

Ordinarily Available Provision

Information for professionals, parents and carers

Provision that the local Education, Health, and Care partners expect to be made available for children and young people with special educational needs and/or disabilities in early years settings, schools, and colleges in Hammersmith & Fulham.



Contents

| | |
|--|----------|
| Acronyms used in this document | 3 |
| Introduction | 4 |
| Section 1 | |
| Expectations of all settings | 5 |
| Local area inclusion commitment | 6 |
| Partnership with child or young person and parents or carers | 7 |
| Assessments | 8 |
| Pastoral | 10 |
| The physical and sensory environment | 11 |
| Teaching and learning strategies | 13 |
| Resources | 15 |
| Staff skills and training | 16 |
| Transitions and transfer | 17 |

| | |
|--|-----------|
| Section 2 | |
| Support for broad areas of need | 19 |
| Communication and interaction | 20 |
| Cognition and learning | 32 |
| Social, emotional and mental health difficulties | 38 |
| Sensory and/or physical needs | 47 |
| Glossary | 55 |



Acronyms used in this document

| Acronym | Stands for |
|---------|---|
| ASC | Autism Spectrum Condition |
| SEMH | Social, Emotional and Mental Health |
| HI | Hearing Impairment |
| MLD | Moderate Learning Difficulties |
| MSI | Multi-Sensory Impairment |
| PD | Physical Difficulties |
| PMLD | Profound and Multiple Learning Difficulties |
| SEN | Special Educational Needs |
| SLD | Severe Learning Difficulties |
| SLT | Speech and Language Therapy |
| SPLD | Specific Learning Difficulties |
| SLCN | Speech, Language and Communication Needs |
| VI | Visual Impairment |



Introduction

Hammersmith & Fulham is a needs-led council

Any provision or support should be provided in line with the needs of the child or young person and is not dependent on any formal diagnosis.

This document has been co-produced with Education, health, social care, parent and carer partners following ongoing consultation.

Terminology used in this document

Throughout this document we will refer to:

- adults who support children and young people as staff
- educational placements including early years provision, schools, and colleges as settings
- special educational needs and/or disabilities as SEND

Hammersmith & Fulham's SEND Strategy commits local partners to ensure children and young people lead happy, healthy, and fulfilling lives. One of the aims is to increase inclusive practice so that children with special needs and disabilities can attend their local setting or school in line with theirs and their parents or caregivers' wishes.

This document is intended to support schools and settings to reflect and develop their inclusive provision to benefit all the children and young people in the school or setting including those with SEND. By outlining a set of expectations, we are encouraging consistency between schools and settings across the authority. Whilst this document is primarily aimed at professionals, we also intend that this document will support parents, carers, children and young people themselves to better understand the support that will be provided for children and young people with SEND without an Education, Health and Care plan (EHCP).

"Ordinarily Available Provision" refers to the support that all Hammersmith & Fulham schools, early years, and post 16 settings should be able to provide for children and young people including those with SEND from within their own resources.

"The local authority must set out in its Local Offer an authority-wide description of the special educational and training provision it expects to be available in its area [...] for children and young people in its area who have SEN or disabilities from providers of relevant early years education, maintained schools... post-16 providers."



Section 1

Expectations of all settings

This section outlines the expectations on all educational settings, according to the needs of the child or young person.

All settings must apply the principles underpinning the [SEND Code of Practice 0 to 25 years](#) and have regard to the [Equality Act 2010: guidance](#).

The key principles of the SEN Code of Practice should be applied in all settings and throughout the child or young person's learning journey.

- The views, wishes and feelings of the child or young person and the child's parents.
- The importance of the child or young person and parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions.

- The need to support the child or young person and the child's parents in order to facilitate the development of the child or young person and to help them achieve the best possible educational and other outcomes, preparing them effectively for adulthood. ([SEND Code of Practice](#)).

Broadly speaking much of this section will be an integral part of the setting's provision for all children. It outlines some of the practices and adaptations that are part and parcel of quality first teaching. The provision and strategies outlined in this section may be required for children and young people with SEN and/or disabilities but will undoubtedly be of benefit to many of the children and young people in the setting. All children and young people are different, and this should not be seen as a checklist but rather schools and settings should refer to this guidance when making provision for a child or young person with SEND.



Local area inclusion commitment

Our commitment to inclusion where professionals and families work together in improving outcomes for children and young people.

- 1** We will ensure that children, young people, and their families feel **welcome** and **respected**.
- 2** We will **champion an inclusive approach** where all children are safe, healthy, and learning.
- 3** We will work together to **identify** needs and provide appropriate support in a **timely** manner.
- 4** We will focus on **removing the physical, social, and educational barriers** that limit children and young people's progress.
- 5** We will treat every child and young person as a **unique individual** and work to support their **aspirations** so they can **fulfil their potential**.
- 6** We will have **open and honest** conversations and **communicate** effectively with all stakeholders.
- 7** We will identify opportunities and encourage children and young people to **participate fully** in activities and form **positive friendships**.
- 8** We will **empower** children and young people to be as **independent** as possible and develop their decision making in preparation **for adulthood**.
- 9** We will support children, young people and their families to effectively **navigate and access** appropriate local services.
- 10** We will include children, young people and their families in **decision making** to **improve services and provision**.



Partnership with child or young person and parents or carers

| Expectations of all settings | Suggested strategies |
|---|---|
| <p>The setting works in partnership with parents or carers and the child or young person in decision making.</p> | <ul style="list-style-type: none"> • The school or setting SEND information report is co-produced with parents and carers which is published and reviewed annually. • Parents or carers are signposted to Hammersmith & Fulham Local Offer. This is referenced on the setting's website. • Parents or carers are clear on the range of communication channels available for sharing information about their child. • Parents or carers are aware of the SEN status of their child and the provision to support, including any individually tailored interventions in place. They are involved in setting and reviewing targets for their child. It is good practice (as outlined in the SEN Code of Practice) for schools to organise reviews with parents once a term where their child has an SEN Support plan. This keeps the parent fully informed of progress and allows them to participate in decision making and planning. • Formal and informal events take place to seek views in relation to SEN provision in the settings e.g., child or young person and parent or carer surveys, coffee mornings. • Use of home and setting diaries or book bag messaging and social media to support communication directly with parents or carers in addition to communication given via the child or young person. |
| <p>An effective partnership with child or young person and parents or carers is evident through their participation.</p> | <ul style="list-style-type: none"> • Child or young person are involved in the Graduated Approach; assess, plan, do, review, process: setting and reviewing targets and identifying their own learning strategies. • Child or young person are helped to understand their own barriers to learning and the strategies that can support them. • Child or young person are supported to value and celebrate their achievements. • Child or young person understand and are able to contribute to the targets they are working to achieve. • Setting curriculum goals are broken down into clear steps so parents are aware of progress made over time. |

Assessments

| Expectations of all settings | Strategies |
|---|---|
| <p>A regular cycle of Assess, Plan, Do, Review is used to ensure that children and young people with SEND are making progress.</p> | <ul style="list-style-type: none"> • Child or young person’s strengths and difficulties in learning and behaviour are observed and monitored in a range of environments to inform planning. • Staff are made aware of the child or young person’s starting points so that expected progress is made and can be measured. • Observation and assessment are used to inform planning and interventions starting from their strengths, interests and what they can do. • Consideration is given for individual child or young person’s unique journey. Case studies may be used to demonstrate holistic progress. • Assessment is used to inform planning and interventions. Targeted teaching takes place regularly (from daily to weekly) and is recorded to support the Assess, Plan, Do, Review process. Consideration is given for individual pupils’ developmental patterns. • Example: <u>Assess, Plan, Do, Review</u>. • Delivery of evidence-based interventions and models of good practice – <u>Education Endowment Fund Special Needs in Mainstream Schools</u>. |
| <p>Staff ensure that formative assessment and feedback are a feature of teaching and learning.</p> | <ul style="list-style-type: none"> • A wide range of assessment strategies and tools are used to ensure a thorough understanding of children and young people. • Children and young people have regular opportunities to evaluate their own learning. Self-assessment is routinely used to inform individual targets. • The impact of provision and interventions is critically evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for the child or young person. |

Assessments (continued)

| Expectations of all settings | Strategies |
|---|---|
| <p>Expertise is in place to manage reasonable examination arrangements (access arrangements) for assessments, national tests, and public examinations.</p> | <ul style="list-style-type: none"> • Settings make adaptations to assessment arrangements based on the child or young person's normal way of working and reasonable adjustments used to enable the child or young person to access their learning. • Please refer to Joint Council for Qualifications Guidelines <u>Access Arrangements, Reasonable Adjustments and Special Consideration – JCQ Joint Council for Qualifications</u> and the relevant exam board guidelines. Arrangements could include: <ul style="list-style-type: none"> • Rest breaks • Use of a reader, scribe, or laptop • Extra time • Adapted resources are used in the learning environment, class and assessments. • Early years staff undertake observational assessments to inform SEN Support Plans. |

Pastoral

| Expectations of all settings | Strategies |
|--|--|
| <p>The setting recognises, and responds to, the need for pastoral support for children and young people with SEND, bearing in mind the individual's social and emotional needs and other relevant contextual circumstances.</p> | <ul style="list-style-type: none"> • Children and young people's strengths and barriers for access to learning are observed and monitored in a range of environments to inform planning. • Staff are aware of children and young people's starting points so that expected progress is made and can be measured. • Observation and assessment are used to inform planning and interventions starting from their strengths, interests and what they can do. • Consideration is given for individual children and young people's unique journey and aspirations. Case studies may be used to demonstrate holistic progress. • All schools should adopt a whole school relational approach and policy to ensure that young people feel valued and safe in line with The National Institute for Health and Care Excellence (NICE) guidelines. |
| <p>Children and young person feels safe and valued. They know that they can approach staff and that their opinions and concerns are valued.</p> | <ul style="list-style-type: none"> • A wide range of assessment strategies and tools are used to ensure a thorough understanding of the child or young person. • Children and young people have regular opportunities to evaluate their own learning. Self-assessment is routinely used to inform individual targets. • The impact of provision and interventions is critically evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for the child or young person. • Schools having a strong understanding of anti-racist and anti-oppressive practice. • Staff have training in positive interaction and support methods for young people who are vulnerable and/or present with SEMH, such as 'emotion coaching'. |

The physical and sensory environment

| Expectations of all settings | Strategies |
|---|--|
| <p>The physical environment is adapted to meet the needs of children and young people.</p> | <ul style="list-style-type: none"> • Schools and local authorities provide reasonable adjustments for disabled pupils under the Equality Act 2010. • The physical accessibility of the building and individual learning spaces is assessed using the Enabling Learning Environment audit tool. The accessibility plan is on the website and “reasonable adjustments” are made according to individual needs. • The furniture is the appropriate size and height for the child or young person. • Extracurricular activities and educational visits are planned to fully include child or young person with SEND (in line with the Equalities Act 2010), including those with SEMH and physical disabilities. “Reasonable adjustments” are made. • <u>Equality and Human Rights Commission Technical Guidance for Schools in England</u> • Children and young people’s views are routinely sought and are used to inform planning for physical or sensory adaptations that they may require. • Teachers and Practitioners use observational assessments and/or parents input where the child is not able to communicate their views. |

The physical and sensory environment (continued)

| Expectations of all settings | Strategies |
|---|--|
| <p>Staff are aware of sensory needs and issues that may impact on children and young people.</p> | <ul style="list-style-type: none"> • Children and young people’s sensory needs are known, and a created Sensory Profile is used to plan reasonable adjustments to provide an Enabling Learning environment which may include: <ul style="list-style-type: none"> • Seating arrangements • Movement breaks • Equipment • Environmental modifications e.g., reduced sensory overload, lighting, displays • Presentation of materials e.g., text size, colour, background • Noise levels • Access to alternative spaces e.g., due to smell or noise • Flexible uniform policy • Left and right-handed children and young people are able to use equipment comfortably and seated so that they do not knock each other as they write or draw. • Displays are meaningful and visually accessible to reduce sensory overload. • Staff are aware of lighting in the room e.g., use of natural light, glare from the board, where you stand in relation to the light. • Use of pale background and accessible font styles on the whiteboard. • Staff are aware of smells and noise in the room and any particular individuals who may be significantly impacted by these. E.g., room next to the canteen or music room. |

Teaching and learning strategies

| Expectations of all settings | Strategies |
|--|---|
| <p>Staff are aware of the additional needs of their children and young people, understand the nature and impact of these and how to respond to them. Planning incorporates more detailed specialist advice.</p> | <ul style="list-style-type: none"> • Quality First Teaching 5-a-day principle. • <u>Education Endowment Fund Five-a-day poster</u>. • Learning Walks incorporate a focus on Inclusion and SEND. • Evaluative questioning (open, closed, suited to needs, thought provoking). • Assessment for Learning (AFL) and Assessment of Learning (AOL) (staff aware of cognitive ability and levels) (choice facilitated or backward chaining). • Alternative methods of recording available where appropriate (for example video, voice recording, word processing). • Aspects of structured teaching are used according to the child or young person's needs e.g., visual timetables, clear concise instructions with written or visual prompts (e.g., now, and next cards), particularly during transitions. • Children and young people are given time to process information before being asked to respond individually or as a whole class. • Tasks are broken down into small manageable steps. These steps are shown explicitly. • The pace and order of activities is varied to maintain interest and attention of all children and young people. |
| <p>Staff differentiate to provide suitable learning challenges and cater for different learning needs and styles. Use of success criteria or similar to promote independence, scaffold, and support.</p> | <ul style="list-style-type: none"> • Multi-sensory approach used in each lesson (teacher talk, video, IT, colour-coding, kinaesthetic opportunities). • Modelling, cueing, prompting, and self-scaffolding is used to aid understanding and promote independence. • Visual and audio demonstrations and visual cues and audio commentary are used. Key vocabulary is displayed with visuals. For specialist subject's glossary of terms is pre taught. • Alternatives to written recording are used routinely. • Skills to promote independent learning and/or study skills are explicitly taught. Children and young people have access to homework clubs, or additional support with homework. • Homework is differentiated appropriately for children and young people. Staff handwriting on the board, working walls and in the child or young person's books is clear and legible. • Technology e.g., interactive whiteboard, tablets etc are used to effectively promote engagement and scaffold the learning. |

Teaching and learning strategies (continued)

| Expectations of all settings | Strategies |
|---|--|
| <p>Staff ensure that children and young people have opportunities to work in different ways e.g., independently, in a variety of small groups and/or in pairs.</p> | <ul style="list-style-type: none"> • Strategies are used to actively promote independent learning e.g., through pre-teaching, overlearning, appropriately differentiated resources. • Seating plans and groupings take account of individual needs and routinely provide opportunities for access to role-models, mixed-ability groups, structured opportunities for conversation and sharing of ideas and access to additional adults where they are available. Activities may take place at floor level (e.g., small world play) in some instances. • Use of additional adults is planned to maximise their impact on learning (all adults are aware of planning, objectives and goals, time allowed for joint planning and reviewing of lessons). • Children and young people are explicitly taught appropriate skills to manage routines and independence. |
| <p>Staff provide opportunities for collaborative learning and peer support.</p> | <ul style="list-style-type: none"> • Relational practices are used to build and maintain positive relationships across the whole setting community. • There are opportunities to develop peer awareness, sensitivity and support for different needs and disabilities both in and out of the classroom. Children are explicitly supported with appropriate peer to peer interaction where required. |

Resources

| Expectations of all settings | Strategies |
|--|--|
| <p>Resources are allocated appropriately to ensure additional needs are met. Quality and impact of support is reviewed.</p> | <ul style="list-style-type: none"> • Resources are within easy reach of children and young people to promote independence and reduce stigma. • Children and young people have easy access to sensory equipment that they require, e.g., writing slopes, pencil grips, wobble cushions, fidget toys, ear defenders, and weighted blankets. • Resources are clear and uncluttered, labelled using text and images. Print size and font is appropriate. Coloured backgrounds and paper are used to reduce visual stress. • Physical resources such as Physical Education and Maths equipment are adapted to promote independence and 'reasonable adjustments' made e.g., different size balls. |
| <p>Specific resources and strategies are provided to overcome potential barriers to learning. Increased use of ICT resources.</p> | <ul style="list-style-type: none"> • Tangible apparatus and adapted resources are available for those children and young people who require it. • Children and young people are taught how to use these resources effectively. • Technology is used to support alternatives to written recording and to promote independent learning. • The skills to use specific resources are taught e.g., touch typing. • Staff are supported to develop alternative ways of recording and modelling is embedded. • Where a child or young person requires specialist equipment to meet their identified needs, the setting would be expected to fund up to: <ul style="list-style-type: none"> • £500 per annum – Special Schools • £250 per annum – Mainstream Schools <p>From their notional SEN budget. If costs were to exceed this but be below the CENMAC threshold, requests should be made to the local authority for inclusion funding to meet the additionality over and above the values above.</p> |

Staff skills and training

| Expectations of all settings | Strategies |
|--|---|
| <p>All staff make a positive contribution to progress.</p> <p><u>Maximising the impact of teaching assistants to better support students</u> (www.ucl.ac.uk)</p> | <ul style="list-style-type: none"> • Governors and Senior Leads promote and champion inclusion at all levels. • Additional adults are deployed proactively and their impact on the child or young person is monitored carefully to ensure progress is supported and maintained. • Grouping and seating arrangements and additional support are used to promote independent learning as far as possible. • Strategies taught and used in interventions are integrated into teaching so that the child or young person can sustain progress within the classroom. |
| <p>There is a plan for ongoing Continuing Professional Development (CPD) in relation to the needs of the child or young person.</p> | <ul style="list-style-type: none"> • There is a planned programme of ongoing continuing professional development in relation to SEND for all setting employees and individual teams and departments. • Best practice is shared within the setting and with other settings in the borough via the <u>Hammersmith & Fulham Learning Partnership</u> and its networks. • Schools evidence implementation of training accessed, through use of tools such as the Speech & Language UK Progression Tool or Social Communication and Emotional Regulation transactional support (SCERTS) and or Autism Progress Monitoring Tool (APMT). AET program of Autism modules. |
| <p>Staff collaborate and have effective links with other relevant outside agencies and specialists.</p> | <ul style="list-style-type: none"> • Staff know when and how to refer for extra support or advice. • The setting is aware of and regularly communicates with any other professionals who are involved with each child or young person. • Advice received from other professionals is used to inform teaching and learning. |

Transitions and transfer

| Expectations of all settings | Strategies |
|--|---|
| <p>Support is in place for routine and life transitions when required at all ages and stages from Education to Adulthood.</p> | <ul style="list-style-type: none"> • Transitions include: <ul style="list-style-type: none"> • Moving around the setting • Preparing for weekends, the start of holidays and beginning of term • Moving from lesson to lesson • Changing from structured to unstructured times • Moving from one activity to the next within a lesson • Changes of staff – permanent and temporary • Special events: visitors, visits, celebrations • Life events: birth of a sibling, change in parenting arrangements e.g., change in parent or carers relationship status, loss and bereavement or contact visits • Puberty • Staff are aware of those who will need additional support for all or most transitions and plan for these transitions. This includes children and young people who: <ul style="list-style-type: none"> • Have insecure attachment, including but not limited to Looked After Children, Children who are subject to Child in Need or Child Protection Plan and Service Pupils • Have social communication difficulty • Are neuro-diverse (ND) • Suffered trauma, loss, or bereavement • Are anxious • Example: <ul style="list-style-type: none"> • <u>Supporting students with their transition to secondary school (www.lbhf.gov.uk)</u> • Safe spaces are available within the room or an identified area. • Visual timetables are used, events are removed or ticked off when finished. These may also include an “oops” for when things change unexpectedly. • Timers are used to show children or young people how long they have to work for and how long they have to finish. • Opportunities for periods of respite using withdrawal to smaller groups. This might include self-directed and individual time-out. • Plans are made for unstructured times: safe spaces are available; there are structured alternatives such as games club or use of the library for vulnerable children and young people. • Alternative activities, structures or routines are in place dependent on individual needs. |

Transitions and transfer (continued)

| Expectations of all settings | Strategies |
|--|--|
| <p>Procedures are in place for ensuring smooth progression within and between settings, particularly during all transition phases, including on entry and exit.</p> | <ul style="list-style-type: none"> • Information is actively sought and shared about the child or young person to support successful transitions and manage change both within the setting and beyond. • This information is available for the child or young person's parents or carers, other colleagues within the setting and receiving or previous settings as required. • Staff are aware of children and young people who need additional support while transitions and adjustments are made, e.g., additional visits to a new setting or classroom with a familiar trusted adult, creating social stories. • For children and young people with additional needs, a SEND Transition Plan should be co-produced by the exiting and receiving setting and parent or carer and child or young person. |

Section 2

Support for broad areas of need

This section is separated by the four areas of need set out in the Code of Practice.

Many children and young people may have needs across more than one category and certain conditions may not fall neatly into one area of need. When reviewing and managing special educational provision, the four broad areas of need may be helpful as a guide to ensure you can provide support across these areas.

This section describes strategies, interventions and resources that can help support children and young people with a range of needs and barriers to learning. Usually, when a child or young person is receiving this additional support, they will be presenting with characteristics that fall under at least one of the four broad areas of need set out in SEND Code of Practice (2015).

- Cognition and Learning
- Communication and Interaction
- Social, Emotional, and Mental Health difficulties
- Sensory and/or Physical Needs

Support should be put in place according to presenting needs and should not be dependent on any formal diagnosis. It is likely that children and young people will have needs or difficulties across more than one area. It is important to note that a child or young person with a particular difficulty is unlikely to need all of the provision listed in that area; rather that this document should be used as a guide for those working with the child or young person when considering the provision that could be put in place to best suit their individual needs.

This guidance sets out the range of provision that the Local Area expects schools and settings should be able to provide. Schools may not have knowledge or experience of all the strategies, interventions and resources set out in this document. In addition, space available within schools can vary and this will have an impact on the sensory environment and how provision is delivered. Support, guidance and training is readily available in the Local Area so that schools and settings are able to develop their practice to meet the expectations set out here. This can be accessed through the Learning Partnership, Inspire Service, and Local Offer.

Some children and young people will have an Education, Health, and Care Plan (EHCP). Children and young people with EHCPs must receive the specified provision to meet their needs as described in Section F of their plan. Provision included in this document will not always be included in Section F as it is considered to be ordinarily available. However, where professionals recommend strategies e.g., the use of a visual timetable or availability of a breakout space, this may be included in the EHCP. There may also be other strategies and interventions which will support the child or young person's learning, and which are ordinarily available but not specifically referred to in their EHCP.

Communication and interaction

This provision should be in addition to the expectations in section one.

Approaches and strategies, and the resources available

| Approaches and strategies | Resources, advice and consultation available |
|--|---|
| <ul style="list-style-type: none"> • Whole setting awareness and understanding of communication and interaction needs. • Child or young person will access strategies and resources typically available, with an emphasis on visual teaching aids to support learning and social activities. • Tasks may need to be differentiated by level, outcome, pitch, pace and grouping. Aspects of structured teaching might be helpful. • Staff are skilled in adjusting the pace and order of activities to maintain interest and attention and celebrate the strengths of each child or young person. | <ul style="list-style-type: none"> • <u>Education Psychology Service</u> • <u>Joint Communication Team</u> • <u>Health visiting</u> and school nursing • Speech and Language Therapy service • <u>Portage</u> • <u>National Autistic Society</u> • <u>Afasic, Voice for Life</u> • <u>Council for Disabled Children</u> • <u>NASEN (National Association of Special Educational Needs)</u> • All staff engaged with Autism Education Trust training Making Sense of Autism module. • Autism Progress Monitoring Tool Social Communication and Emotional Regulation transactional support training from the Education Psychology Service. |

Communication and interaction (continued)

Identified barriers and/or needs, and the provision and/or strategies expected to be made by settings according to the ages and stages of the learners

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|--|
| <p>Speech and Language Universal: Difficulties accessing the curriculum in one or more of the following areas:</p> <ul style="list-style-type: none"> • Attention and listening • Understanding language • Expressive language • Problem solving skills • Dysfluency • Emotional Literacy difficulties | <ul style="list-style-type: none"> • All settings and schools are expected to provide an enabling environment and have completed an in-depth classroom checklist and addressed reasonable adjustments and adaptations to support the child or young person's SLCN. • Engagement with Central London Community Health Trust (CLCH) Learning Workshops or Joint Communication Team (JCT) trainings on a range of different topics to upskill staff to support SLCN through the Universal Offer and have evidence of implementation of taught strategies and approaches. • Use of Speech and Language UK Progression Tool to inform Early Identification, Early Intervention. |
| <p>Speech and Language Targeted: A lack of progress or response to universal approaches used.</p> <ul style="list-style-type: none"> • Communication skills somewhat behind other areas of the child or young person's development e.g., motor skills. • A specific area of need identified through Progression Tool screener which is a barrier to learning or access to the curriculum. • Noticeable behaviour of concern which is having an adverse impact on the child or young person's ability to communicate. | <ul style="list-style-type: none"> • Setting or School to deliver Lower Targeted SLCN interventions to support child or young person with SLCN identified through the Speech and Language UK Progression Tool. These interventions may include: <ul style="list-style-type: none"> • Language for Thinking • Word Aware • Say When You Don't Understand • Barrier games • Staff attendance on the relevant Central London Community Health Trust (CLCH) Learning Workshops or Joint Communication Team (JCT) training to support knowledge of the approach. • Staff can develop their understanding of emotional regulation difficulties and support for young people with SLCN through the use of the Autism Progress Monitoring Tool and liaison with Education Psychology Service and/or INSPIRE. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Speech and Language Targeted Plus: A lack of progress across two terms of universal and targeted support and approaches.</p> <ul style="list-style-type: none"> • Child or young person has confirmed medical diagnosis with associated SLCN received through assessment by Cheyne Child Development Service, SLT or other health professional’. • Communication skills behind other levels of the child or young person’s development. • A specific problem in a particular area of communication which is a barrier to learning or access to the curriculum e.g., difficulties understanding and using appropriate grammar or sentence structure, poor narrative skills or difficulties understanding language. • Persisting behaviour of concern continues to have an adverse impact re: the child or young person’s ability to communicate. | <ul style="list-style-type: none"> • Setting or School to deliver a rolling programme of Upper Targeted interventions to support children or young people with SLCN identified through the Speech and Language UK Progression Tool. These interventions may include: <ul style="list-style-type: none"> • Colourful Semantics • Narrative Skills • Conversation Skills • Language for Behaviour and Emotions • Staff attendance on the relevant Central London Community Health Trust (CLCH) Learning Workshops or Joint Communication Team (JCT) training to support knowledge of the approach. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| <ul style="list-style-type: none"> • Persistent speech sound difficulties and child or young person not being understood due to this. • A stammer that has persisted over a period of time. • A disordered pattern of communication development (e.g., the child or young person is not following the usual expected developmental pattern). • A voice disorder. • A direct referral from the Central London Community Health Trust (CLCH) Early Years SLT service for a specialist diagnostic assessment for Developmental Language Disorder, Dysfluency or Speech Sound Disorder. • A direct referral from the Central London Community Health Trust (CLCH) SLT GP Assessment and Advice service. • Child or young person who has received support at a 'Targeted' or 'Targeted Plus' level for at least two terms and limited measurable progress has been evidenced with the Progression Tool. • A child or young person moving into the borough who has an identified SLCN where it is known specialist SLCN support is required e.g., Hearing Impairment, Developmental Language Disorder, child or young person uses Assistive Communication Device. | <ul style="list-style-type: none"> • Has attended relevant Central London Community Health Trust (CLCH) Learning Workshops or Joint Communication Team (JCT) trainings on a range of different topics to support knowledge and skills of school staff to support SLCN through the HF Local Offer as identified through classroom audit and progression tool outcomes. • Evidenced implementation of lower and upper targeted interventions for at least two terms however the child or young person continues to present with persistent SLCN. • Re-assessment of the child or young person's SLCN via the Progression Tool to evidence any progress and further support as may be required. • Setting or School to implement a specialist programme of support as identified and supported by the Joint Communication Team SLT and delivers this on an agreed frequency monitoring the progress of this over an agreed timescale. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|--|
| <p>Difficulties saying what they want to and being understood.</p> | <ul style="list-style-type: none"> • Model language – reflect back correct speech rather than correcting. • Repeat what the child or young person has said and add one word. • Encourage children and young people to work in pairs and small groups. • Organise small group or individual language sessions – adults have phonological awareness and understand the impact that processing difficulties may have on phonics acquisition and differentiate phonics teaching accordingly. • Teach in a way that links with language programmes devised by a Speech and Language Therapist. • Allow time for children and young people to process and respond (“Wait 4 Eight” second rule). • Introduce a variety of language through rhymes, songs. • Ensure that all efforts to communicate verbally are supported. • Use alternative methods of communication. For example, ICT, communication books and boards or a symbol communication system. • Selective mutism is a communication difficulty that has anxiety at its core. Support should be provided under the SEMH umbrella. See SMiRA (Selective Mutism Information & Research Association) for further information. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Difficulties understanding what is being said to them.</p> | <ul style="list-style-type: none"> • 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. • Provide visual prompts if necessary, including key vocabulary, visual timetables, now and next, gestures and labelling equipment with pictures. • Ensure the adult is physically at the child or and young person’s level. • Give extra or 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. • Pre-teach topic or curriculum subject vocabulary and provide opportunities to re-visit understanding and use of words. • Consider use of ‘First, then, now, next’ visual framework. • Ensure access to an oral language modifier for assessments. |
| <p>Child or young person does not understand or use social rules of communication.</p> | <ul style="list-style-type: none"> • Implement small group sessions e.g., Circle of friends Time to Talk, Socially Speaking etc). • Use social stories and 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 modelling or role play. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| <p>Difficulties with language. Difficulties with communication.</p> | <ul style="list-style-type: none"> • Use the child or young person's name first to draw their attention, followed by key word instructions e.g., Jamie, stop. • Simple instructions (avoiding idioms). • Using literal language (avoiding sarcasm and figures of speech). • Use of symbol communication such as Picture Exchange Communication System (PECS). • Be very aware of your own body language (70% of what we communicate is non-verbal). • Awareness of what would be an appropriate tone of voice (calm, not too loud). • Awareness of what would be an appropriate environment (noise, room temperature, lighting, room layout). • Ensure language use is developmentally appropriate for the child or young person. • Completion of Progression Tool Training and screening of setting/school identified child or young person with possible SLCN. • Attendance on Central London Community Health Trust (CLCH) Learning Workshop trainings on a range of different topics to support continuing professional development knowledge and skills of school staff to support SLCN through the targeted Offer. |
| <p>Difficulties with imagination.</p> | <ul style="list-style-type: none"> • Role play and drama, use of props (e.g., puppets). • Modelling. • Story telling. • Photos used to talk through what might be happening. • Harness the use of the child or young person's interests when considering your approach. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Difficulty with social communication and developing relationships.</p> | <ul style="list-style-type: none"> • Plan class groupings and/or opportunities to develop social understanding and inference. • Plan group work and use flexibly to promote independence from adults. • Organise small group or one to one tasks and activities, e.g., Lego based therapy. • Promote a calm learning environment. • Be clear in your communication of expectations. • Ensure staff monitor at break and lunchtime and intervene with strategies to support peer interactions, e.g., teaching of structured games. • See SEMH section. |
| <p>Anxiety in busy unpredictable environments.</p> | <ul style="list-style-type: none"> • Prepare for change of activity or routine, e.g., use of visual resources and objects of reference. • Organise small group or one to one tasks and activities. • Ensure that there is a calm learning environment and/or access to a low arousal space. • Ensure clear communication of expectations. • Provide regular mentor support, including adults or peers. • Consider the use of a visual timetable or 'now and next cards'. • Ensure staff monitor key transition points e.g., home to school, break and lunchtime with strategies to reduce anxiety. • Provide a 'get out' option or a way of asking for help or alerting adults to distress. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---------------------------------|---|
| Sensitivity to sensory stimuli. | <ul style="list-style-type: none"> • Provide sensory breaks and snacks. • 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 aware of sensory needs and be flexible with the uniform policy when necessary. • Consider the environment e.g., noise, room temperature, visual stimuli, proximity. • Use of an Enabling Learning Environment audit tool would be helpful. • Have a flexible approach to transitions e.g., between lessons and to and from school. • Provide access to a haven or low arousal space, if needed. • Develop a sensory profile for the individual child. • Sensory circuits and sensory rooms or resources. • Consideration of referral Occupational Therapy if child or young person is experiencing functional difficulties in two or more areas due to sensory and/or motor difficulties. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Physical outbursts causing harm to others and/or to self and/or damage to property.</p> | <ul style="list-style-type: none"> • Use a consistent approach to managing individuals with “reasonable adjustments” made. • Continue to implement strategies that are reassuring. • Offer clear guidance – explicit messages letting the pupil know what is expected of them. • Offer a ‘get out with dignity’ choice letting the child or young person leave the situation. • Consider interventions to aid emotional regulation, such as Zone of Regulation (ZoR), and ensuring the child has regular access to regulating activity. Use of the emotional regulation section of the Autism Progress Monitoring Tool to help set targets for development in the area. • Support the understanding and development of emotional literacy and the young person’s ability to request support (including non-verbal means of requesting where appropriate). • 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 sheet; informal observations should be carried out to analyse incidents, develop understanding and plan for adjustments according. • Encourage two-way communication with families. This could include changes within the family (e.g., divorce, bereavement, illness) and strategies that work or don’t work. Ensure information is relayed to all relevant staff. • Put preventative strategies in place, e.g., avoiding high arousal situations such as busy corridors. • Arrange a low arousal area or reflection room, chosen in agreement with the child or young person. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Continued from previous page: Physical outbursts causing harm to others and/or to self and/or damage to property.</p> | <ul style="list-style-type: none"> • Ensure appropriate de-escalation strategies are in place (e.g., time out card). • Implement a Positive Support Plan which includes pro-active strategies, early interventions to reduce anxiety and harm and reactive strategies to ensure a consistent approach. • Devise and use reintegration plans – to support the child or young person in returning to full time education. • Implement a clear plan of action, agreed with parent or caregivers with regard to physical intervention. A Risk Assessment must be in place if the child or young person is causing a risk. • Consider the use of a Pastoral Support Plan (PSP). Ensure it is read and implemented by relevant staff, and feedback given to SEND lead. • Consider use of a script which is understood and used by all appropriate adults. • Change the adult supporting the child or young person as part of a planned approach. Ensure that this is seen as a positive and effective strategy. • Ensure all adults are aware of the need for the child or young person to process and respond before any type of discussion or reflection takes place. • Recognise that behaviour is a communication and understand the child or young person's unmet needs. • See SEMH section. |

Communication and interaction (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Limited attention span compared to developmentally appropriate milestones.</p> | <ul style="list-style-type: none"> • Regular, short breaks. • Use the child or young person's interests as a motivator and to extend engagement. • Implement regular, short breaks. • Plan for differentiation. • Use chunking and break tasks down into smaller, manageable steps. • Consider the use of visual timetables. • Consider backward chaining. Break the overall task down into smaller steps. The adult helps the child or young person with all but that last step with the child or young person being taught to do the last step themselves. Once the last step is learnt, the child or young person and adult work backwards learning other steps of the sequence until they can do the entire task. • Use the child's or young person's name when giving instructions. • Ask the child or young person to repeat back what activity they are going to do. • Consider use of timers, so they know they only have to focus for a comfortable amount of time. • Plan individualised timetables. |

Cognition and learning

This provision should be in addition to the expectations in section one.

Approaches and strategies, and the resources available

| Approaches and strategies | Resources, advice and consultation available |
|--|--|
| <ul style="list-style-type: none"> • Differentiation to ensure the development of literacy, numeracy, expressive language, communication skills, minimise behaviour and emotional dysregulation and promotion of appropriate interpersonal skills with other children or young people. • Arrangements to support the use and delivery of approaches and/or materials for students with specific learning difficulties which may include multi-sensory teaching strategies, a focus on phonological awareness. • Effective use of technology equipment to support learning. • Staff are trained and skilled in supporting children or young people with general and specific learning difficulties. | <ul style="list-style-type: none"> • Group consultation, with parents or carers, professionals and setting via Ask Us! Surgeries • Education Psychology Service • Evidence based literacy and numeracy interventions • Joint Communication Team • Specialist Dyslexia Team • Portage • Widget pictorial resources |

Cognition and learning (continued)

Identified barriers and/or needs, and the provision and/or strategies expected to be made by settings according to the ages and stages of the learners

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Difficulties with learning, e.g., despite appropriate differentiation, making less than expected progress over time across the curriculum and working below age related expectations.</p> | <ul style="list-style-type: none"> • Assessment through teaching to identify the areas of need in consultation with the child or young person. • Clear and simple instructions, breaking down longer instructions and giving one at a time. • Visual timetable. • Visual cues and prompts. • Social stories. • Give time before response is needed. • Pre-teaching – e.g., provision of staff to help prepare the child or young person for the new learning. • Shared next steps – so they know what to expect. • Differentiated resources – teach the curriculum appropriate to the child or young person not their chronological age (e.g., Year 5 child may be accessing Year 1 objectives in the same context). |

Cognition and learning (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Specific learning difficulties affecting one or more specific aspect of learning, e.g., literacy difficulties, numeracy difficulties or specific language impairment. For all areas of need any provision or support should be provided in line with the needs of the child or young person and is NOT dependant on any formal diagnosis.</p> | <ul style="list-style-type: none"> • Assessment through teaching to identify the areas of need in consultation with the child or young person or observation if more appropriate. • Metacognition approaches – learning to learn e.g., by trying to understand the child or young person’s difficulty and asking them what helps. • Recognising and celebrating success in other areas of their life. • Appropriate adaptations made e.g., font, coloured paper, line spacing, lighting, overlays, adaptation, technology – led by the needs of the child or young person and what they find helpful. • Staff will have been informed of what strategies or approaches to use in line with advice from assessments or consultation. • Evidence based interventions to develop skills e.g., spelling, handwriting, literacy, numeracy (Education Endowment Foundation or Evidence4Impact). |

Cognition and learning (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Dyslexia Universal: Difficulties accessing the curriculum in one or more of the following areas:</p> <ul style="list-style-type: none"> • Reading • Writing • Spelling | <ul style="list-style-type: none"> • Allow additional time to complete tasks and time to respond as many dyslexic students are slower to process information. • Allow learning breaks. • Break instructions into smaller steps and provide task planners. • Repeat instructions or information and check for understanding of tasks. • Provide multi-sensory learning opportunities. • Provide a survival kit of age-appropriate key equipment such as pencil grips, a variety of writing tools, coloured overlays, small whiteboards and pens; selection of coloured overlays or reading rulers to support reading. • Use a visual timetable with colour coding and symbols. • Use dyslexia friendly format options onscreen on an interactive whiteboard. • Provide access to assistive technology such as a computer, for pupils who find it difficult to read large amounts of text or to write quickly enough in class. • Use pastel or buff coloured paper for photocopying and writing books. • Provide prepared labels with date and learning intention objective recorded. • Provide handouts provide that contain the learning points rather than asking pupils to copy text from the whiteboard or take notes. • Have homework tasks ready written for pupil and/or encourage peer support to record homework tasks in the planner. • Provide high frequency word learning mats and/or word banks of words that can be recognised on sight. • Provide sentence and/or paragraph starters. • Use writing frames, story maps, talk for writing, mind maps. |

Cognition and learning (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| <p>Continued from previous page:</p> <p>Dyslexia Universal:</p> <p>Difficulties accessing the curriculum in one or more of the following areas:</p> <ul style="list-style-type: none"> • Reading • Writing • Spelling | <ul style="list-style-type: none"> • Use alternatives to writing for example role play, film, diagrams, mind maps, tables. • Pre teach key vocabulary. • Ensure texts provided are at the instructional or independent level, if necessary, provide high interest texts which are at a lower reading level and suitable for dyslexic learners. • Buddy with more able readers with less able readers. • Use mixed ability grouping to ensure that pupils struggling with literacy skills are able to access cognitively challenging tasks. |
| <p>Dyslexia Targeted:</p> <ul style="list-style-type: none"> • A lack of progress or response to universal approaches used. • Literacy skills behind other areas of child or young person's development e.g., verbal skills. • This specific area of need is a barrier to accessing the curriculum. • It may be affecting child or young person's engagement with learning or pupil maybe exhibiting SEMH needs as a result. • No requirement for formal diagnosis. | <ul style="list-style-type: none"> • Support from specialist teacher maybe requested to provide training; advice and assessments; monitor provision; plan programmes; some direct teaching. • School to provide access to more personalised evidence-based interventions to support the child or young person with literacy difficulties. This could include structured activities to extend phonological awareness, phonics, graphic knowledge and spelling. For older pupils support could involve teaching and applying specific skills such as time management and organisation, study skills, memory techniques, graphic organisers, revision. Interventions to be delivered by teacher or support staff. • School may provide support to access published interventions that may include: Toe by Toe; Nessy Learning; Active Literacy Kit; Beat dyslexia; Wordshark; AcceleRead and AccelerWrite; Lexia and others. See: <u>Education Endowment Foundation Teaching and Learning Toolkit</u>. |

Cognition and learning (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Dyslexia Specialist:</p> <ul style="list-style-type: none"> • Child or young person may or may not have formal diagnosis of dyslexia. • Persistent difficulties with literacy and lack of progress overtime with universal and targeted support approaches in place. • Literacy skills behind other levels of child or young person’s development. • Problem is specific to the area of literacy. No requirement for formal diagnosis. | <ul style="list-style-type: none"> • School may request support from specialist teacher to: <ul style="list-style-type: none"> • Assess pupil identifying strengths, weaknesses and the specific barriers to acquisition of literacy skills. • Give further advice on specific resources suitable to address pupil’s needs. • Plan an individual programme of work. • Through modelling and training enable support staff to deliver programme and/or provide direct teaching for pupil. • Support to ensure more individualised reasonable adjustments in the classroom. |
| <p>Generalised learning difficulties, e.g., difficulties across the curriculum but with some areas of strength. Child or young person with an uneven profile of skills and attainment.</p> | <ul style="list-style-type: none"> • Adjustment, modification, and differentiation of the curriculum, right across the board, to enable the child or young person to fully access the curriculum. • Active learning, concrete, pictorial and pragmatic approaches to learning. • Emphasis on self-actualisation – activities designed to develop skills which will support them to become independent and resilient learners. • Support to manage self-esteem – celebration of strengths, reinforcement of success. • Accurate baseline developed of the learner’s skills so that meaningful targets can be developed and worked toward. |

Social, emotional and mental health difficulties

This provision should be in addition to the expectations in section one.

Approaches and strategies, and the resources available

| Approaches and strategies | Resources, advice and consultation available |
|--|---|
| <p>Settings should assess SEMH needs to help staff understand the barriers to learning that the child or young person faces. Learning needs should also be reviewed using setting’s own screening or assessment tools or external advice to ensure that any SEMH needs, or behavioural difficulties are not caused by an unmet learning need or communication difficulty. All behaviour should be understood as a form of communication.</p> <ul style="list-style-type: none"> • Use of whole setting approaches to promote wellbeing and resilience. • Policy and practice underpinned by relational approaches. • Use of relational and restorative practice to build, maintain and repair relationships. • Anti-bullying work. • Identification of key adult to build positive and trusting relationship. • Use of social stories. • Small group or 1 to 1 work with ELSA, Learning Mentor or equivalent. • Support available for staff working with children or young people with SEMH via group or individual supervision or debrief sessions. • Emphasis on choice rather than control and “take up time” to respond to choice whenever possible. • Use of distraction techniques and giving responsibility. • Use of trauma informed approaches e.g., What is meant by PACE? (www.ddpnetwork.org). Training on these approaches is available via Education Psychology Team. • Emotion Coaching. • Explicitly teaching de-escalation and self-regulation strategies – adults as stress and shame regulators through co-regulation. • Explicitly teach rules and routines, build self-esteem, and develop social and emotional skills to all children or young people including through use of PSHE, circle time and curriculum approaches. • Use of nurture principles What is Nurture? (www.nurtureuk.org) • Developing attachment aware strategies (training available). | <ul style="list-style-type: none"> • Education Psychology Service • OAT Inclusion Outreach Service. • Professional consultation with CAMHS Single Point of Access • Kooth • MIND • MND Mental Health Support Teams in Schools. • Be Kind to Your Mind. • Health visiting • School Nursing • Family Support Early Years’ service • Advice from virtual school or EHC team for LAC or learners with EHCPs when considering the use of part-time timetables. • Local Networks: see Learning Partnership calendar |

Social, emotional and mental health difficulties (continued)

Identified barriers and/or needs, and the provision and/or strategies expected to be made by settings according to the ages and stages of the learners

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|--|
| <p>Difficulties participating and presenting as withdrawn or isolated.</p> | <ul style="list-style-type: none"> • Assessment through teaching – e.g., are there parts of the curriculum that they find easier to manage than others? Use these to develop confidence. • Small group work e.g., friendship or social skills, nurture groups. • Backward chaining – bringing learner in at the end of assembly or school day. • Play based activities. • Establish interests, create opportunities for children/young people to practise new things. • Buddying or peer mentoring. • Giving responsibility for looking after someone else. • Develop relationship with key adult – using relational practice and the PACE approach, attune to understand, share, and acknowledge the child or young person’s experiences. • Flexibility in curriculum and routine. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Displaying behaviours that challenge e.g., refusal to follow instructions, aggression, damage to property.</p> | <ul style="list-style-type: none"> • A consistent message but flexible approach, e.g. "I want you to be in class learning" is the consistent message, the approach to support this happening may vary or be flexible depending on individual needs. • Reasonable adjustments are made such that we differentiate for SEMH in the same way that we differentiate for learning. • Understand the basis for the behaviour e.g., what is the history and context? • Understand that behaviour is a method of communication e.g., what purpose is the behaviour trying to achieve for the child or young person? What are they trying to tell us with their behaviour? What need are they trying to meet? What skills do they need to be taught? • Use of choices to allow the child or young person some control with the same end result e.g., would you like to complete this on the computer or write? • Teach the child or young person different ways to get their needs met? E.g., develop social skills, strategies to regulate their emotions. • Develop readiness to learn through regulation strategies. • Use of individual behaviour plans, Pastoral Support Plans, and risk assessments. • Consideration of the routine, timetable, and transitions. Make stress as predictable, moderate, and controllable as we can. • Staff to be aware of and monitor their own regulation and swap with another staff member when needed. • Detailed transition between year groups and phases of education. • Professionals meeting to understand the behaviour. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|---|
| <p>Continued from previous page: Displaying behaviours that challenge e.g., refusal to follow instructions, aggression, damage to property.</p> | <ul style="list-style-type: none"> • Drawing on relational approaches, a culture of self-reflection to be encouraged, modelled, and supported whereby staff can reflect on their own interactions and responses and consider whether an alternative response could lead to a different outcome? • Use of tools to assess and understand behaviour. • Communication with home and family e.g., what is going on at home, other agencies involvement? • Regular review of plan. • Whole school approach to support strategies – consistency. • Structure should be clear and explicit – what are the expectations. |
| <p>Behaviours may reflect</p> <ul style="list-style-type: none"> • Anxiety or depression • Self-harming • Substance misuse • Eating disorders • Developmental trauma | <ul style="list-style-type: none"> • Understanding what lies behind the behaviours. • Multi-professional approach (MHST, HV, Early Years Inclusion Team). • Looking at the history, when did the behaviour start to change? • Liaison and collaboration with home is essential to understand the wider picture. • Sensory or regulatory breaks. • Substitutes for self-harming behaviours e.g., elastic bands, marbles – after training on self-harm or seeking advice from Mental Health professionals (Mental Health Support Teams or Children and adolescent mental health services) National Self-Harm Network. • Supporting young people to communicate their distress in other ways. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|--|
| <p>Physical symptoms that are medically unexplained e.g., soiling, stomach pains.</p> | <ul style="list-style-type: none"> • Activities that are stress reducing e.g., games, dance, colouring, gardening, animals, outdoor activity and play, messy play, sensory activities. • Keep a log and analyse pattern or trends to identify triggers. • Liaison with school nurse. • Be curious and listen to the child or young person. |
| <p>Attention difficulties N.B. any provision or support should be provided in line with the needs of the child or young person and is NOT dependant on any formal diagnosis.</p> | <ul style="list-style-type: none"> • Understanding the reasons, is there a pattern? • Allowing plenty of time for movement or frequent small concentration periods, sensory breaks, and regulation activities. • Have a clear structure to the day. • Have clear expectations regarding behaviours and a clear and consistent response to behaviours. • Being aware of times of the day that may be more difficult. • Consideration of application of any reasonable adjustments that need to be made in line with the Equalities legislation. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| Developmental trauma and attachment difficulties. | <ul style="list-style-type: none"> • Liaise with parents or carers for shared understanding. • A good transition when the child or young person starts a new setting – checking the history. • Supportive, structured curriculum. • Staff to all be trained and aware of any child or young person with attachment difficulties and how to respond to them. • Consideration of teaching and reparative opportunities using natural consequences, rather than discipline procedures. Use relational influence rather than rewards. • Trauma informed approaches and PACE. Making connections before correction. • Nurture principles and ethos. • Consideration of family context and the range of children or young people that may have attachment difficulties e.g., adopted, forced children, previously Child in Need, Looked after Child. • Liaison with the Virtual School and/or Education Psychology Service for training and advice including working as part of the attachment aware project. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|--|
| <p>Low level disruption or attention needing behaviours, e.g., frequent interruptions to learning, fiddling with objects (See section on sensory and physical needs regarding physical sensitivity).</p> | <ul style="list-style-type: none"> • Differentiated use of voice, gesture, and body language. • Focus on reducing anxiety and thereby behaviours. • Flexible and creative use of rewards and consequences e.g., ‘catch them being good’. • Use emotional differentiation techniques; increase the level of attention for vulnerable children (non-contingently) thus reducing the need for them to draw attention to themselves. • Positive reinforcement of expectations through verbal scripts and visual prompts. Provide a high level of non-contingent attention to pupil to reduce need for behaviours – use emotional differentiation techniques. • Safe space in the setting. • Sensory or regulatory breaks. 4 Rs of co-regulation – Regulate, Relate, Reflect and Repair <u>Louise Michelle Bombèr – Touchbase</u> |
| <p>Difficulty in making and maintaining healthy relationships.</p> | <ul style="list-style-type: none"> • Small group or nurture group activities to support personal, social, and emotional development. • A range of differentiated opportunities for social and emotional development e.g., buddy systems, friendship strategies, circle time. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| Difficulties following and accepting adult direction. | <ul style="list-style-type: none"> • Look for patterns and triggers to identify what may be causing behaviours. • Positive scripts – positive language to re-direct, reinforce expectations e.g., use of others as role models. • Calming scripts to de-escalate, including for example, use of sand timers for calming and de-escalation time. • Increase opportunities for making choices so as to develop sense of control. • Flexible and creative use of rewards and consequences e.g., ‘catch them being good’ sticker charts. • Follow-Lead-Follow activities (reciprocal interaction). • Provide structure-consistency without rigidity. • Visual timetable and use of visual cues i.e., sand timers to support sharing. |
| Presenting as significantly unhappy or stressed. | <ul style="list-style-type: none"> • Identify and build on preferred learning styles. • Safe place or quiet area in the setting. • Feedback is used to collaborate and plan with parent or carer, to ensure consistency between the home and setting. • Use of social stories to identify triggers and means of overcoming them. • Ensure a named, trusted adult is available for some 1:1 time in a safe place. |

Social, emotional and mental health difficulties (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--------------------------------|--|
| Patterns of non-attendance. | <ul style="list-style-type: none"> • Feedback is used to collaborate and plan with parent or carer, to ensure consistency between the home and setting. • Maintain connection – let the child or young person know you are keeping them in mind. • Assess the ‘push and pull’ factors around school attendance (where not medical reasons). • Consider flexibility in the timetable to encourage successful reintegration. • Try to understand and ameliorate factors that are causing anxiety. • Consider ‘team around the child or family’ meeting if concerns are persisting. |

Sensory and/or physical needs

This provision should be in addition to the expectations in section one.

Approaches and strategies, and the resources available

| Approaches and strategies | Resources, advice and consultation available |
|--|---|
| <ul style="list-style-type: none"> • All staff are aware of individual child or young person's sensory or physical disability and implications in all teaching and learning environments. • Favourable seating arrangements are identified. • Staff are aware that for some children or young people, a sensory or physical disability could impact on their language and social interaction. • Staff are aware sensory challenges may also impact on the physical or motor movement and some physical disabilities may also impact on cognition. • Staff should encourage children or young people to wear appropriate sensory equipment and use physical aids. • Staff should ensure that all children or young people have understood all instructions. | <ul style="list-style-type: none"> • <u>Education Psychology Service</u> • <u>Inspire Service – Vision and Hearing Team</u> • <u>Portage</u> • <u>Occupational Therapy Service</u> • <u>Disabled Children's Team</u> • <u>Physiotherapy Service</u> • <u>School Nursing Service</u> • <u>The Dyspraxia Foundation</u> • <u>The Elizabeth Foundation</u> • <u>Royal National Institution for the Blind (RNIB)</u> • <u>National Deaf Children's Society</u> |

Sensory and/or physical needs (continued)

Identified barriers and/or needs, and the provision and/or strategies expected to be made by settings according to the ages and stages of the learners

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--------------------------------|---|
| Hearing impairment. | <p>To support a child or young person with a hearing impairment.</p> <p>Communication Strategies Adults should:</p> <ul style="list-style-type: none"> • Work together with other professionals to share strategies and advice. • Be made aware how best to support in school. • Be aware the child or young person may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking. • Deliver instructions clearly and at normal conversational level. • Check the lesson content has been heard and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar vocabulary. • Repeat or rephrase pertinent comments made by other members of the class. • Be aware that during PE or Games lessons and practical subjects it will be more difficult to follow instructions. • Encourage good listening behaviour: sitting still, looking, and listening. • Enable the child or young person to have time to respond verbally. • Use child or young person's name to gain their attention before speaking to them. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Continued from previous page: Hearing impairment.</p> | <p>The child or young person with a hearing impairment should:</p> <ul style="list-style-type: none"> • Be seated appropriately with clear view of adult's face and any visual material used. • If the child or young person has a unilateral loss – sit at front with better listening ear facing the speaker. • Be encouraged to ask when not sure what to do and encourage to access resources independently. <p>Access to the curriculum</p> <ul style="list-style-type: none"> • Words spoken on an audio or visual recording may need a person to repeat what is being said, provide written copy and/or use subtitles. • Visual reinforcement (pictures and handouts), to support learning. • Pre and post tutoring to introduce vocabulary and concepts. • Apply appropriate exam concessions. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--|---|
| <p>Continued from previous page: Hearing impairment.</p> | <p>Deaf Enabling Learning Environment</p> <ul style="list-style-type: none"> • Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise. • Child or young person should be seated away from any source of noise e.g., window, corridor, fan heater, projector, the centre of the room etc. • Minimise background noise and maintain a quiet working environment, particularly for specific listening work. • Visual timetable and use of visual cues i.e., sand timers to support sharing. • Appropriate safety and deliver and/or signpost to appropriate interventions. • Appropriate evacuation procedures in place. • Planned and unplanned breaks as appropriate. • Promote positive attitudes towards hearing impaired within the school environment. • Differentiated activities should reflect the child or young person's individual needs to ensure full access to the curriculum. • Access to IT as appropriate. <p>Audiological Management</p> <ul style="list-style-type: none"> • Staff working with the child or young person should understand the use of hearing aids, radio aids and any other appropriate equipment. Training will be provided by the INSPIRE Teacher of the Deaf as required. • Pastoral support to support social, emotional, and mental health. • Encourage and facilitate social interactions with peers. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--------------------------------|---|
| Visual impairment. | <ul style="list-style-type: none"> • Staff to work together with other professionals to share strategies and advice to support the child or young person as advised by Qualified Teacher for the Visually Impaired (QTVI) and/or Habilitation Specialist. • Promote positive attitudes towards vision impaired people within the school environment and local communities, with advice from INSPIRE Qualified Teacher for the Visually Impaired (QTVI). • Plan and deliver differentiated classroom activities to reflect student's individual needs and ensure full access to all activities as well as support social, emotional, communication and physical skills. • Additional time to complete tasks. • Post and pre tutoring to ensure concepts are understood. • Provide uncluttered space and plain backgrounds to help the child or young person focus on the appropriate object. • Provide access to quieter learning environments at times if necessary. • Support to promote full social inclusion and to develop social skills. • Differentiated and modified visual learning material as appropriate for visual acuity. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| <p>Continued from previous page: Visual impairment.</p> | <p>Specialist resources may include:</p> <ul style="list-style-type: none"> • Provision of bold lined or squared paper, coloured paper, writing slopes, coloured glue sticks. • Large print library books and talking books. • Bold writing pens. • Use of real objects to support concept development and understanding. • Access to larger and tactile learning materials e.g., real life objects, tactile maps, and globes, VI protractors and rulers. • Provide exam access arrangements as advised. • Use of ICT for example, iPad connected to whiteboard with range of apps and electronic books. • Touch typing and touch-typing programme when required to improve recording. • Support in practical lessons for Health & Safety. • Adapted curriculum activities e.g., PE; D&T e.g., brightly contrasting equipment; talking scales. • Environmental audit by Habilitation Specialist to inform reasonable adjustments Implement strategies advised by Habilitation Specialist. • Provide additional resources for inclusive play, for example Goal Ball so all can play together. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|--------------------------------|---|
| Physical disability. | <ul style="list-style-type: none"> • Whilst not all physical environments might allow for all of the provision below, settings are expected to use their best endeavours to make reasonable adjustments. • Staff to work together with other professionals to share strategies and advice to support the child or young person. • Moving and manual handling training. • Support equipment e.g., standing frames, walkers, wheelchairs, protective helmets, high low tables. • Accessibility planning. • Accessible transport. • Accessible toilet. • Work chairs. • iPad and grips. • Laptop or alternative software. • There is a named person responsible for ensuring that equipment is in good condition and is serviced regularly, e.g., hoists. • Sufficient staff have appropriate training to meet physical needs. • Adapted equipment to access specific aspects e.g., cutlery, crockery, scissor. |

Sensory and/or physical needs (continued)

| Identified barrier and/or need | Provision and/or strategies: approaches, adjustments and specific interventions |
|---|--|
| <p>Severe and complex medical needs including a life threatening or life limiting diagnosis or condition.</p> | <ul style="list-style-type: none"> • Support equipment such as lockable medicine cabinets, first aid bags, fridges. • Rotated medication or care training. • Tracheostomy protocol. • Liaising with specialist colleagues for up-to-date training. • Bereavement training and policies. • Regular home and setting contact if the child or young person is not able to attend, to maintain 'sense of belonging' with peers and the community. • Individual healthcare plans developed with family and appropriate clinicians. |
| <p>Physical sensitivity including hyper and hypo responses and possible sensory processing difficulties (see SEMH section too).</p> | <p>In addition to the sensory provision outlined in section one:</p> <ul style="list-style-type: none"> • Staff to work together with other professionals to share strategies and advice to support the child or young person's sensory diet. • Sensory reduction planning. • Staff training through CPD. • Individual workstations. • Sensory or regulatory breaks. 4 Rs of co-regulation – Regulate, Relate, Reflect and Repair (Louise Bomber). • Sensory circuits. |

Glossary

Broad areas of SEND

Social, emotional, and mental health difficulties (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.

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 in a mainstream setting. This includes pupils with visual impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) who are likely to require specialist support and/or equipment to access their learning or support. It also includes those with a severe physical disability (PD).

Cognition and learning

Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD) – where children are likely to need support in all areas of the curriculum and have associated difficulties with mobility and communication – through to profound and multiple learning difficulties (PMLD). Children with PMLD are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. This range of needs also includes specific learning difficulties (SpLD) which encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.

Communication and interaction

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. 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. This area includes those children and young people with Autism who also are likely to have difficulties with social interaction, and with language, communication and imagination, which can impact on how they relate to others.

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