.uk/information/information-for-professionals/#smira https://www.nhs.uk/mental-health/conditions/selective-mutism/ **LA Training:** **SALT service** Speech and Language therapy across Westmorland and Furness is delivered through the North Cumbria Integrated Care (NCIC) NHS Trust. Their website provides lots of useful information including strategies and training to support professionals working with children with expressive language difficulties **https://fid.cumberland.gov.uk/kb5/cumberland/directory/advice.page?id=Ft2SF4XOkss** SLT service advice line open every Thursday 09:30 – 12:30 01228 608177 Advice and Support Sessions can be accessed by professionals and families. Topics include Supporting stammering in your setting Supporting stammering at home Places can be booked by emailing **SLTCumbriaTraining@ncic.nhs.uk**	As above

Unclear speech	Training/support/reference interventions	Assessment/ screening tool
• Don't pretend to understand if you don't. • Ask the child to show you if you are struggling to understand. • Repeat back what you have understood. • Ask questions to narrow down and support your understanding ("did this happen at home or school?") • Use home-school diaries to give context for conversations. • Repeat back words clearly but don't correct. • Support phonological awareness development (e.g. clapping out syllables in words, find objects beginning with the same sound) • Use songs and rhymes.	**LA Training:** **SALT service** Speech and Language therapy across Westmorland and Furness is delivered through the North Cumbria Integrated Care (NCIC) NHS Trust. Their website provides lots of useful information including strategies and training to support professionals working with children with expressive language difficulties **https://fid.cumberland.gov.uk/kb5/cumberland/directory/advice.page?id=Ft2SF4XOkss** SLT service advice line open every Thursday 09:30 – 12:30 01228 608177 Advice and Support Sessions can be accessed by professionals and families. Topics include Supporting unclear speech Places can be booked by emailing **SLTCumbriaTraining@ncic.nhs.uk**	As above

Framework of Support

Autism

Autistic students have differences that are based in biology and brain development. As a result, the way that they communicate, interact and experience the world around them is affected. Autism is referred to as a "spectrum" because each autistic student experiences autism differently. We understand the spectrum to mean each autistic person has a unique combination of characteristics with different sets of strengths and challenges. There is no "typical" autistic pupil. Every autistic individual has their own strengths and differences, their own life journey and their own unique story.

Autistic people think and experience the world differently. Much of the literature on autism uses medical terms such as deficit, disorder and intervention but such terms can be seen as both inaccurate and stigmatising and based on an incorrect notion of what humanity and normalcy entail. These notions can further disable people who are autistic – and, if internalised, can lead to crises in self–identity, esteem and worth. There may also be a range of co–occurring differences. For example, autistic students are more likely to have medical conditions such as epilepsy, gastrointestinal problems and sleep disorder. They are also more likely to have mental health conditions, such as anxiety and depression.

If their needs are recognised and appropriate support is given, a significant number of autistic young people will experience relatively few difficulties in their school lives and moving into adulthood.

The complexity of each person's autism means it is imperative that we find out as much information about them as possible.

How might students present/what does autism look like?

Autistic students may experience a range of needs, with individual presentations and combinations of need that may appear very complex, however there are common differences. Each autistic individual may have strengths and differences across a range of different areas.

Autistic students have differences in three areas of development:

- Social understanding and communication.
- Flexibility, information processing and understanding.
- Sensory processing and integration.

Social understanding and communication

Flexibility, information processing and understanding

Sensory processing and integration

Autistic people may differ in terms of:

- Communication: for example, some may choose not to use spoken language, whereas others may be very advanced in their speech.
- Eye-contact.
- Reading facial expression, responding to changes in tone of voice and reading body language.
- Coping with change of routine.
- Socialisation: for example, some may want little or no social contact, others may seek friendships but not always understand the subtlety of social intentions.
- Interests: some may have strong interests, occasionally in topics that are not seen in non–autistic pupils (for example, toilet brushes), whereas others may have more common interests but they dominate their thinking (for example, the game Warhammer); some may have certain repetitive interests, such as lining up or organising objects, whereas others may like to repeat phrases again and again.
- Thinking and cognition: often uneven, meaning that the pupil can have strengths in some areas and challenges in others. For example, a pupil may be very good at drawing or puzzles but have great difficulties in planning.
- Over sensitive: not coping with strong smells, noisy environments, touch, etc. This is called hypersensitive.
- Under–sensitive: not responding to pain, hunger, or thirst. This is called hyposensitive.

Strategies to support the identified barriers and/or need:

Social understanding and communication	Training/support/reference interventions	Assessment/ screening tool
• Use small group sessions e.g. Circle of friends or other appropriate. • Use social stories or comic strip conversations. • Give prompts – symbols, signing systems. • Use visual supports for routines e.g. Now (you are doing this) and Next (you are going to be doing that) boards. Use of, 'My turn, your turn…' • Use modelling / role play. • Playground buddies/role models • Restorative approaches to conflict resolution • Give simple instructions (avoid the use of idiom). • Use literal language (avoiding sarcasm and figures of speech). • Be aware of your own body language: a high percentage of what we communicate is non-verbal but not always recognised. • Use an appropriate tone of voice (calm, not too loud). • Plan class groupings and/ or opportunities to develop social understanding and inference. • Plan group work (provide explicit roles initially) and use flexibly to promote independence from adults. • Implement a 'buddy' system. • Promote a calm learning environment. • Be clear/explicit in your communication of expectations.	**General resources:** https://www.ndcs.org.uk/information-and-support/language-and-communication/pragmatics-everyday-communication/ https://www.autism.org.uk/advice-and-guidance/topics/about-autism/autism-and-communication https://www.autismeducationtrust.org.uk/resources/autism-design-principles-schools Comic Strip conversation/social stories https://www.youtube.com/watch?v=BqQldkFWW_M https://www.youtube.com/watch?v=JMPV-8ojHvk **National training:** Neuroinclusive Education Network https://www.nen.org.uk/expert-led-autism-training Whole School Send (these links need you to sign in to see them – registration is free) Unit 2 - Creating a socially safe environment https://onlinecpd.wholeschoolsend.org.uk/unit-2 https://www.wholeschoolsend.org.uk/resources/autism-awareness-and-inclusion-package-primary https://www.wholeschoolsend.org.uk/resources/autism-awareness-and-inclusion-package-secondary https://www.wholeschoolsend.org.uk/resources/autism-awareness-and-inclusion-package-fe **LA training:** • Neuroinclusive Education Network – Making Sense of Autism • Neuroinclusive Education Network – Good Autism Practice	**WellComm** https://progress-checker.

Social understanding and communication	Training/support/reference interventions	Assessment/ screening tool
• Ensure staff monitor at break and lunchtime and intervene with strategies to support peer interactions, e.g. teaching of structured games, turn taking, it's OK to lose etc. • Support to recognise the views and feelings of others. • Ensure students understand their role and the role of others for successful group work. • Sitting next to a good role model will support understanding of expected behaviour. • Creating rules for expectations if social situations may help e.g. When lining up, leave a space between you and the person in front. • Offer limited choices: Instead of too many choices, offer two positive options. For example, "Do you want to sit here or over there?"		**National Autistic Society** **https://www.autism.org.uk/advice-and-guidance/topics/diagnosis/assessment-and-diagnosis/criteria-and-tools-used-in-an-autism-assessment** The Coventry Grid – pdf tool via search engines.

Sensory processing and integration	Training/support/reference interventions	Assessment/ screening tool
Anxiety in busy unpredictable environments • Prepare for change of activity or routine, e.g. use of visual resources, visual timers and objects of reference. • Organise small group activities. • Ensure that there is a calm learning environment and/or access to a low arousal space - minimal clutter, neutral colours, reduced visual stimulation • Provide regular mentor support, including adults or peers. • Consider the use of a visual timetable or 'now and next cards. • Provide a 'get out' option or a way of asking for help / alerting adults to distress. • Keep the student informed of situations that are different to the usual school day, give warning of tests or exams • Consider easy exit route for example a quiet room or a secure familiar place they can go, a specified workspace, when feeling anxious. • If there has been any kind of incident, give the student support to talk & time to allow them to move forward. • Teach stress-management strategies: Help learners learn ways to handle stressful situations. Have a list of calming activities they can use if they need to take a break. • Use a worry box/ in the classroom so CYP can express their needs safely	**General resources:** SEMH.co.uk - Sensory Suggester Sensory differences - a guide for all audiences **National training:** Neuroinclusive Education Network **https://www.nen.org.uk/expert-led-autism-training** Whole School Send (these links need you to sign in to see them – registration is free) Unit 11: Understanding anxiety and creating a supportive learning environment **https://onlinecpd.wholeschoolsend.org.uk/unit-11/** LA training: Neuroinclusive Education Network – Making Sense of Autism Neuroinclusive Education Network – Good Autism Practice	

Sensory processing and integration	Training/support/reference interventions	Assessment/ screening tool
Sensitivity to sensory stimuli • Provide sensory breaks such as jumping, wall pushing, walking to another room. • Be aware of the significance of sensory processing needs on eating. This can include food colour, texture, taste, meal size, mixing of food on plates etc. • Be flexible with the uniform policy when necessary. • Consider the environment e.g. noise, room temperature, visual stimuli, proximity. Minimise sensory distraction by careful seating and allow the student some input into seating planning. • Conduct a sensory audit tool to benefit whole school. • Have a flexible approach to transitions e.g. between lessons and to and from school. • Provide access to a haven / low arousal space, if needed. • Consider the use of ear-defenders/plugs for noise management strategies. • Use a calm voice, avoid speaking too loudly as many autistic people are sensitive to noise, instead try to divert them from or diffuse the situation by distraction or refocusing. • Lighting adjustments, such as use of natural light, avoidance of fluorescent flickering lights. • Access to sensory tools: fidget toys, weighted cushions, chewable items, wobble seats		

Sensory processing and integration	Training/support/reference interventions	Assessment/ screening tool
Physical outbursts • Understand that when someone behaves in a certain way, it's often because they are trying to tell us something. They might have unmet needs, like feeling upset or frustrated. • Pay attention to when and where these behaviours happen to better understand what might be triggering them. • Talk with families to understand what's going on at home, like changes in their life (e.g., a family member getting sick, moving house, or dealing with a loss), and learn what strategies work best for them. Share this info with staff to keep everyone on the same page. • Provide a quiet space or room where the learner can calm down and think things through. • Provide a 'Time out' or 'exit card' for the CYP to request time away from the classroom or task when required. A clear plan should be made about where the CYP can go, what they could do (provide calming activities), and the plan for reintegrating them into the classroom (e.g. they may be set a time to come back, an adult may need to check on them etc)		

Flexibility, information processing and understanding	Training/support/reference interventions	Assessment/ screening tool
Strategies as above PLUS Difficulties with imagination • Try role play and drama, use of props (e.g. puppets) • Modelling • Storytelling and sequencing. • Photos to talk through what might be happening. • Harness the use of the child or young person's (special) interests when considering your approach.		

Rigidity of Thought and Avoidance of Demands	Training/support/reference interventions	Assessment/ screening tool
• Offering reassurance and encouragement (even when the young person is not following adult direction) • Reducing the task/ expectation down until it feels manageable for the young person • Giving the young person space and time without further interaction • Considering whether a task/demand is absolutely necessary – can the task/ demand be reduced or the expectation changed? • Giving the young person time to focus on a special interest (this supports regulation) • Using humour or distraction to support the young person in 'moving on' • Avoiding imperatives (do this/that), and instead using collaborative language: let's do this/ next we're going to/ I'd like us to have a go at… • Providing clear, achievable criteria to make the task feel more manageable	**General resources:** https://www.pdasociety.org.uk/what-helps-guides/pda-approaches/panda-as-a-way-in/	

Social Emotional and Mental Health Needs (SEMH)

"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. Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils."

The Department for Education publishes guidance on managing pupils' mental health and behaviour difficulties in schools'." Code of Practice, 6.32 and 6.33.

WAF strongly advocates a whole-school approach to promote good social, emotional and mental health (SEMH), creating a culture and climate which is accepting and supportive for staff, parents/carers and children and young people (CYP).

Headteachers and the school leadership team need to be active in promoting this positive approach to understand and support social, emotional and mental health.

There will be a strong emphasis on:

- Promoting inclusive values, a supportive school culture and ethos that builds connection and belonging
- Fostering positive behaviour and emotional well-being with compassion and kindness

The social, emotional and mental health needs of children and young people can most often be managed within a whole school setting through this approach. When the level of need is assessed to be above what is ordinarily available at High Quality Teaching (HQT) level, then further intervention can be seen as appropriate.

There is an understanding that the emotional wellbeing and mental health of all children and young people will fluctuate for short periods of time based on events, changes and challenges in everyday life. Resilience is developed through co-regulation and support when facing adversity.

There will be some children who may well experience greater social, emotional and personal challenges that are different in intensity than everyday stressors.

What might SEMH look like / how might they present?

Behaviour is a form of communication. It is important to understand that communication, in order to be able to put in place effective interventions which result in long term change.

All of the descriptions provided represent how behaviours or presentation can be perceived by others. It is important to see these behaviours within the context of survival instincts, anxiety and underpinned by possible language and or learning needs.

- May forget materials or instructions.
- May appear not to be paying attention or have difficulty staying on task or task transitions.
- May dislike change in routine.
- May demonstrate impulsive behaviours.

- May have a reduction in attendance/ and or start being late with patterns of non-attendance.
- Parent carers may report challenges getting their CYP into school.
- May miss specific lessons.
- May have frequent unexplained illnesses i.e. tummy ache, headache.
- May regularly fall out with peers or have difficulty forming positive relationships.
- May demonstrate and need to feel in control of peer relationships.
- May have difficulties maintaining appropriate boundaries and relationships.
- May demonstrated physical aggression with others.
- May become isolated from peers or sensitive to disagreements, lacking resilience to repair the relationship and rejecting others.
- May have difficulty managing and/or regulating their emotions (e.g. quick emotional reactions to seemingly small stimuli)
- May demonstrate disruptive behaviour e.g. throwing chairs, destroying work, verbal and/ or physical aggression.
- May have emotional outbursts, tears, screaming and shouting, self-injurious behaviours.
- May have a change in behaviour at home, for example emotional at the end of the day which may present as challenging behaviours, withdrawal, difficulties with sleep, eating, self-care and independence.
- May avoid work e.g. asking to leave the classroom, looking for resources, disruption and distraction,
- Refusal to comply with adult requests, withdrawal, shouting out, getting up and wondering around, running away.
- May be a change in demeanour and/or appearance, attitude to learning, motivation to engage with peers, quieter or louder in class.
- May demonstrate unpredictability of behaviour with lack of obvious triggers
- May demonstrate low confidence and/ or self-esteem, fear of failure, risk avoidance, negative self-talk/appraisal of self, difficulty accepting praise, fixed mindset, unable to experience joy in success.

Social Emotional and Mental Health Needs (SEMH) - Due to the complex nature of SEMH needs, the strategies in the sections below are applicable to many of the barriers.

Strategies to support the identified barriers and/or need:

SEMH - General	Training/support/reference interventions	Assessment/ screening tool
• Always consider what the behaviour may be communicating. Are there any unmet communication or cognition leads? • Try to sensitively get the child or young person's views on what happened to gain a clearer understanding of the behaviours in context. • Look at the history. When did the behaviour start to change? What are the triggers? • Liaise and collaborate with home to understand the wider picture. • Keep notes of concerns and liaise with designated professionals. • Be aware of any prescribed medication that might impact child/young person	**General resources:** https://semh.co.uk/ https://www.nice.org.uk/guidance/ng223/resources/social-emotional-and-mental-wellbeing-in-primary-and-secondary-education-pdf-66143833987525 https://www.gov.uk/guidance/mental-health-and-wellbeing-support-in-schools-and-colleges https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-communication-and-behaviour-factsheet.pdf https://www.youtube.com/watch?v=0ehq5-P5OSs&t=27s **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 1: Creating an emotionally safe environment **https://onlinecpd.wholeschoolsend.org.uk/unit-1/** Unit 8: Understanding behaviour as communication. **https://onlinecpd.wholeschoolsend.org.uk/unit-8/**	Free: S&D Questionnaire **SEMH.co.uk Behavioural Indicator** Paid: Boxall Profile GL Assessments PASS (pupil attitude to school and self)

Difficulty in making and maintaining healthy relationships	Training/support/reference interventions	Assessment/ screening tool
• Look for patterns and triggers to identify what may be causing behaviours e.g. use of specific language. • Be aware that these behaviours may underlie an unmet need for safety. › Use positive scripts – positive language to re-direct and reinforce expectations e.g. use of others as role models. • Consider calming scripts to deescalate, including for example, use of sand timers for 'thinking time'. • Provide limited choices to give the child/young person a sense of control whilst following adult led activities. • Use meaningful rewards and consequences flexibly and creatively such as 'catch them being good' sticker charts or whatever the child or young person is personally motivated by, e.g. golden time.	**General resources:** https://www.mentalhealth.org.uk/our-work/public-engagement/healthy-relationships/top-tips-building-and-maintaining-healthy-relationships **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 2: Creating a socially safe environment https://onlinecpd.wholeschoolsend.org.uk/unit-2/	

Difficulties following and accepting adult direction	Training/support/reference interventions	Assessment/ screening tool
• Look for patterns and triggers to identify what may be causing behaviours e.g. use of specific language. • Be aware that these behaviours may underlie an unmet need for safety. › Use positive scripts – positive language to re-direct and reinforce expectations e.g. use of others as role models. • Consider calming scripts to deescalate, including for example, use of sand timers for 'thinking time'. • Provide limited choices to give the child/young person a sense of control whilst following adult led activities. • Use meaningful rewards and consequences flexibly and creatively such as 'catch them being good' sticker charts or whatever the child or young person is personally motivated by, e.g. golden time.	**General resources:** https://www.teachstarter.com/gb/blog/10-teacher-hacks-to-get-students-to-follow-directions-the-first-time-2-2/ **National training:** As above	

Behaviour that challenges expectations	Training/support/reference interventions	Assessment/ screening tool
• Identify problem situations that recur e.g. lining up / seating etc and try to resolve them / get ahead of them if possible. • Give a consistent message e.g.' I want you to be in class learning' clearly letting the child/young person know what is expected of them. • Use choices to allow the child/young person to have some control with the same end result e.g. "Would you like to talk to me now or in 1 minute?" • Offer a 'get out with dignity' choice letting the child/young person leave the situation. • Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR (situation, trigger, action, response) observation sheet; ABCC (antecedent, behaviour, consequence, communication) observation sheets; informal observations can be carried out to inform understanding. • Focus on noticing and acknowledging positive choices reinforcing desired behaviour immediately and meaningfully (e.g., specific praise or preferred activity). • As a teacher, have access to the risk management plan which includes pro-active strategies, early interventions to reduce anxiety / harm and reactive strategies to ensure a consistent approach.	**General resources:** https://www.challengingbehaviour.org.uk/ understanding-challenging-behaviour/what-is-challenging-behaviour/resource-understanding-challenging-behaviour-part-1/ https://www.savethechildren.org.nz/ educationhub/fight-flight-and-freeze https://www.5pointscale.com/downloadables.html **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 1: Creating an emotionally safe environment **https://onlinecpd.wholeschoolsend.org.uk/unit-1/** Unit 8: Understanding behaviour as communication. **https://onlinecpd.wholeschoolsend.org.uk/unit-8/**	

Behaviour that challenges expectations	Training/support/reference interventions	Assessment/ screening tool
• Teach the child/young person ways to get their needs met, such as developing social skills or strategies to self-regulate emotional states. • Use readiness to learn strategies and routines, for example, after breaks or between tasks. • Consider use of scripts. • Deal with incidents in a calm and positive way. • Label behaviour and not the student – always keep relationships as positive as possible and try to show that you like the student, just not some of their behaviours. • If it's obvious the student knows they did the wrong thing, don't dwell on what happened, help them to accept their consequence, find a resolution and move on. • Do not be frightened to communicate your own feelings. A student needs to know the effect their behaviour may have on you. • Make every lesson a fresh start, don't hold on to baggage from a previous lesson/incident		

Patterns of non-attendance	Training/support/reference interventions	Assessment/ screening tool
• Talk to parent carers to identify barriers of non-attendance. • Think about 'push and pull' factors. • Consider accessing Emotional Based School and settings Avoidance (EBSA) materials. • Collaborate and plan with parent carers, to ensure consistency between the home and school / setting.	**General resources:** **Working together to improve school attendance (applies from 19 August 2024)** **https://educationendowmentfoundation.org.uk/news/taking-a-tailored-approach-to-improving-attendance** **https://www.supportservicesforeducation.co.uk/page/20029**	**https://bromley education matters.uk/Page/18350**

Attachment difficulties	Training/support/reference interventions	Assessment/ screening tool
• Use a calm, steady tone and maintain composure even when behaviour challenges arise. • Use co-regulation strategies before expecting self-regulation (e.g., deep breathing, grounding activities, calm spaces). • Recognise that attachment-related behaviours are rooted in fear or insecurity, not defiance. • Be aware that the child / young person may say they do not want the support offered. This doesn't always mean that they don't need it. Seek to support in more subtle ways, but do not withdraw support. • Provide access to concrete, mechanical and rhythmic activities which engage left brain function and soothe in highly charged states e.g. counting; colouring; sorting; building structures; sequencing objects/ pictures; copying etc. • Attachment-informed practice = Safety + Trust + Consistency + Emotional Connection.	**General resources:** **https://beaconhouse.org.uk/wp-content/uploads/2019/09/Have-you-seen-me-1.pdf** **https://beaconhouse.org.uk/wp-content/uploads/2019/09/Why-are-these-kids-different.pdf** **https://beaconhouse.org.uk/resources/** **https://www.savethechildren.org.nz/educationhub/fight-flight-and-freeze** **https://www.attachmenttraumanetwork.org/understandingattachment/** **LA training:** Virtual School - **https://www.westmorlandandfurness.gov.uk/schools-and-education/virtual-school-children-care/information-schools** BUSS Trauma Informed ACE's	

Physical symptoms that are medically unexplained, for example, soiling and stomach pains.	Training/support/reference interventions	Assessment/ screening tool
• Use activities that are stress reducing e.g. games, dance, colouring, gardening, animals, and forest school. • Monitor to see whether the symptom is persistent and consider contributory factors, eg sensory processing issues impacting on eating or anxiety. • Keep a log and analyse pattern or trends to identify triggers. Talk to designated lead (special educational needs co-ordinator, pastoral or safeguarding lead) regarding your concerns if issue persists. • Remember that pain can affect autistic children and young people or those who have experienced trauma in ways that are different to people who are neurotypical.	**General resources:** https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/symptoms/ https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/ **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 9: Promoting mental wellbeing in your setting https://onlinecpd.wholeschoolsend.org.uk/unit-9/ Unit 10: Understanding and promoting resilience https://onlinecpd.wholeschoolsend.org.uk/unit-10/ Unit 11: Understanding anxiety and creating a supportive learning environment https://onlinecpd.wholeschoolsend.org.uk/unit-11/	

Difficulties participating and presenting as withdrawn or isolated	Training/support/reference interventions	Assessment/ screening tool
• Use assessment through teaching and learning – e.g. are their parts of the curriculum that they find easier to manage than others? Use these to develop confidence. • Analyse informal observations; frequency observations and other observation sheets. • Discuss the child/young person with colleagues and your special educational needs co-ordinator (SENCO). Check if there are staff members who seem to get a more positive response. What are the strategies or approaches they use with the child/young person? Can these be more widely replicated? • Differentiate tasks to ensure that all children / young people experience success. • Include explicit teaching of behaviour expectations. • Try small group work e.g. friendship or social skills, nurture groups. • Give the child/young person responsibility for looking after someone else. • Use a backward chaining approach to activities, such as bringing children and young people in at the end of assembly. • Use plays based activities.	**General resources:** https://www.annafreud.org/resources/under-fives-wellbeing/common-difficulties/withdrawn-behaviour/ https://www.redcross.org.uk/get-involved/teaching-resources/tackling-loneliness **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 9: Promoting mental wellbeing in your setting https://onlinecpd.wholeschoolsend.org.uk/unit-9/ Unit 10: Understanding and promoting resilience https://onlinecpd.wholeschoolsend.org.uk/unit-10/ Anna Freud centre https://bookings.annafreud.org/s/training-in-schools	

Difficulties participating and presenting as withdrawn or isolated	Training/support/reference interventions	Assessment/ screening tool
• Establish the child/young person's interests. Use differentiated resources – teach the curriculum appropriate to the development of the child. For example, a year five child may be accessing year one objectives in the same context. • Use buddying /peer mentoring to enable the child/young person to take on both roles, enabling them to receive support from a peer and provide support to a peer. • Try activities which provide the child / young person with a sense of belonging or importance to the group. • Provide alternative methods to contributing to class discussions.		

Anxiety	Training/support/reference interventions	Assessment/ screening tool
• Plan and provide a structure for regular check-ins for the child/young person. This will help them to feel more emotionally contained. • Keep a log and analyse patterns or trends to identify stressors. • Adults can ask them to reflect on this. Approach the situation with curiosity using 'WIN'- Wonder, Imagine, Notice. • Show empathy, demonstrating compassion and kindness instead of blame or shame. • Gathering the views of the child and young person and their family regularly with a trusted adult to be incorporated in their adult response plans and One Plans. • Intentionally teach the child and young person about their presenting needs and how this links to their emotional wellbeing. That these feelings are understandable. It is possible to learn ways to manage and to be supported to reflect on their experience of this. This work is known as 'psychoeducation'. • Adults need to be willing to provide a narrative to child and young person about their experience and progress. Taking opportunities to notice strengths, when things have improved, when they tried things that may have helped. • Making sure that the child and young person has alternative ways to self-regulate when stress is not manageable.	**General resources:** https://www.kooth.com/ https://www.youngminds.org.uk/young-person/ https://www.annafreud.org/resources/schools-and-colleges/ https://www.mind.org.uk/for-young-people/ https://www.nhs.uk/mental-health/self-help/tips-and-support/mindfulness/ https://mentallyhealthyschools.org.uk/mental-health-needs/anxiety/ **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 9: Promoting mental wellbeing in your setting https://onlinecpd.wholeschoolsend.org.uk/unit-9/ Unit 10: Understanding and promoting resilience https://onlinecpd.wholeschoolsend.org.uk/unit-10/ Unit 11: Understanding anxiety and creating a supportive learning environment https://onlinecpd.wholeschoolsend.org.uk/unit-11/ Anna Freud centre https://bookings.annafreud.org/s/training-in-schools	

Anxiety	Training/support/reference interventions	Assessment/ screening tool
• Provide opportunities and promote connectedness to enhance their sense of belonging. • Monitor mood in order to recognise early signs of feeling low or depressed. • Create an opportunity to express and process their emotions in a safe environment to prevent the 'bottling up' of feelings. • Co-regulation/self-regulation activities that are stress reducing e.g. games, dance, colouring, gardening, caring for animals, outside activities, etc. These are identified in an adult response plan. • For those child and young person with more severe or chronic problems, encourage the family to seek appropriate medical advice from the school nurse, GP or other specialists. Consider when to refer on, with consent, to the appropriate services.		

Self Harm	Training/support/reference interventions	Assessment/ screening tool
• Listen, Support. Take all expressions of self-injury or suicide seriously and respond to any medical requirements with first aid. • Someone close to the child and young person should talk with them in a quiet, private setting to clarify the situation and plan appropriate support. • Reassure the child and young person that sharing their thoughts and feelings is ok and that they will be listened to. • Provide opportunities for relaxation, mindfulness, co-regulation or self-regulation.	**General resources:** https://www.minded.org.uk/ https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/wave-1-resources/young-people-who-self-harm-a-guide-for-school-staff.pdf?sfvrsn=e6ebf7ca_2 https://www.youngminds.org.uk/professional/resources/responding-to-self-harm/ **National training:** https://www.every-life-matters.org.uk/suicide-prevention-training/training-in-cumbria/	

Attention difficulties	Training/support/reference interventions	Assessment/ screening tool
• Have a clear structure to the day. • Have a consistent seating plan for all lessons – primary or secondary. • Sit the child or young person away from distractions and near good "learning" role models. • Have clear expectations regarding behaviours and a clear and consistent response to behaviours. • Think about potential reasons, is there a pattern? • Record behaviour and remember to analyse and review trends. • Allow plenty of time for movement or frequent small concentration periods. • Plan lessons in small manageable chunks. • Be aware of times of the day that may be more difficult. • Use of a 'time out' card to enable classroom behaviour to remain positive. Do not assume the 'time out' card is being "abused" if it is used often for one lesson of the week. It may be that there are certain barriers to learning for the child in this lesson, eg sensory. • Consider whether any reasonable adjustments need to be made to discipline procedures / behaviour policies and ensure these are in line with equalities legislation. • Remember to consult with the child / young person so they can share with you, their perspective.	**General resources:** https://www.mind.org.uk/information-support/tips-for-everyday-living/adhd-and-mental-health/ https://www.tewv.nhs.uk/about-your-care/practical-guide/adhd/information-for-teachers/ https://www.addiss.co.uk/allabout.htm https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/adhd/ **National training:** https://beaconschoolsupport.co.uk/adhd_mastery.php	https://www.cntw.nhs.uk/wp-content/uploads/2024/07/ School-ADHD-information-booklet.pdf https://www.lscft.nhs.uk/our-services/service-finder-z/children-and-young-peoples-psychological-services

Cognition and Learning

'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 and young people 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 and young people are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.' Code of Practice, 6.30 and 6.31.

Cognition refers to the thinking skills and thought processes that a child or young person has acquired through their prior experience. Learning needs are on a continuum and can vary across subjects and situations. Difficulties may be short-term in one or more areas or severe and long term.

What does it look like / ow might students with Cognition and Learning issues present?

- Pupils with learning and cognition issues may have difficulties in a range of areas including:
- Independent learning skills such as the ability to focus, listen, organise themselves, sequence, or sustain attention on a task.
- Following instructions.
- Retaining and recalling information – in the short and/or long term
- Connecting key concepts together.
- Progress, even with differentiated high quality first teaching approaches which are targeted to gaps and barriers.
- Performance levels not being met – they are below the level within what most children and young people are expected to work.
- Acquiring basic literacy skills and knowledge, for example, phonics, reading fluency and reading speed.
- Acquiring basic maths skills and knowledge, for example, number bonds, applying and remembering maths learning.
- Dealing with abstract ideas, applying prior learning and problem-solving.
- Slow processing – they take longer to work through problems and tasks but can do with longer time.
- Confidence, avoiding of tasks and or reluctance to take risks:

Strategies to support the identified barriers and/or need:

Reading	Training/support/reference interventions	Assessment/ screening tool
Strategies: • Allow time to read and absorb information. • Consider using Text to Speech software. • Teach strategies to help track words on the page. • Make simple adaptations e.g., font type, line spacing, coloured paper or background to slides, lighting, overlays, appropriate use of technology. etc. • Provide opportunities for reading throughout the school day. • Use visuals alongside text to support understanding and word recognition (such as drawer labels, visual timetables, and instructions). • When teaching new vocabulary, draw attention to both the semantic and phonological aspects of the word. • A 'reading window' may help support reading. A reading window is a guide so only one line of text is displayed. This could simply be a piece of card with a slit only big enough to read one line of text through. • Use audio for complex texts using AI/Microsoft/Google. • Provide opportunities to practice unknown words first (if necessary) and then to re-read the sentences with fluency	**General resources:** https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks-1 https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks2 https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks3-ks4 https://literacytrust.org.uk/resources/?phase=primary – This is not necessarily specific to SEN https://assets.publishing.service.gov.uk/media/664f600c05e5fe28788fc437/The_reading_framework_.pdf https://education.gov.scot/resources/learning-to-read-early-years-plr/developing-skills-for-reading/developing-tools-for-reading/ 'Now the whole school is reading': supporting struggling readers in secondary school - GOV.UK Paired Reading – Peer and Adult	HIGHLAND LITERACY **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 16: Supporting Reading and Comprehension Across the Curriculum https://onlinecpd.wholeschoolsend.org.uk/unit-16/ **LA training:** WAF Dyslexia policy for strategies, assistive technology and interventions EPs can offer training in relation to Dyslexia and Precision Teaching.	https://headstartprimary.com/free-english-reading-comprehension-activity-sheets-and-tests/ Paid: GL New Group Reading Test

Spelling	Training/support/reference interventions	Assessment/ screening tool
Strategies: • Mark written work on content rather than spelling. • Highlight/tick the correct parts of the word rather than errors. • Provide high frequency word / topic word lists. • Use inbuilt accessibility features of tablets, phones or laptops e.g., speech to text functions. • Use colour to highlight spelling patterns. • Provide relevant spellings for the pupil in weekly spelling tests. • From KS2 onwards, increasingly use letter names, do not sound to support spelling and to reduce ambiguity where graphemes have multiple associated phonemes. • Effective multi-sensory spelling strategies; provision of spelling lists and specialist dictionaries e.g. ACE Spelling	**General resources:** https://bso.bradford.gov.uk/userfiles/file/!Learning%20Support/MSL/general%20resources/Multi%20Sensory%20Spelling%20Activities.pdf The Precision teaching sequence **LA training:** As above	Paid: GL New Group Reading Test

Writing	Training/support/reference interventions	Assessment/ screening tool
Strategies: • Reduce written homework requirements. • Allow and encourage alternative methods other than handwriting when recording work such as word processing for written work where possible. • Check suitability of chair/ desk, posture and paper placement. • Provide with left/right-handed pens and pencils as appropriate. • Teach CYP how to develop note-taking skills. • Model writing skills before the CYP attempts this independently. • Provide appropriate scaffolding. • Punctuation prompt card attached to exercise book • Consider the use of pen grips, writing slopes and ergonomic pens. • Think about the lines in the exercise book; are they too small for the child's handwriting at this point? • Encourage pupils to say their sentence aloud several times before writing, a talking tin could be used to support this. • Mindmaps can be used to generate ideas; to organise, plan and structure a piece of writing. • Use graphic organisers such as a paragraph planner or story frame to support the structure of writing. • Use word maps to support vocabulary. • Work with CYP's families around ways to support their skills and confidence with writing at home. • Alternatives to copying from board are in place	**General resources:** https://literacytrust.org.uk/blog/top-tips-for-promoting-writing-in-your-school/ https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks-1 https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks2 https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/literacy-ks3-ks4 **Evidence-based writing instruction for children with SEND – The Writing For Pleasure Centre** **LA training:** As above	

Maths/Numeracy	Training/support/reference interventions	Assessment/screening tool
• Ensure that sorting, matching, ordering and pre-numeracy skills are in place before moving on. • Teach the language of maths • Talk through number concepts aloud, communicating thinking in a verbal, diagrammatic and written form. • Use number games. • Follow a structured approach to build understanding of concepts. • Provide access to concrete resources e.g. hundred squares, number lines, Numicon etc. • Provide context for learning so that the child or young person can understand the relevance of each concept and link to their experiences. • Teach in the sequence of language, concrete resources and diagrams before symbols. • Support use of a calculator when mental calculation is not the focus of the session. For example, when solving word problems	**General resources:** https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/early-maths https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/maths-ks-2-3 https://www.nationalnumeracy.org.uk/helping-children-maths **Dyscalculia - British Dyslexia Association** **Effective Learning in Classrooms	Numicon: A Teacher's Guide	Classroom Tips** **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 17: Developing skills for mathematics https://onlinecpd.wholeschoolsend.org.uk/unit-17/	https://headstartprimary.com/free-maths-arithmetic-scaled-score-tests/ https://www.stevechinn.co.uk/dyscalculia/the-dyscalculia-checklist Paid: GL Sandwell Early Numeracy Test GL New Group Maths Test https://dynamomaths.co.uk/dynamo-maths/ IDL Numeracy

Working memory	Training/support/reference interventions	Assessment/ screening tool
Strategies: • Give the 'big picture' and context at the start of a new topic and revisit throughout. • Provide working walls, word maps, lists, checklists, taskboards, templates and storyboards. • Provide memory aids e.g. alphabet strips, number squares, post-its, key word lists, table squares. • Allow the student to use reference tools (written instructions, posters, graphic • organisers; posters, dictionaries, lists of procedures). • Visual support/reminders – multisensory approach. • Aim to provide 'check-in' support rather than constant individual attention. • Provide opportunities for repetition and overlearning. (Mastery learning) • Memory activities and games to support the development of strategies to support memory. • Chunk instructions one step at a time and check understanding throughout task. • Allow time to write down written instructions. • Encourage use of different coloured pens to highlight work and provide markers. • Allow pupil to take photograph of anything written on a board which they need. • Provide pupil with electronic notes of lesson.	**General resources:** https://www.learningscientists.org/downloadable-materials https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/metacognition https://www.mrc-cbu.cam.ac.uk/wp-content/uploads/www/sites/3/2013/01/WM-classroom-guide.pdf **How to Guide - Working Memory** **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 15: Memory for learning https://onlinecpd.wholeschoolsend.org.uk/unit-15/	Paid: GL Recall

Processing	Training/support/reference interventions	Assessment/ screening tool
Strategies: • Give clear and simple instructions, breaking down longer instructions and giving one at a time. • Use visual timetables, visual cues and prompts e.g. objects, pictures, photos, symbols, choice boards, sequences. • Give time to process information before a response is needed. • Make explicit links to prior learning. • Share next steps – so children and young people know what to expect. • Teach common routines i.e. "what do you need to do to complete this task." • Check in with the CYP to make sure they have understood what they have been asked to do.	**General resources:** [Tips for helping a child with processing difficulties](#) **National training:** Whole School Send (this link needs you to sign in to see it, but registration is free) Unit 14: Understanding executive function https://onlinecpd.wholeschoolsend.org.uk/unit-14/	Paid: GL Recall GL CATs

Specific learning difficulties e.g. Dsylexia	Training/support/reference interventions	Assessment/ screening tool
There are no specifically unique strategies required for CYP with dyslexia beyond those that effectively support literacy development in all learners. Maintain consistent use of all the above strategies	**General resources:** [The WESforD Resource File (1).pdf](#) https://www.bdadyslexia.org.uk/dyslexia https://www.bdadyslexia.org.uk/advice/educators https://cdn.bdadyslexia.org.uk/uploads/documents/Advice/style-guide/BDA-Style-Guide-2023.pdf?v=1680514568 **National training:** https://www.bdadyslexia.org.uk/services/training?suitability=further-education **LA: training:** As above	[https://www.bda dyslexia.org.uk/dyslexia/how-is-dyslexia-diagnosed/dyslexia-checklists](https://www.bdadyslexia.org.uk/dyslexia/how-is-dyslexia-diagnosed/dyslexia-checklists) Paid screening includes: GL Rapid GL PhAB GL YARC (York Assessment of Reading for Comprehension) IDL

Sensory and/or physical needs

"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.

Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers." Code of Practice 6.34 and 6.35

How might students present?

Vision impairment

- May tire easily OR not demonstrate a full understanding of visual materials that form part of the teaching and learning process.
- They may find writing especially tiring, suffer eye strain, headaches and general fatigue, especially in the afternoons.
- May squint, get very close to materials on their desk or disengage if they cannot see materials clearly.
- Adopt a poor or unusual posture when reading
- Not respond to non-verbal instructions such as facial expressions
- Lose their place when reading, skip lines or struggle to find text on a page
- Be hesitant when walking or bump/knock into things or walk with an unusual gait
- Tilt their head excessively to one side, up or down or use excessive head movements when reading
- Struggle to copy information from the board or from a peer next to them
- Have poor hand/eye co-ordination
- Deteriorating handwriting – may be unusually small or large, or letters may be poorly formed.

Hearing impairment

- The child or young person may mishear words or instructions and need reinforcement and reassurance before beginning task.
- Processing time – may need a gap between hearing and responding to interactions
- Fatigue – may tire easily and more often than peers – may withdraw from communication.
- Fluctuations in attention, may lose focus or be more often distracted in comparison to peers
- They may look for visual cues, lip pattern, facial expressions.
- Struggle in social settings/noisy environments, may lose confidence and appear withdrawn
- Difficulty in understanding peers in group discussions or in noisier environments.
- Unable to follow whispered conversations.
- May disengage with conversations or misinterpret discussions
- Have immature grammar e.g. "me want apple"
- Have immature speech sounds e.g. " bish" for fish, "gar" for car
- Make less than expected progress in phonics
- Vary in response to hearing their name e.g. good if familiar voice, when close or can see you, in quiet
- Nod and smile, but not respond to show understanding or lack thereof.
- Not turn their head and smile, look up, and respond verbally to name
- Give answers or comments which are not relevant, and show have missed information
- Lack of knowledge, experience of new vocabulary may lead to lack of understanding

Physical disability

Needs can vary greatly from developmental co-ordination disorder to full time wheelchair users.
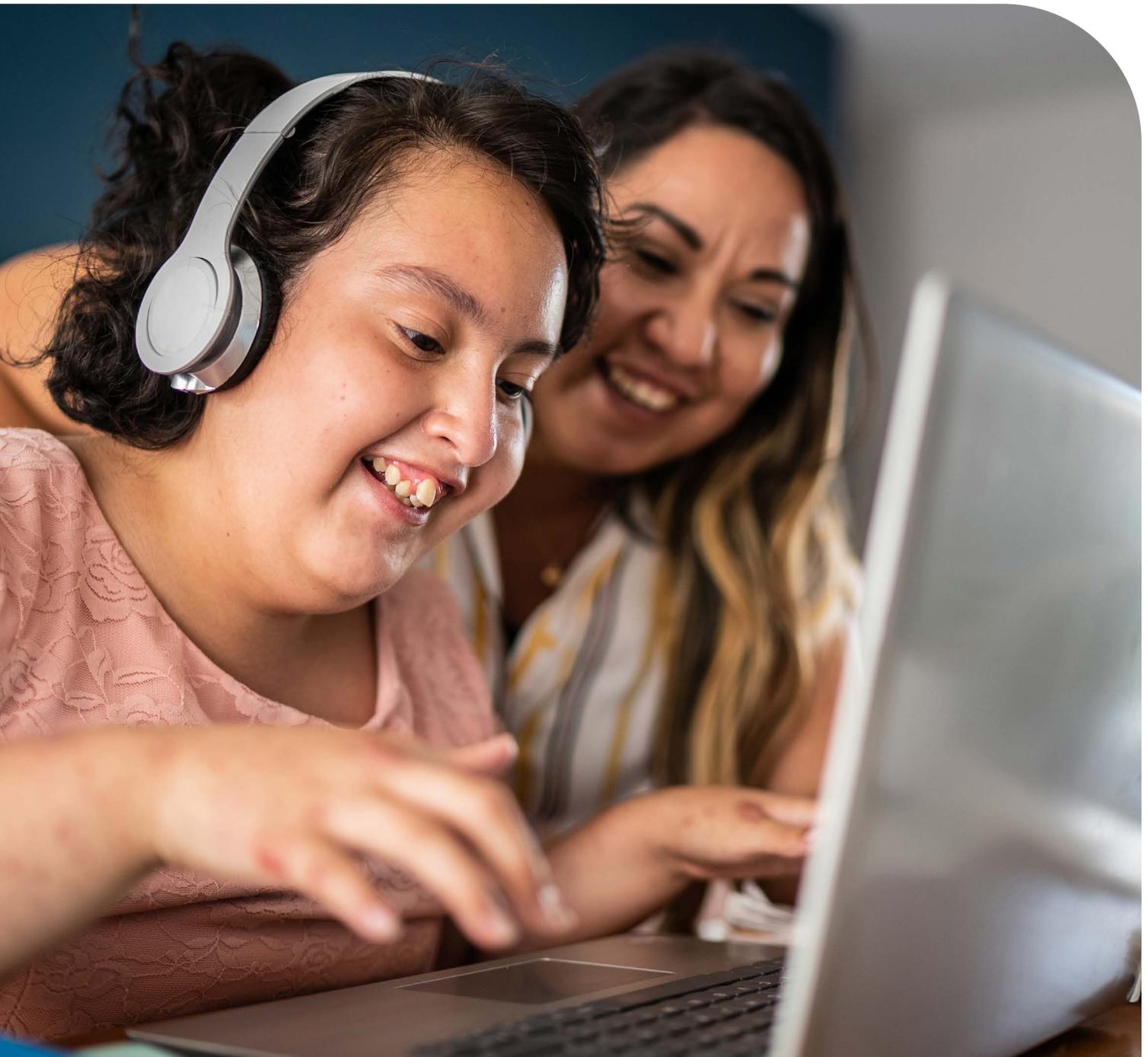
- Children and young people may have difficulty with:
- Gross motor and coordination difficulties, for example playground activities such as hopping, jumping, running, and catching or kicking a ball. They often avoid joining in because of their lack of co-ordination and may find physical education difficult.
- Age-appropriate development of life skills, such as walking up and down stairs, getting dressed, doing up buttons, tying shoelaces
- Fine motor skill development, such as Writing, drawing and using scissors – their handwriting and drawings may appear scribbled and less developed compared to other children their age.
- Clumsiness as they may bump into objects, drop things and fall over a lot.
- Have difficulties with managing their fatigue and may present as overly tired which can impact on concentration, cognitive functioning and engagement with the whole school context due to the extra effort required.

Strategies to support the identified barriers and/or need:

Vision Impairment	Training/support/reference interventions	Assessment/ screening tool
• Provide uncluttered space and plain backgrounds to help the child / young person focus on the appropriate object. • Use auditory reinforcements such as verbalising work written on the board. • Well organised classrooms/ rooms/halls with clear route ways. Ensure everyone values the importance of tidying up after themselves, e.g., pushing chairs under the table, putting cushions back in the cosy area. • Accessible displays at eye level. • Best seating arrangements in relation to the teacher/ teaching focus and light source, including lunch time. • Clean and glare free whiteboard. • Use of matt laminates to reduce glare • Handouts/worksheets/ learning resources clearly presented in a minimum standard print size (Point 12) and good contrast. • Provide additional resources for inclusive play, for example brightly coloured and contrasting play equipment so all can play together. • Encouragement to wear glasses and support to ensure they are clean. • Follow guidance from health professionals regarding eye patch treatment. • Contrast e.g., between carpet and skirting, skirting and walls, walls, and doors. • Consider lighting, may need higher wattage or task lamps.	**General resources:** **Vision Support Team Resources | Support Services for Education** **Education and learning tools for visually impaired children | RNIB** **Reasonable Adjustments in Schools | Vision Impairment Support** **https://clearvisionproject.org/resources/** **https://www.pocklington.org.uk/education/** **Supporting People with Sight Loss in Cumbria - Sight Advice South Lakes** **Resources | SeeAbility** **Condition-specific video: Visual Impairment | Whole School SEND** **VI_Team_-_RNIB_Acecss_To_Education.pdf** **Visual Impairment and OCcupational Therapy - The OT Toolbox** **National training:** Training for professionals supporting learners with sight loss | RNIB | RNIB https://www.pocklington.org.uk/education/ professionals/online-training/ https://www.rsbc.org.uk/pages/making-your- activities-inclusive **LA training:** **Families Information | Blind and Visual Impaired (BVI)** **Families Information | SEND Sensory Service** **Families Information | Sensory Service - Resources for Schools**	**Sight Tests - NHS** **Functional Vision Assessment - Final.pdf**

Vision Impairment	Training/support/reference interventions	Assessment/ screening tool
• Yellow paint markings on steps, and any changes in surface levels. • Ensure main pathways are level. • Clearly signed routes. • Working blinds in classrooms. • Doors with both push plates and handles. • Non-slip flooring in toilet areas. • Highlighting of hazardous, immoveable/fixed objects e.g., playground furniture, pupil lockers.		

Hearing Impairment	Training/support/reference interventions	Assessment/ screening tool
- Remove or reduce background noise. - Be aware that Acoustic conditions will vary within the different environments in settings. Where appropriate, use objects that dampen reverberation from sounds in the environment. - Minimise noise levels and be aware listening in noise is difficult and tiring. - Give prior warning regarding fire alarms where possible. (loud noises may be uncomfortable) - Seat child where they can best hear the teacher. - Use appropriate seating plans to place where teacher voice is optimised. - Ensure instructions are delivered clearly and at an appropriate volume. - Check the lesson content has been effectively communicated and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar vocabulary. - Repeat / rephrase pertinent comments made by other children and young people when required. - Face the child when you are giving instructions, so they have access to facial expressions and lip reading. be aware that moving around the class makes this difficult - Child may rely on non-verbal communication, e.g. eye contact, body language and facial expressions.	**General resources:** **Glue Ear Together** **Improving listening conditions for deaf pupils | National Deaf Children's Society** **Supporting deaf learners in the mainstream classroom Archives - BATOD** **Teaching resources - The Elizabeth Foundation for Preschool #Deaf Children** **Resources – Ewing Foundation** **Condition-specific video: Hearing Impairment | Whole School SEND** **National training** https://www.ndcs.org.uk/our-services/services-for-professionals/training-and-e-learning **Professional CPD Sessions - Deaf Education** **Let's Listen and Talk – The Elizabeth Foundation for Preschool Deaf Children**	**Hearing tests - NHS**

Hearing Impairment	Training/support/reference interventions	Assessment/ screening tool
• Use visual reinforcement (pictures and handouts), to support learning and visual cues such as sand timers, to support sharing. • Be aware that during P.E. or games lessons it will be more difficult to follow instructions, particularly in large open spaces. • During outdoor learning give instruction at the start of the lesson while the child is near. • Watching video clips should be supported by subtitles and transcripts or live Captions . • Listening to audio clips should be avoided and a live speaker provided to allow access to lip pattern. • Reasonable adjustments including, carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise. • Seat away from any source of noise e.g. window, corridor, fan heater, projector, the centre of the classroom etc. • Encourage good listening behaviour: sitting still, looking and listening. • Establish a quiet working environment, particularly for specific listening work. • Break down oral information into small chunks allowing pauses for processing. • Radio aid should be used alongside the above strategies and is not replacement for them.		

Physical Disability	Training/support/reference interventions	Assessment/ screening tool
• Access training specific to child/disability, such as physio & OT programmes, care training, or manual handling. • Identify any additional support equipment that may be required e.g. for toileting, swimming, use of PE, design technology equipment and science equipment, cooking. • Ensure correct seating position with appropriately sized table and chair and cushions such as wobble cushions or wedge cushions. • Provide support for letter formation e.g. using a multi-sensory handwriting scheme, pencil grips, sloping boards etc. • Enlarged worksheets to account for larger/less clear handwriting. • Consider alternative mouse, keyboard or other suitable equipment and associated keyboard/touch typing software, seeking advice from relevant professional where necessary • Develop fine motor skills e.g. hand and arm exercises, specialist scissors, pegboard, threading, play dough, pincer grips activities e.g. pegs onto washing line. This should be available based on level of development not age • Provide sequencing and organisational skills e.g. now / next boards, writing frames, visual timetables • Enable use of support equipment e.g. work chairs, walkers, standing frames, hoists • Provide sequencing and organisational skills e.g. now / next boards, writing frames, visual timetables.	**General resources:** **Glue Ear Together** **Improving listening conditions for deaf pupils | National Deaf Children's Society** **Supporting deaf learners in the mainstream classroom Archives - BATOD** **Teaching resources - The Elizabeth Foundation for Preschool #Deaf Children** **Resources – Ewing Foundation** **Condition-specific video: Hearing Impairment | Whole School SEND** **National training** https://www.ndcs.org.uk/our-services/services-for-professionals/training-and-e-learning **Professional CPD Sessions - Deaf Education** **Let's Listen and Talk – The Elizabeth Foundation for Preschool Deaf Children**	**Hearing tests - NHS**

Physical Disability	Training/support/reference interventions	Assessment/ screening tool
• Enable use of support equipment e.g. work chairs, walkers, standing frames, hoists. • Health Care plans should identify any specific support required and management strategies • Schools should consider reasonable adjustments, such as rooming options, timetabling adjustments. These could be considered as part of a wider approach to fatigue management with appropriate advice from relevant professionals • Undertaking appropriate care training and use of school and setting's hygiene suites. • Use adapted equipment to facilitate access specific activities throughout the day e.g. cutlery, crockery, scissors. • Regular mobility/movement breaks • Consider alternate ways of recording work for some tasks, e.g. voice recording, using pictures, using laptop for some work.	**General resources:** **Effective Practice Hub – pdnet** **Support sheets for a variety of skills are available from the Westmorland and Furness local offer Families Information	Children and Young People's Occupational Therapy - Lancashire and Morecambe Bay** **Families Information	Children's Physiotherapy Service** **Families Information	Physical Medical Difficulties - Resources for Schools** **Other advice available at For Children & Young People	NHS GGC** **National training** **Unit 3: Creating a physically safe environment** **Unit 13: An introduction to teaching learners with physical needs** **pdnet Training – pdnet**	

Medical needs

In addition to the quality first teaching expectations outlined above, additional provision and interventions maybe required.

Ensure that staff have the equipment they need or know how to access it e.g. support equipment such as lockable medicine cabinets, first aid bags, fridges.

Individual Health Care plans to identify any specific support required and management strategies

Refer to relevant professionals if needed for further assessment, to share strategies and advice to support the child/young person.

Access training such as rotated medication / care training, or manual handling.

Consider how you could promote regular home school contact when / if the child / young person is not attending the school / setting to maintain a 'sense of belonging' with peers and the community. Absence due to medical needs may require a reintegration plan to address learning gaps.

Appendix 1 Glossary of Acronyms

- ABA - Applied Behavioural Analysis
- ADD - Attention Deficit Disorder
- ADHD - Attention Deficit and Hyperactivity Disorder
- AET - Neuroinclusive Education Network
- AP - Alternative provision
- APD - Auditory Processing Disorder
- APDR - Assessment, Plan, Do, Review
- AR - Annual Review
- ASC - Adult Social Care
- ASC - Autistic Spectrum Condition

- BAS - British ability scales

- CAMHS - Child and Adolescent Mental Health Service
- CBT - Cognitive Behavioural Therapy
- CIN - Child in Need
- CLA - Child Looked After
- CME - Child missing education
- CoP - Code of Practice
- CP - Child Protection
- CPM - Costed Provision Map
- CYP - Children & Young People

- DfE - The Department of Education
- DLA - Disability Living Allowance
- DWP - Department for Work and Pensions

- EAL - English as an additional language
- EHE - Elective home education
- EOTAS - Educated other than at school
- EYFS - Early Years Foundation Stage
- EHCNA - Education, Health and Care Needs Assessment
- EHCP - Education, Health and Care Plan
- EP - Educational Psychologist

- FAS - Foetal Alcohol Syndrome
- FE - Further Education
- FH - Family Hubs
- FSM - Free School Meals

- HE - Higher Education
- HV - Health Visitor
- HI - Hearing Impairment
- HLTA - Higher Level Teaching Assistant

- IP - Inclusive Practice

- KS - Key Stage

- LA - Local Authority
- LO - Local Offer
- LSA - Learning Support Assistant

- MDT - Multi-Disciplinary Team
- MH - Mental health

- MLD - Moderate learning difficulties

- ND - Neurodiversity

- OAIP - Ordinarily Available Inclusive Provision
- OCD - Obsessive Compulsory Disorder
- ODD - Oppositional Defiant Disorder
- OT - Occupational Therapy / Occupational Therapist

- PCF - Parent Carer Forum
- PB - Personal budget
- PCA - Person Centred Approaches
- PD - Physical Disability
- PDA - Pathological Demand Avoidance
- PEP - Personal Education Plan
- PFA - Preparing for Adulthood
- PIP - Personal Independence Payment
- PMLD - Profound and Multiple Learning Difficulties
- PP - Pupil Premium
- PRU - Pupil Referral Unit

- SALT - Speech and Language Therapy
- SEMH - Social emotional and mental health
- SEN - Special educational needs
- SEND - Special educational needs and / or disability
- SENDIASS - Special Educational Needs & Disability Information, Advice and Support Service
- SENDIST - Special Educational Needs and Disability Tribunal
- SENCO - Special Educational Needs Co-ordinator
- SI - Sensory Impairment
- SI - Supported internship
- SLCN - Speech Language and Communication Needs
- SLD - Severe Learning Difficulties
- SpLD - Specific Learning Difficulties
- SLT - Speech and Language Therapy / Therapist
- SW - Social Worker

- TA - Teaching Assistant
- TAC - Team around the child
- TAF - Team around the family

- VI - Visual Impairment (loss of sight)

- YJS - Youth Justice Service
- YP - Young People / Young Person

Translation Services

If you require this document in another format (e.g. CD, Braille or large type) or in another language, please telephone: **0300 373 3300**.

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