



Ordinarily Available Provision at SEN Support School Age

Guidance for schools and settings

cumberland.gov.uk

Contents

Introduction.....	1
Provision expected to be available at SEN Support.....	3
Assess, Plan, Do, Review.....	3
A Graduated Approach - Cumberland Banding Levels	4
Quality First Teaching and good classroom practice	5
Areas of Need.....	8
Use of Language	9
Areas of Need Tables	9
Communication and Interaction need	10
Cognition and Learning Need	18
Social, Emotional and Mental Health Needs.....	22
Bereavement	29
Sensory Impairment/Needs and/or Physical Needs.....	31
Non-Need Specific Support	41
Key Information	43
SEN Information Report – Must be updated annually.....	43
SEN Policy	43
Accessibility Plan	44
Responsibilities of Boards, Governors & Trustees	44
Headteacher/Principal Responsibilities.....	45
The SENCo	45
Teachers.....	46
Teachers Should:	47
Teaching Assistants and other Support Staff	47
Consequences: Redress	48
Support for Parents/Carers	48

Introduction

In line with our statutory duty, this guidance has been produced to set out the provision we in Cumberland, expect to be ordinarily available to all school-age children and young people in mainstream education settings. It has been developed with a range of key professionals and experts in specific areas. It aims to provide support, information and advice in a clear and accessible way.

In Cumberland, we strive to ensure that all children & young people with Special Educational Needs &/or Disabilities (SEND) and their families have positive experiences in school and feel well-supported. To achieve this, access to the right support, in the right place and at the right time is essential. Wherever in Cumberland children and young people live, we want them to have their additional learning needs met. For most children and young people 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 of Cumberland, all schools must have a core offer that meets the needs of all children, including those with SEND.

All settings must pay due regard to the legislation and statutory guidance set out below which make it clear that children and young people with SEND have a right to expect their needs to be met and not to be disadvantaged:

Children and Families Act 2014

Special Educational Needs and Disability Code of Practice: 0 to 25 Years 2015

Equality Act 2010

The Equality Act 2010 (Amendment) Regulations 2023

Special Educational Needs and Disability Regulations 2014

The SEND Code of Practice 2015, pp 94-95 says:

'A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age.'

A child/young person will have a special educational need if they are making less than the expected level of progress. Less than expected rate of progress is defined in the SEND COP as:

- Significantly slower than that of their peers, starting at the same baseline.
- Fails to match or better the child's previous rate of progress.
- Fails to close the attainment gap between the child and their peers.
- Widens the attainment gap.

As a result, the gap between the child and their peers widens. This also applies to areas other than attainment.

Making quality first teaching available to the whole class is likely to mean that fewer pupils will require such support.

Such improvements in whole-class provision tend to be cost effective and sustainable.

'High-quality teaching that is differentiated and personalised will meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this. This is special educational provision under Section 21 of the Children and Families Act 2014. Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.' (Special Educational Needs and Disability Code of Practice, 2015, p.25.).

It is expected that all settings in Cumberland will:

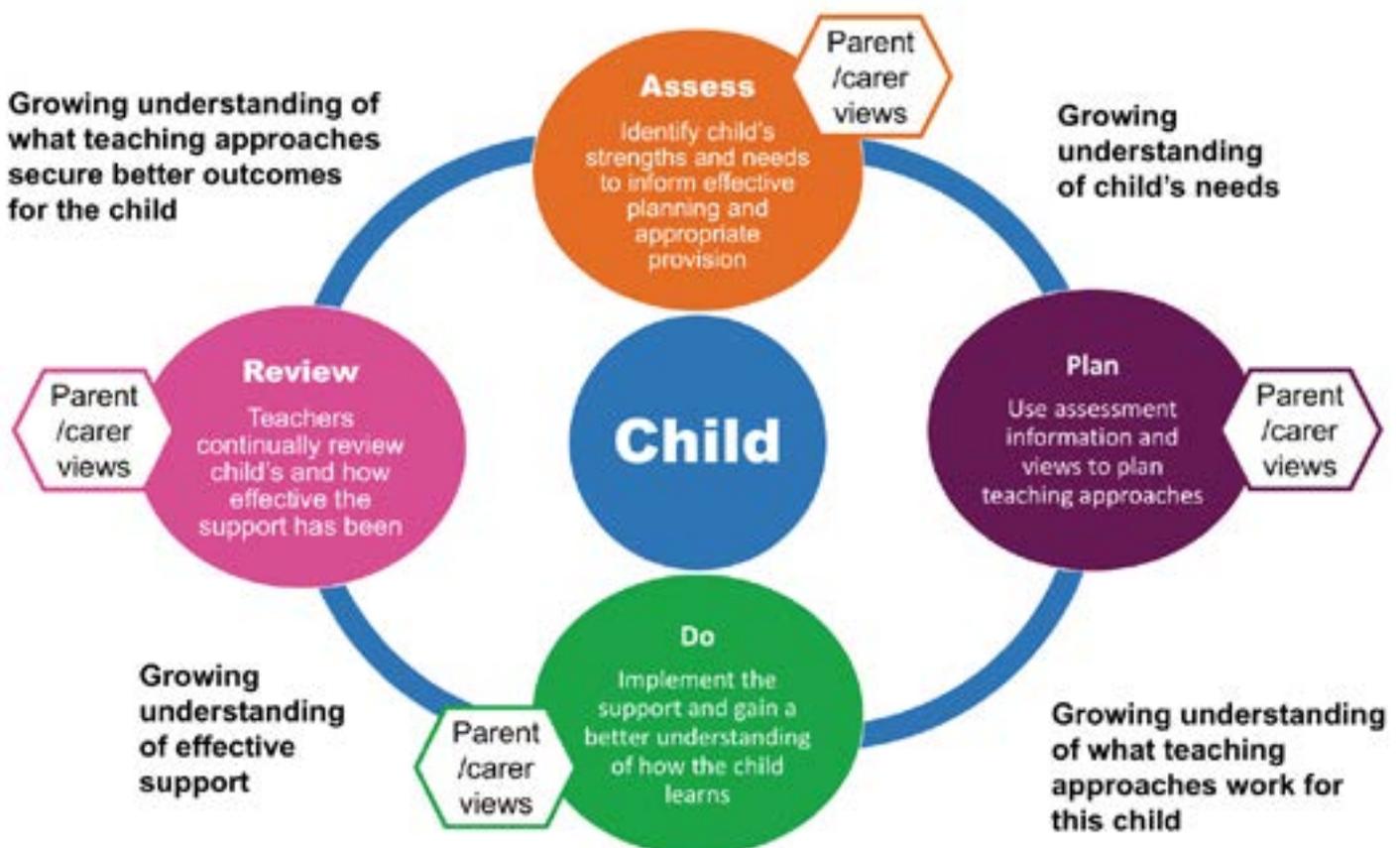
- Comply with SEN legislation and statutory guidance
- Use their best endeavours to provide and secure an inclusive education for all children and young people with SEN
- Anticipate the reasonable adjustments needed to enable transitioning children and young people with disabilities to access an appropriate curriculum.
- Continue to make reasonable adjustments for the children and young people with disabilities who are on roll, so that they are included and able to access an appropriate curriculum.

Provision expected to be available at SEN Support

Settings are expected to identify children and young people (C/YP) with emerging SEN at an early stage. Where a C/YP is identified as having SEN, settings should take action to remove barriers to learning and put effective special educational provision in place.

In deciding whether to make special educational provision through SEN Support, a teacher and Special Educational Needs Coordinator (SENCo) should consider all the information gathered from within the setting about the C/YP's progress. This should include high-quality and accurate formative and summative assessments, using effective tools and early assessment materials. Formative assessment happens during the learning process and teachers should modify approaches depending on what formative assessment tells them. Summative assessment is typically at the end of a unit of work where learners may receive an outcome for that unit, for example, a grade. To support assessment, settings should have access to a range of diagnostic tests, observational checklists and dynamic forms of assessment which could involve: observing and recording responses in different environments; identifying strengths and weaknesses; identifying learning rates and learning styles. This will help determine the support that is needed and whether it can be provided by adapting the settings core offer or whether something different or additional is required. This is the start of a graduated approach to SEN Support. It is called the 'graduated approach' because it may take several cycles of Assess, Plan, Do, and Review, including different strategies being tried to inform the next steps.

Assess, Plan, Do, Review



The graduated approach draws on more detailed approaches, more frequent review and more specialist expertise in successive cycles to match interventions to the SENs of the child.

The model of a graduated approach also applies to meeting the needs of children with Education, Health and Care Plans in both mainstream and special schools at each level of the Cumberland banding system:

A Graduated Approach - Cumberland Banding Levels





Quality First Teaching and good classroom practice

Quality First Teaching is a style of teaching that focuses on providing high-quality, inclusive lessons for every pupil in a class. This approach includes adaptive teaching, using strategies to support children and young people with Special Educational Needs, ongoing formative assessment, and more. It aims to ensure all children and young people receive instruction from the teacher and not from a teaching assistant outside of the classroom.

Research suggests that effective teaching methods for children and young people with SEN benefit all. Quality First Teaching is seen as the best way to reduce the number of children needing extra help with learning and behaviour.

High Quality Teaching is specified in the 2015 SEND Code of Practice: Chapter 6.37, pg. 99:

'High quality teaching, differentiated for individual pupils, is the starting point in responding to pupils who have or may have SEN. Additional intervention and SEN 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.'

To effectively include all children and young people in the teaching and learning process, adaptive teaching should be based upon:

- Clear objectives that are shared with the children and young people.
- Careful explanation of new vocabulary.
- Lively interactive teaching styles.
- An expectation that children and young people will be enabled to accept responsibility for their learning and work independently.

Quality First Teaching places a strong focus on pupil participation in learning and includes:

- Pedagogical (teacher) content knowledge.
- Small Step Planning.
- Plan for Error.
- Making the implicit explicit.
- Providing appropriate levels of challenge.
- Metacognitive skill development.
- Effective use of teacher modelling.
- Assessment for learning (AFL) strategies.
- Examples and non-examples.
- Ensuring 100% participation.
- Purposeful practice- focused attention with the specific purpose of improving performance.

See:

Quality First Teaching Checklist 2024: 10 Most Effective Strategies

Quality First Teaching Across the School: A Guide for School Leaders by Lucy Coy

Quality First Teaching involves teachers providing the following:

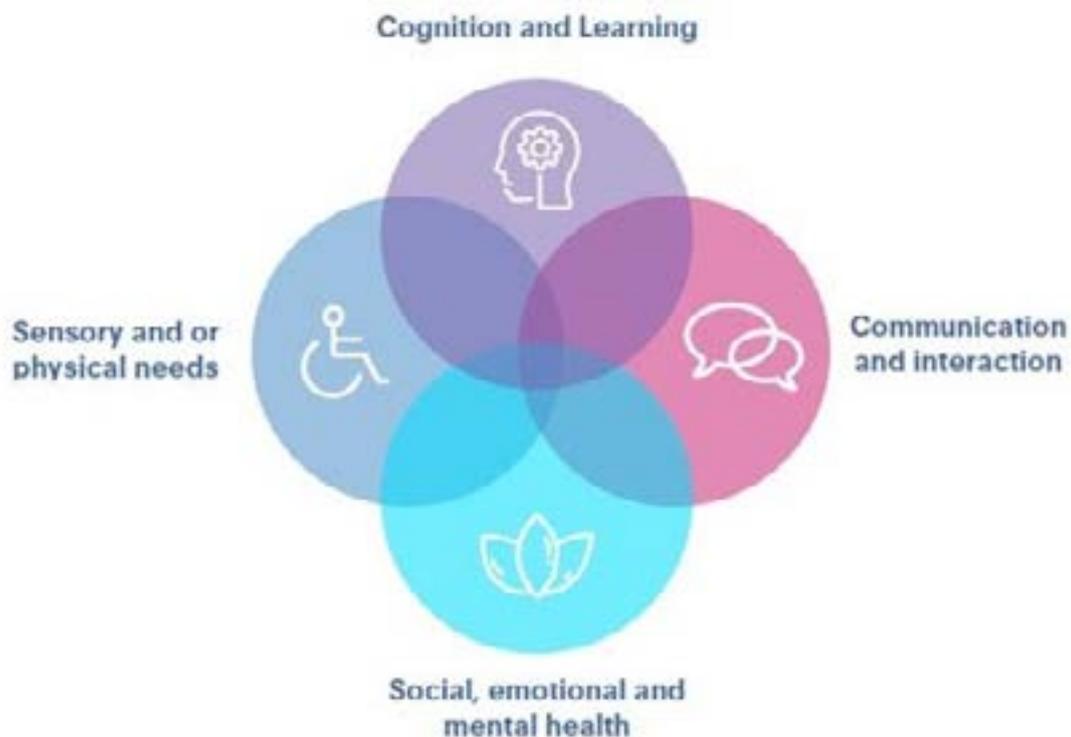
- A well-organised classroom with labels and picture symbols.
- Clear lesson structure with objectives presented orally.
- Visually clear explanations of realistic targets and how to reach them.
- Instructions given in small chunks with visual clues.
- Talking through processes and reflecting and evaluating at the end of a process.
- Checking understanding by asking children or young people to explain what they have to do.
- Demonstrating understanding in a variety of ways.
- Activities of varying length, appropriate to the task and need of the class/individual learner.
- A range of groupings including some pairing activities.
- Activities and listening arranged to allow for more 'kinaesthetic' activities.
- Specifically targeted and motivating praise.
- Memory supported by explicit demonstrations and modelling with good examples used.
- Classroom support that is planned for and used to maximise learning.
- Set clear and consistent expectations for students.
- Relevant and interesting extension activities for when work is completed quickly.

The tables below list recognised approaches to engage and motivate all pupils and reduce the need for support with their learning and/or behaviour.

Lessons should include:	Teachers should provide opportunities for:
Freedom and Flexibility	Reflecting on and talking through a process
Consistency of Expectations	Reflecting and evaluating at the end of a process
Explaining and illustrating	Exploring and investigating
Guided learning	Choosing tasks
An element of humour	Working with different people within well-thought-out group work
Directing and telling	Developing independence
The chance to have fun	Working at an individual pace
Explanations of clear targets and how to reach them	Interesting and relevant extension activities when work is completed quickly
Summarising and reminding	Making useful mistakes, and learning from them in a supportive environment
Practical work	Taking risks when working
Study skills taught through subjects	Extended interaction and dialogue
Treating children as intellectual equals	Challenging beliefs and perceptions
Variety	Alternative forms of recording
Chances to have the whole class involved	Working beyond the syllabus
Quizzes and competitions	Questioning and being curious
Thinking activities	Investigation and problem solving
Drama and role-play	Making connections with the real world
Activities of varying length appropriate to task and need of class/individual	Demonstration (teacher and other pupils)
Time limited tasks	Consolidating and embedding learning
A focus on big ideas	Demonstrating their own love of learning

Areas of Need

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.



Note: 'sensory' in the above diagram includes both sensory impairment and sensory needs.



Use of Language

Words hold power, shaping thoughts and feelings. Using neurodiverse affirming language fosters acceptance and understanding of unique differences. Negative language can adversely impact a child or young person's self-esteem and emotional wellbeing. Choose language that nurtures and celebrates individuality.

Non-neuro-affirming language	Neuro-affirming language
Special needs	Individual needs
Disorder	Difference
Non-verbal	Non-speaker or communicates in the following ways....
Disruptive	Needs-based response/seeking connection
Deficit/difficulty	Difference/need
Special education	Inclusive education
Symptoms	Traits or characteristics
Treatment	Support strategies/intervention
Low/high functioning	Variable support needs
Challenging behaviour	A child's response to...
Fixated/obsessed/repetitive	Has a preference for...
Restricted interests	Interests/hobbies
Autism spectrum disorder/condition	Autism/autistic
Normal/abnormal	Neurotypical/neurodivergent

ALWAYS CONSIDER THE CHILD OR YOUNG PERSON AND ASK FOR THEIR PREFERENCE.

Areas of Need Tables

The following tables set out traits or characteristics that you may see in children and young people in each area of need. They provide suggestions of strategies and interventions a setting could implement to support these needs. These suggestions are not exhaustive, and it is not expected that settings implement all of the suggested strategies/interventions. Most of the resources are free, however some are costed. Schools are under no obligation to purchase costed items; they are suggestions only. SEN practice should be varied according to the age and individual needs of each child.

Communication and Interaction need

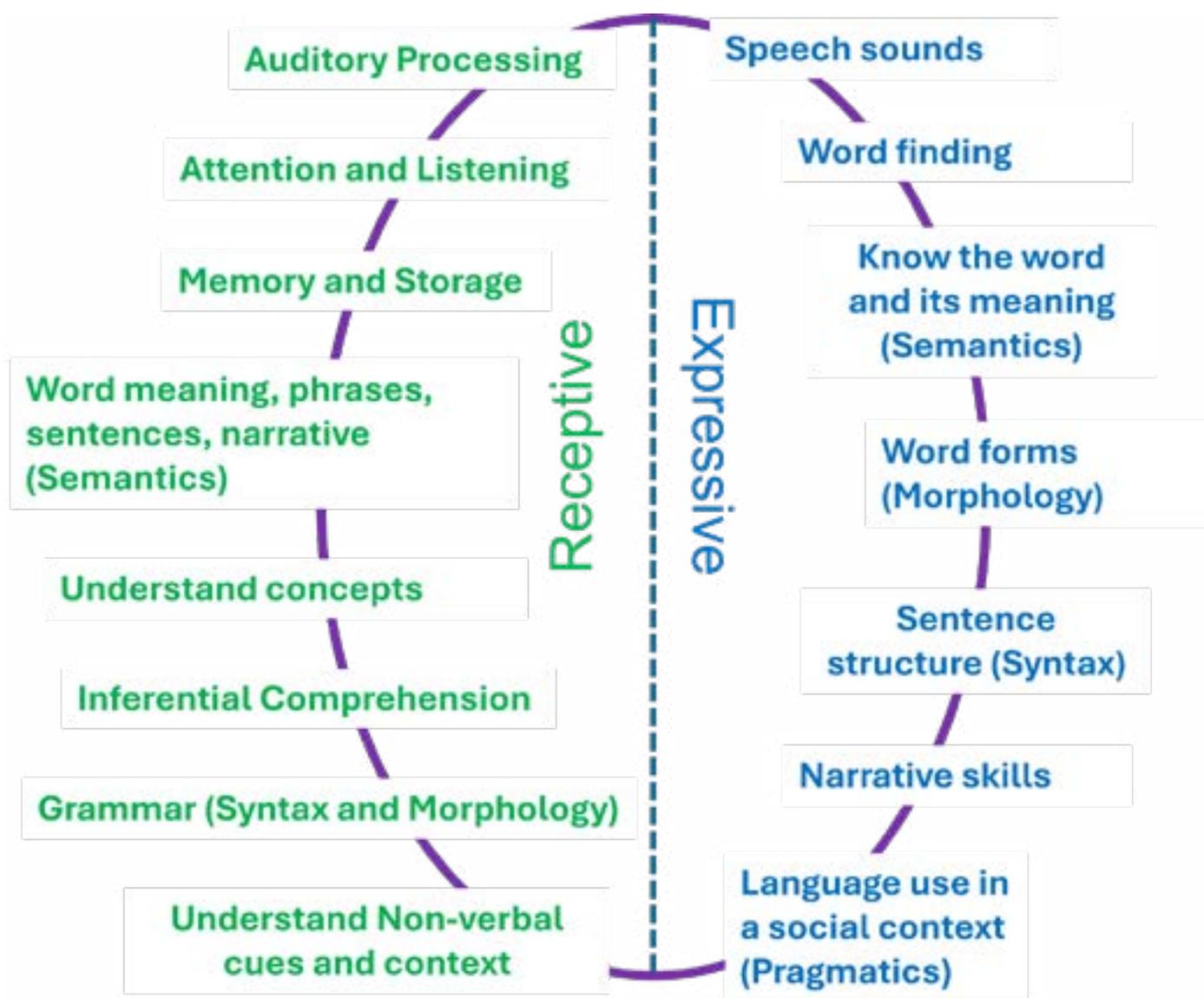
Learners with communication and interaction needs do best when two-way adult/child interactions are meaningful and where the environment is communication friendly and tailored to their needs.

These learners may be bilingual from birth or have acquired English as an additional language.

Some will be neurodivergent and/or have speech, language, and communication differences. The profile for every child will be different and their needs may change over time. These learners may require additional support with:

Speech & Sounds - phonological skills or articulation skills - use of spoken language or nonverbal communication - receptive language - expressive language - social communication and interaction, social cognition and pragmatics.

We use both expressive and receptive language skills to communicate with others effectively. If a person has trouble understanding others or sharing thoughts, ideas and feelings, the person may have a language disorder. A language disorder can be a receptive or expressive language disorder. It is important to understand the differences:



What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Speech & Sound Disorders</p> <ul style="list-style-type: none"> • Children/young people will be seen to have articulation and phonological difficulties. 	<ul style="list-style-type: none"> • Liaison with the Speech & Language Therapy Service (SALT) • See the Local Offer for further information: <u>Families Information Speech and Language Therapy</u>
<p>Receptive Language Differences (understanding language)</p> <ul style="list-style-type: none"> • A child may show differences when listening and focusing on learning. • They may not follow instructions successfully. • They may need more time to process and understand multi-step instructions. • They may not understand specific vocabulary. • Interpreting language literally; they might not understand idioms, some jokes and sarcasm, which can lead to vulnerability and embarrassment. • The child may appear withdrawn. • Frustration, resulting in behaviours that challenge. • Limited progress not associated with a learning need. • Erosion of self-esteem and confidence. 	<ul style="list-style-type: none"> • Use an audit tool to review whether the environment is 'communication friendly' such as those available from the <u>Communication Trust</u> • Consider the use of pre and post-teaching of vocabulary and word meaning • Gain the learner's attention, using their name, before giving an instruction and/ or make sure they are aware if a group instruction includes them. • Check that the pupil's hearing has been tested. • Simplify language and check understanding regularly, repeating instructions/ explanations. • Provide extra processing time. • Keep instructions concise. • Check for understanding by asking the pupil to feedback or through asking questions.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Provide a simple 'task card' of instructions for task. • Provide the CYP with timely and helpful prompts including visually presented information. • Use visual supports, pictures, and symbols to support understanding and verbal communication. • Develop understanding using differentiated levels of questioning (Blank's levels). 4 Levels of questioning from simple, concrete questions to more difficult, abstract questions. • Barrier Games. A fun and interactive way to practice speech, receptive and expressive communication skills, and social skills. • Word Aware: Teaching Vocabulary Across the Day, Across the Curriculum' by Parsons and Branagan.
<p>Expressive Language Differences (using language)</p> <p>Learners with communication and interaction needs may be non-speakers. This may be because they haven't yet developed speaking skills or because they are unable to speak in some environments or situations.</p> <p>Some learners may present with speech production difficulties, for example, monotone speech, unclear speech, difficulties with sound production or finding the right words, stammering or dysfluency (breaks or disruptions that occur in the flow of speech).</p>	<ul style="list-style-type: none"> • Consider the use of pre and post-teaching of vocabulary and word meaning. • Provide opportunities to practice new vocabulary and oral narratives. Revisit and consolidate across different environments, both in and out of school. • Provide opportunities to use new language, develop conversational skills and acquire further vocabulary • Provide sufficient thinking time for the child to formulate and express their thoughts or ideas. • Ask open-ended questions. • Develop understanding of verbal reasoning using (Blank's levels). • Barrier Games. A fun and interactive way to practice speech, receptive and expressive communication skills, and social skills.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>The child may:</p> <ul style="list-style-type: none"> • Have difficulties understanding or storing information and are likely to have limited vocabulary. • Use non-specific words e.g. I am doing things. • Have difficulties generating ideas. • Not be able to organise their ideas. • Have knowledge about a subject, but not be able to understand/decide/organise how to use it, as required by the task. • Not form sentences that are grammatically correct. • Not understand the impact of something they say on the listener and be unable to change the way they communicate with different people e.g. a peer and an adult. • Not be able to gauge the listener's mood and misinterpret humour/sarcasm (including non-literal phrases) • Appear withdrawn. • Show frustration, resulting in distressed behaviours. • Make limited progress (not associated with a learning need) • Experience loss of self-esteem and confidence. 	<p>For children with anxiety-based communication needs:</p> <ul style="list-style-type: none"> • Encourage non-verbal communication e.g. gesture, drawings, and writing. • Concentrate on gaining their trust. Avoid pressurising the child to speak, it may make the situation worse. • Say that you don't need them to speak e.g. "It's OK if you don't want to talk now, you can show me". • Avoid placing unnecessary pressure on the child to talk by reducing the number of questions you ask. E.g. instead of saying "what's that?" say "oh look, a tree". This way you provide a language model but without putting pressure on them to speak. • Identify a member of staff, who can consistently spend additional time with the child, so the child starts to feel more comfortable with them. • Initially encourage participation in games that do not require any talking. Let them know that they won't have to talk in the game • It's never too late: Spotting and supporting SLCN at secondary school SEND Network • Multisensory learning in the classroom: A teacher's guide Structural Learning (structural-learning.com) <p>For children who stammer:</p> <ul style="list-style-type: none"> • Listen to what the child/young person says without interrupting, giving advice or saying the words for them. • Be patient and wait. • Slow down the pace of conversations by using pauses. • Use more comments than questions.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Respond timely and appropriately to any negative reactions to the child from others. <p>Resources for schools: <u>Action for Stammering Children</u></p> <p>Whole school provision:</p> <ul style="list-style-type: none"> • Whole school awareness and understanding of communication and interaction needs. • Whole school audit of skills and training needs in relation to communication and interaction. • Whole school CPD plan includes communication and interaction • <u>Communication friendly classrooms.</u> • Assessment through teaching to identify the areas of need in consultation with the learner and diagnostic assessment by the teacher to inform appropriate target setting. <p>Further suggested approaches and resources include:</p> <ul style="list-style-type: none"> • <u>A multisensory approach.</u> • <u>The Total Communication Approach.</u> • <u>Makaton.</u> • <u>Elkan Speech and Language Support training.</u> • Use of Speech & Language Link <u>https://speechandlanguage.link</u> • Working on targets set by the Speech and Language Therapist. • The selective Mutism Resource Manual - Maggie Johnson & Alison Wintgens. • <u>Selective Mutism Association resources.</u> • <u>Spotting and supporting SLCN at secondary school.</u>

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Social Communication & Social Interaction</p> <p>Child/young person:</p> <ul style="list-style-type: none"> • Has challenges with social communication and social interaction with peers. • Encounters difficulties with understanding social behaviours, roles and relationships within social groupings. • May be controlling and try to impose own perspective. • Attempts at making friends are ineffective. • Is not observed to routinely join in group work/play activities. • May engage in a 1-1 situation or respond to direct social approaches but does not initiate. • May be copying or imitating. • May become intensely interested in / focused on individuals. • May want friends but has enduring difficulties in making and maintaining friendships. • May present with unexpected reactions/ responses to social cues, people and events. <p>In the classroom the child/young person:</p> <ul style="list-style-type: none"> • May avert gaze and/or appear not to be listening. • May not understand what is being said to them. • May prefer to follow their own interests. • May find it difficult to understand and use social conventions such as saying 'hello' and 'goodbye.' • May find it difficult to work in a group without a specific structure. • May find it difficult to interact during non-structured times such as breaks. • May mistakenly be perceived as rude, blunt or hostile. • May have difficulties with boundaries, for example, open discussion of matters considered private or social taboos. 	<ul style="list-style-type: none"> • Use of comic strip conversations and social stories (Carol Gray™) • Improve interaction by organising and facilitating simple games at unstructured times. Practice how games work and how rules will help a child to play this game when you are not around. • Direct teaching of play skills using strategies such as Identiplay. The approach promotes the development of social skills, understanding, imagination and exploration. • Make use of visual activity schedules and choice boards for playtimes and unstructured free times to support those children and young people who have difficulty with noise, bustle, free-choice and social demands. Use scripts to support a child to become more spontaneous with their social language, for example, asking to have a turn with a toy and saying that they want a game to finish e.g. 'ball please'. The child should have the phrase represented visually to support them to use this independently in time. • Lunch/ break time clubs. • Grouping learners with social communication difficulties with socially competent peer (circle of friends) • Consider in collaboration with the learner and parents/carers, peer awareness training. • Be aware of your own use of body language/tone of voice to communicate - this can be missed or misinterpreted. • Be aware that learners may not be able to read facial expression as a form of communication. • Awareness of own tone of voice (calm and not too loud).

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • May misinterpret tone of voice. • May unexpectedly initiate interactions e.g. shouting out, touching others to get attention, interrupting. • May not understand non-verbal communication. • May unexpectedly initiate interactions e.g. shouting out, touching others to get attention, interrupting. • May have physical outbursts causing harm to self/ others and or damage to property. 	<ul style="list-style-type: none"> • Awareness of the impact of language and social communication difficulties on peer relationships and potential vulnerability; careful consideration of grouping and be vigilant to misunderstandings leading to conflict or ridicule. • <u>NAS understanding and developing Communication.</u> • <u>Autism Education Trust (AET) approaches.</u> • Explicit teaching of social rules, the reasons and benefits of their use - in the correct context/setting • Social rules displayed visually around the building. • <u>Use of the Cumberland Autism pathway resources.</u>
<p>Demand avoidance-</p> <ul style="list-style-type: none"> • Difficulty with language processing and social communication adds to the already very elevated anxiety levels in neurodivergent children who avoid demands. 	<ul style="list-style-type: none"> • Show compassion and be willing to adapt approach. • Remain calm, be prepared for the unexpected. • Allow additional time for processing and response. Plant the idea of what you would like to happen, but don't expect it to happen immediately! • Where possible de- personalise your responses. • Work with an approach that considers code of conduct / rules of the world. Keep 'rules' to a minimum and pick battles carefully. Maintain three baseline rules: no hurting themselves, no hurting others and no damaging property. • Provide choice as much as possible to help CYP to feel that they have some control. E.g., choice over which room to use, where to complete activities, which order to do the activities.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Use indirect language to lessen the perception of demand. Avoid phrases such as "We're going to ..." or 'It's time to ..." or "You need to ..." consider saying "I wonder if ..." or "Shall we ..." or "Maybe ...". • Follow the CYP's lead and interests – a) to engage, b) as a way to structure activities. c) to make demands more indirect and engage the CYP. • Use humour and jokes as a way to reduce tension. • De-personalise responses to reduce likelihood of targeting or blaming staff/peers. • <u>Use of the Zones of Regulation.</u> • Use of strategies in <u>PDA Society resources</u> may be helpful.

Cognition and Learning Need

Children and young people experiencing cognition and learning needs are likely to be learning at a slower rate than would be typically expected. Their progress may differ from day to day and they may find it challenging to process information quickly and remember new concepts. Some children may have difficulties with many parts of the curriculum such as those experiencing Severe Learning Difficulties (SLD) or Moderate Learning Difficulties (MLD). Others may experience specific difficulties such as challenges with English or Mathematics. Unmet learning needs can be an underlying cause of frustration, low self-esteem and social, emotional and behavioural difficulties.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Difficulties with learning (where despite; appropriate teaching and learning opportunities, approaches and interventions, and as a result of developing an understanding of the learner's needs, the rate of progress is reducing or static and the gap between same-age peers with a similar starting point is increasing).</p> <p>Learners will have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have associated speech and language delays, low self-esteem, low levels of concentration and underdeveloped social skills. May have difficulties with problem solving.</p> <p>Difficulty with:</p> <ul style="list-style-type: none"> • Pace of whole class teaching and learning. • Acquiring basic numeracy skills. • Understanding basic mathematical concepts e.g., time. • Understanding and/or remembering classroom instructions. • Memory (short-term, working or long-term). • Learning, remembering and using appropriate curriculum vocabulary. • Verbal and non-verbal problem solving. • Executive functioning skills. • Processing visual and verbal information rapidly. 	<ul style="list-style-type: none"> • Clear and concise instructions, breaking down longer instructions and giving one at a time, supported by visual information where possible. • Visual timetable. • Visual cues and prompts. • Give time before a response is needed. • Pre-teaching – e.g., provision of a teacher or TA (overseen by a teacher) to help prepare the child for the new topic. • Post-teaching opportunities built into units of work. • Shared next steps – so children know what to expect. • Differentiated resource – teach the curriculum appropriate to the child, not their chronological age so that access to learning is sequential and appropriate. • Small group and individual support targeted in developing skills needed, building on what the child can already achieve through small steps approach. For example, through study skills sessions. <p>Whole-setting approaches</p> <ul style="list-style-type: none"> • Ensure the curriculum promotes resilience and social and emotional development.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>You may also see:</p> <ul style="list-style-type: none"> • A lack of confidence and reluctance to take risks with new learning situations. • Distractibility, passivity, or tiredness. • Low self-esteem. • High level of dependence on adult support. • A tendency to copy peers. • Reluctance or inability to ask for help. <p>Difficulties with working memory:</p> <ul style="list-style-type: none"> • Struggles with pace of teaching and learning. • Struggles to follow instructions – can do the first step. • Easily distracted. • Unable to complete homework even if explained and differentiated. • Fails to complete tasks. • Poor organisation. • Copies/follow others. • Appears anxious and/or avoidant of tasks or activities. • May not ask for help or is highly dependent on adult support. 	<ul style="list-style-type: none"> • Give the 'big picture' and context at the start of a new topic and revisit it throughout. • Note-taking as an approach for all. • Provide working walls, word maps, lists, checklists, task boards, templates and storyboards. • 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.
<p>Specific learning difficulties affecting one or more aspects of learning including reading, spelling, writing, handwriting, arithmetic, or mathematical reasoning and/or memory which significantly impacts their ability to learn and demonstrate their learning.</p> <p>N.B. a small number of children may have a formal diagnosis/educational determination, for example, dyslexia, dyscalculia or dyspraxia. For all areas of need any provision or support should be provided in line with the needs of the child and is NOT dependent on any formal diagnosis.</p> <p>Difficulty with (some or all of the following):</p> <ul style="list-style-type: none"> • Auditory processing of sounds. • Phonological awareness – segmenting and blending phonemes. • Decoding words. 	<ul style="list-style-type: none"> • Acknowledge and encourage good oral contributions whenever possible. • Metacognition approaches – learning to learn by trying to understand the learner's difficulty and asking them what helps. • Use strategies and approaches recommended in advice from assessments and consultations. • Make simple adaptations e.g., font, line spacing, coloured paper, lighting etc. • Encourage the learner to celebrate their strengths and achievements in all areas of life. • Use of distributed, targeted practice, using a little and often approach, for example, ten minutes daily. Teach skills to the point of fluency and accuracy before moving on. Strategies such as precision teaching could be considered.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Difficulties with learning phonics beyond the simple alphabetic code. • Reading - Inaccurate or slow. • Visual processing of letters or numbers • Poor word recognition skills. • Writing - requires much effort. • Frequent and inconsistent spelling errors. • Handwriting and formatting on the page. • Copying from a worksheet, screen or board. • Acquisition and retention of mathematical concepts e.g., Place Value. • Remembering number facts and inability to use efficient calculation strategies to solve number problems e.g., counting on fingers rather than using number facts. • Mathematical reasoning. • Working memory. <p>Avoidant or disruptive behaviour when being asked to engage in literacy- or numeracy-based tasks.</p> <ul style="list-style-type: none"> • Variation in performance day by day. • Poor organisation skills. • Anxiety when asked to read out loud. • Poor written expression with a limited quantity of writing when compared to verbal expression. 	<p>Reading:</p> <ul style="list-style-type: none"> • Allow extra time to read and absorb information. • Consider using Text to Speech software (there are many free versions). • Avoid asking the child to read in front of others unless they want to. • Teach strategies to help track words on the page. • Access to audio books. Cumberland Library Service provide free access. • Access to dyslexia friendly reading material, for example, Barrington Stoke. • Use of evidence-based interventions, for example, Reading Intervention. <p>Spelling:</p> <ul style="list-style-type: none"> • Mark written work on content rather than spelling. • Highlight/tick the correct parts of the word rather than errors. • Use inbuilt accessibility features of tablets, phones or laptops e.g., speech to text functions. • Use dyslexia friendly software. • Use colour to highlight spelling patterns. <p>Writing/Handwriting:</p> <ul style="list-style-type: none"> • Reduce written task requirements. • Allow and encourage alternative methods other than handwriting when recording work. • Provide relevant spellings for the child. • Encourage and support word processing for written work where possible. • Check suitability of chair/desk, posture and paper placement. <p>Working memory:</p> <ul style="list-style-type: none"> • Chunk instructions one step at a time and check understanding throughout the task. • Allow extra time for the child to write down written instructions or give assistance.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Difficulties with learning phonics beyond the simple alphabetic code. • Reading - Inaccurate or slow. • Visual processing of letters or numbers • Poor word recognition skills. • Writing - requires much effort. • Frequent and inconsistent spelling errors. • Handwriting and formatting on the page. • Copying from a worksheet, screen or board. • Acquisition and retention of mathematical concepts e.g., Place Value. • Remembering number facts and inability to use efficient calculation strategies to solve number problems e.g., counting on fingers rather than using number facts. • Mathematical reasoning. • Working memory. <p>Avoidant or disruptive behaviour when being asked to engage in literacy- or numeracy-based tasks.</p> <ul style="list-style-type: none"> • Variation in performance day by day. • Poor organisation skills. • Anxiety when asked to read out loud. • Poor written expression with a limited quantity of writing when compared to verbal expression. 	<ul style="list-style-type: none"> • Provide and teach how to use word maps, lists, checklists, task board templates as appropriate. • Provide opportunities for repetition and over-learning. • Support children by providing a personal copy of what is displayed on the board to have on their desk. • Aim to provide "check-in" support rather than constant individual attention. • Give assignments and important instructions in pictorial or written form. • Encourage use of different coloured pens to highlight work and provide markers. • Allow children to take photographs of anything written on a board which they need. • Provide children with electronic notes of lessons. <p>Mathematics:</p> <ul style="list-style-type: none"> • Teach the language of maths • Talk through number concepts aloud, communicating thinking in a verbal, diagrammatic and written form. • Follow a structured approach to build an understanding of concepts. • Acknowledge and encourage good oral contributions whenever possible. • <u>Metacognition approaches – learning to learn by</u> • Trying to understand the learner's difficulty and asking them what helps. • Use strategies and approaches recommended in advice from assessments and consultations. • Evidence-based interventions to develop skills. • Make simple adaptations e.g., font, line spacing, coloured paper, lighting etc. • Encourage the learner to celebrate their strengths and achievements in all areas of life.

Social, Emotional and Mental Health Needs

Social, Emotional and Mental Health (SEMH) needs are related to significant difficulties with managing emotions and behaviour which impacts on a child or young person's overall wellbeing. Such needs can affect relationships with others and how they respond to situations. Those experiencing SEMH needs may feel worried and misunderstood. SEMH characteristics overlap with neurodivergence. Careful consideration should be made of whether a child's presentation is one of SEMH, of another underlying cause that has not been identified, or both.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>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.</p> <p>Flight responses:</p> <ul style="list-style-type: none"> • Verbal and physical aggression. • Violence towards property and/or people. • Inappropriate language. • Blaming others. • Pushing friends away. • Inflexibility and/or unable to follow rules or instructions. • Disrespectful. • Self-harming/self-sabotaging behaviours. • Refusal to follow instructions or comply with behavioural norms. • Stealing. • May appear to be dishonest. • Moving to another area without notice or permission (absconding). • Hiding. • Inability to manage unstructured/free time. • Avoiding tasks and activities. • Hyperactive. • Hypervigilant. • Agitated. • Fidgety. 	<ul style="list-style-type: none"> • Provide a secure base (safe and predictable environment). • Implement whole-setting programmes such as nurturing schools or <u>mentally healthy schools</u>. • Uses resources available to promote the well-being of children in their setting e.g., resources from <u>Anna Freud</u>. • Consider the reason/purpose of behaviour – what is the context/history? • Routines and changes are communicated in advance. • Careful consideration of seating position. • Where possible, make tasks relevant and interesting, linked to the learner's strengths and development needs. • <u>Emotion coaching</u>. • Consider movement breaks. • Support <u>co-regulation</u>. • Consider learning breaks. • Access to pastoral support and Emotional Literacy Support Assistants (ELSAs) who are trained by and access supervision through the Educational Psychology Team. • Develop exit strategies with teaching staff. • Develop risk assessments & positive behaviour plans with relevant parties. • Ensure consistent rules, boundaries and schedules whilst remaining willing to offer some flexibility.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>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.</p> <p>Flight responses:</p> <ul style="list-style-type: none"> • Verbal and physical aggression. • Violence towards property and/or people. • Inappropriate language. • Blaming others. • Pushing friends away. • Inflexibility and/or unable to follow rules or instructions. • Disrespectful. • Self-harming/self-sabotaging behaviours. • Refusal to follow instructions or comply with behavioural norms. • Stealing. • May appear to be dishonest. • Moving to another area without notice or permission (absconding). • Hiding. • Inability to manage unstructured/free time. • Avoiding tasks and activities. • Hyperactive. • Hypervigilant. • Agitated. • Fidgety. • Immature behaviours, tone of voice. • Withdrawal from social engagements. • Passive with neutral expression. • Compliant – which can lead to vulnerability. • Providing only 'yes' and 'no' answers. • Self-harm. 	<ul style="list-style-type: none"> • Offer a safe place within the classroom and offer to co-regulate when necessary. • Use of restorative conversations. • Offer a 'safe' and familiar task when emotions are heightened. • Assessment through teaching, e.g., are there parts of the curriculum that they find easier to manage than others? Use these to develop confidence. • Use of pupil's interests to engage them. • Giving responsibility for looking after someone else. • Unpicking the behaviours – negative and positive behaviours – what lies behind them? Use of tools such as Boxall Profile might support with this. • Use of visual timetables and provision of structure and predictability. • Use of choices and now-and-then approach. • Seek advice around self-harming or risk-taking behaviours – a multi-professional approach. • Identifying what is not right through engagement with the learner. • Looking back, when did the behaviour start to change? • Liaison and collaboration with home is essential in understanding the wider picture. • Provide substitutes for self-harming behaviours, e.g., elastic bands. • Direct teaching to support understanding and managing of emotions. • Use of a Growth Mindset approach. • Provide activities that are stress reducing, e.g., games, dance, colouring, gardening, animals, forest school. • Keep a log and analyse patterns or trends to identify triggers.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Unable to accept praise. • Unable to show enjoyment of seemingly positive experiences. <p>Freeze behaviours:</p> <ul style="list-style-type: none"> • Unable to absorb information and act upon it - forgetful. • Distracted, difficulties with concentration and engagement. • Not listening or interacting. • Appears confused. • Physical symptoms that are medically unexplained, e.g., soiling, stomach pains. 	<ul style="list-style-type: none"> • Liaise with Health and parents to identify the cause.
<p>Attention difficulties ADHD. There are 3 presentations of ADHD: Inattentive, hyperactivity and combined.</p> <p>Inattentive (formally known as ADD)</p> <ul style="list-style-type: none"> • Short attention span and difficulty remaining focused. • Being easily distracted by both external stimuli and internal thoughts. • Making mistakes or not paying close attention to detail. • Appearing forgetful or losing things. • Does not appear to be listening when being spoken to directly. • Being unable to stick to tasks that are tedious or time-consuming, or which take sustained mental effort, but concentrates well on tasks which they enjoy and are interested in. • Having difficulty getting organised and managing time. <p>Hyperactivity/Impulsivity</p> <ul style="list-style-type: none"> • Difficulty sitting still, especially in calm or quiet surroundings. • Constantly fidgeting. • Excessive physical movement and high levels of energy. • Often running or climbing in situations where this is inappropriate. • Excessive talking. 	<ul style="list-style-type: none"> • Understanding the reasons - is there a pattern? • Allowing plenty of time for movement or frequent small concentration periods. • Have a clear structure to the day. • Provide clocks and timers on desk. • Say the pupil's name first to gain attention. • Work with children to develop strategies e.g. using alarms, timers, visual timetables and apps. • Break information down into small chunks, use repetition and provide processing time. • Use of sensory equipment, for example, fiddle toys. • 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. • Make reasonable adjustments that need to be made in line with Equalities Legislation. • Provide regular opportunities for exercise and brain breaks.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Interrupts conversations or intrudes on others. • Being unable to wait their turn. • Acting without thinking and without regard for the possible consequences/danger. <p>Combined Subtype</p> <ul style="list-style-type: none"> • Symptoms include all the difficulties associated with both inattentive and hyperactive subtypes. • It is important to note that behaviours which challenge others, such as 'meltdowns', anger and aggression, are not symptoms of ADHD in their own right, although frustration is common and can cause 'outbursts'. 	
<p>Attachment Difficulties (including Attachment Disorder)</p> <ul style="list-style-type: none"> • Appears anxious. • Appears withdrawn. • May experience intense and overwhelming emotions exhibited as anger or 'loss of control'. • May appear to lack inhibitions e.g., hugging people they don't know or appearing to be 'over friendly' towards children and adults. • Finding it difficult to join in with play or interactive games. • Appearing to 'sabotage' situations where things are going well. • May avoid eye contact. • Struggles with impulse control. • Struggle with cause and effect thinking. • Lacks self-belief and confidence (has low self-esteem). • Seek to make relationships but have difficulty sustaining them due to their own emotional needs and difficulties understanding the needs of others. • Can be unpredictable and responses to situations may be inconsistent. • Need to feel in control of their world as a survival mechanism. 	<ul style="list-style-type: none"> • Pastoral support - use of ELSAs/ individual or small group support • Nurture group/nurture ethos. • Liaise with parents and carers for shared understanding. • Consideration of whole staff training. • Robust and careful transition when any change of placement • All staff trained and aware of any pupil with attachment difficulties and how to respond to them (at a single child level). • Consideration of reasonable adjustments to and changes that could be made to the discipline procedures/behaviour policies. • Consideration of family context and the range of children that may have attachment difficulties, e.g., adopted, forces children, looked after children. • Liaison with external professionals, including the Virtual School where appropriate. • Trauma-informed approaches.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Have difficulties managing emotions as they may not have had appropriate modelling of regulation in younger years. • Feels insecure and may not feel confident to follow guidance of others. • Looks to belong socially but may make wrong friendship choices as they seek acceptance. 	
<p>Low-level Disruption, Dysregulation Behaviours</p> <ul style="list-style-type: none"> • Behaviours that may reflect a mental health difficulty, behaviours that appear to want to draw attention, e.g., talking out of turn, frequent interruptions to learning, fiddling with objects. • Anxiety/Depression, self-harming, substance misuse, eating disorders. 	<ul style="list-style-type: none"> • Differentiated use of voice, gesture and body language. • Focus on reducing anxiety and thereby behaviours, e.g. Allowing for physical movement around the room or a fixed amount of time out of the lesson. • Positive reinforcement of expectations through verbal scripts and visual prompts. • Time out/quiet area in the setting. • A clear plan of action. • Risk assessment. • Involvement of the family and wider professionals. • Thinking about what can be used as a substitute for self-harming. • A key adult approach. • Use of PACE.
<p>Difficulty in making and maintaining healthy relationships</p>	<ul style="list-style-type: none"> • Use of individual/small group sessions/ ELSA, to support Personal Social and Emotional development. • Restorative approaches. • Lunch/break time clubs. • Buddy/peer mentoring.
<p>Difficulty in identifying/labelling, understanding and regulating emotions</p>	<ul style="list-style-type: none"> • Individual small group supports/ELSA provision. • Use of Emotion Coaching. • Use of Zones of Regulation. • Support to co-regulate. • Mindfulness and breathing techniques. Use of supports such as Relax kids and yoga may be helpful.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Emotional Barriers to School Attendance/ EBSA (also known as Emotionally Based School Avoidance) may necessitate graduated approach cycles.</p> <p>You may see:</p> <ul style="list-style-type: none"> • Difficulties attending school with extended periods of absence/absences for minor illness. • Child/young person wants to stay at home. • Child/young person may have difficulties going into school/getting out of the car. • Severe emotional upset on school days. • Becoming withdrawn. • Physical changes, for example, changes in weight, panic attacks, stomach pains, aching limbs, headaches, difficulties sleeping. 	<ul style="list-style-type: none"> • Corcoran, Bond & Knox’s research (2022) found 5 factors that facilitated a return to school for those who had stopped attending: <ol style="list-style-type: none"> 1. Effective home-school communication. 2. Positive relationships with adults. 3. Reflective practitioners. 4. Individualised approach. 5. Engagement with other professionals. • Use of Trafford’s Early Identification of Needs Tool (EINT), freely available online, to support identification of those children who may be at risk. • Card sort and scaling activities to understand the child’s experience and function of school avoidance. • Laddering approaches for gradual reintegration. • A key person who can maintain contact during periods of school absence, oversee a personalised approach (for example, flexible timetable, check-ins). • Consider whether Early Help is needed to support the child/family. • Use of Emotional Literacy Support Assistants (ELSAs). • EBSA Support Plan Cumberland Local Offer. <p>The following resources give further information about EBSA and have resources including card sort activities, scaling activities and information about laddering:</p> <ul style="list-style-type: none"> • Lancashire EBSA toolkit • The West Sussex EBSA resource bank • www.barrierstoeducation.co.uk is a web-based resource going live soon, providing comprehensive EBSA guidance and resources for schools, parents, and local authorities.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<p>Other useful resources</p> <ul style="list-style-type: none"> • MindEd is a free educational resource on children, young people, adults and older people's mental health. • YoungMinds – Mental health charity for children & Young people. • Writing for mental health toolkits from Action for Children. • Reading Well for mental health provides helpful information and support for managing common mental health conditions.

Bereavement

It is understood that the equivalent of one child in every class will have been bereaved of a parent or sibling by the age of 16, with many more experiencing other losses. Although not a special educational need, most schools will have supported children with bereavement. Some children may need support through graduated approach cycles, but most will not. That said, all bereaved children will need compassion and understanding from the adults around them.

Children grieve differently from adults, with their grief reflecting their stage of development at the time of the loss. They may need to re-grieve as their understanding develops. Lawrence (2020) describes six patterns of grieving that are unique to children:

1. Children grieve in spurts.
2. Their reactions can appear inappropriate.
3. Feelings might be expressed through psychosomatic illness or physiological signs.
4. Reactions can be delayed for years.
5. Responses can be unexpected.
6. Children can have difficulties with negative emotion regulation.

A period of mourning is to be expected following a bereavement, with children processing the loss and adjusting to life without their loved one. If, after this, children are still finding it difficult to cope and to return to their usual everyday activities, schools may need to consider a more targeted approach.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Depression. • Decreased motivation. • Concentration and memory difficulties. • Lack or slowing of academic attainment. Some children will regress. • Lack of interest in their appearance. • Withdrawing from peers. • Anxiety over health. • Fatigue. • Aggression and/or dysregulation. • Separation anxiety. • Hyperactivity. • Being disorganised. • Drop in attendance. • Handing in work late or not at all. • Not attending social activities. 	<ul style="list-style-type: none"> • Avoid ambiguous language such as 'passed away' that can be confusing to children, especially those with additional needs. • Look out for signs of distress. • Discuss what the family and child/young person want following the bereavement, including who should be told and what people have been told. • Make allowances and adaptations for schoolwork and provide a calm space to exit the classroom if necessary. • Acknowledge the loss. • Ask the child how they are. • Consider a peer support group intervention. • Provide opportunities for the child to talk.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • ELSAs may be able to support as they have received bereavement input during their initial training. • Provide more formal talk therapy, e.g.: counselling if needed. • Consider use of a bereavement register and bereavement passports that travel with the child through school. • Provide opportunities for continuing bonds, for example, to remember their loved one. • Have a clear bereavement policy and procedures. • Consider accessing bereavement training. Child Bereavement UK can offer this. • Consider putting loss education on the curriculum. • Remember the wellbeing of staff. • Signpost to other agencies. • Talk about post traumatic growth. • Consider use of Educational Psychologists. • Child Bereavement UK have extensive resources and guidance on their website, including how to support children who have experienced a particular kind of loss, for example, suicide, and how to support children with additional needs. • If schools find themselves in the difficult position of dealing with a critical incident, there is a web-based resource that provides guidance (The Critical Incident Resource). It is expected that this resource will be accessed and used with support from a school link Educational Psychologist. • Bereavement in educational settings – <u>a guide for schools, Cumberland local offer.</u>

Sensory Impairment/Needs and/or Physical Needs

There are many different types of physical and/or medical conditions. Individuals' needs vary and can change over time, and, as such, the requirement for one child/young person will not be the same for another with the same medical condition. It is therefore important to understand how the child/young person's needs impact their learning and emotional well-being and what provision is required to support their access to the educational facilities generally provided.

Many children/young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support from a specialist teacher with a mandatory qualification (MQ) in VI/HI/MSI) and/or equipment to access their learning or habilitation [e.g., mobility and independent living skills] support. Young people with an MSI have a combination of vision and hearing difficulties.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Physical Needs</p> <p>Environmental Access</p> <ul style="list-style-type: none"> • Child/young person may: • Have bladder and/or bowel incontinence, which may also include the use of catheter or stoma and requires access to appropriate facilities for intimate care. • Be independently mobile without aids but presents with a delay with motor skills or weakness with balance, coordination and strength. • Use aids to support mobility e.g. sticks, walker, manual or powered wheelchair. • Have difficulties with the transfer to the toilet, sitting securely on the toilet and/or accessing facilities such as managing taps. 	<ul style="list-style-type: none"> • Complete an accessibility plan to ensure all pupils with physical needs have access to the whole school environment, • Ensure accessibility is on the school development plan. • Allow child or young person access to an onsite lift if available. • Complete a Personal Emergency Evacuation Plan (PEEP) and ensure child/young person and supporting adults have practised emergency evacuations and are fully aware of the procedures. • Seek advice from appropriate external professionals on suitability of equipment e.g. work chairs, standing frames, walkers, changing and toilet equipment. • Implementation of advice from Occupational Therapist. • Provide suitable facilities to support toilet access and changing e.g. changing bed, access for wheelchairs, standers, lower toilet, handrails/frame, hoist. • Ensure taps, wall soap, paper towels and hand dryers are accessible. • Ensure classroom and dining furniture is the appropriate size/ height. • Staff to access Moving and Handling training. • Complete an intimate care plan with the child or young person and family.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<p>Physical Needs Curriculum Access</p> <p>Fine Motor skills:</p> <ul style="list-style-type: none"> • Child/young person may: • Have difficulties associated with hand strength/co-ordination and manipulation of utensils and tools • Have difficulties with mark making/letter formation/handwriting/presentation affecting the pace/amount and legibility of written work. • Have difficulty with practical tasks and using practical equipment effectively in Maths, technology subjects and science. • Have difficulty using cutlery, carrying the food tray opening food packets or eating independently. • Have difficulties with sequencing dressing tasks, the orientation of clothes and managing fastenings. <p>Gross Motor skills:</p> <p>Child/young person may:</p> <ul style="list-style-type: none"> • Have difficulties with maintaining sitting position on usual school chairs or for carpet/floor sitting. • Have mobility difficulties accessing physical activities including PE, accessing school trips and residential. • Experience fatigue throughout the day/week. 	<ul style="list-style-type: none"> • Ensure child/young person's views are routinely sought and are used to inform planning for physical adaptations that they may require. • Provide alternative ways of recording, including the use of technology. • Provide writing frames, cloze procedure, annotations, lists, highlighted notes, PowerPoint slides as appropriate. • Provide extra time to complete tasks, with rest breaks. • Provide additional opportunities for hand aerobics activities and activities that give children the opportunity and motivation to practise fine motor skills. • Implementation of advice from Occupational Therapist and/or Physiotherapists. • Provide a variety of adapted equipment e.g., scissors, ridged ruler and pencil grips to choose from. • Provide a range of appropriate mark making tools including large/good grip brushes, chalk, pens crayons. • Ensure resources are within easy reach to promote independence and reduce stigma. • Adapt seating arrangements, if needed, such as providing a footrest and chair with arms. • Consider the ease of access to seating position in the classroom. • Arrange classroom furniture to allow access to different learning areas. • Provide a chair as an alternative to floor sitting. • Provide a variety of adapted or age-appropriate eating and drinking utensils such as good grip cups and cutlery. • Reduce the need for child/young person to join long queues at lunchtime.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Provide appropriate seating to support balance and coordination for eating. • Make reasonable adjustments to the uniform to support self-help skills and independence for dressing e.g. easy fastenings and loose fit. • Provide extra time and age-appropriate support within usual routines when changing for PE. • Teach skills around the organisation of the changing task within supportive routines. • Planned adaptations in the P.E curriculum such as allowing time and space to complete tasks and providing good grip equipment and easy catch balls. • Provide time and personal space to engage in outdoors/ play /breaktime activities with peers, to develop positive interactions. • Provide opportunities to safely practise moving over different surfaces in the outside environment by providing time and personal space. • Complete medical risk assessments and ensure extra-curricular activities and educational visits are planned to fully include pupils with physical and/ or medical conditions (in line with the Equalities Act 2010). • Reduce walking distances and provide rest breaks if required on a school trip. • Complete a fatigue management plan.
<p>Medical Conditions: Severe and complex medical conditions including life-threatening and life-limiting diagnoses or condition. Child/young person may:</p> <ul style="list-style-type: none"> • Be susceptible to infection or injury. • Tire easily. • Feel unwell/sick. • Experience ongoing pain. 	<ul style="list-style-type: none"> • Ensure voice of child and voice of parents are routinely sought when planning for adaptations that child or young person may need. • Liaise with specialist health teams for up to date specific medical condition training, including managing medicines in school.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • Have difficulty regulating body temperature • Have difficulty coping with sunlight • Have difficulty swallowing/eating/drinking which may include tube feeding or tube hydration • Have difficulty concentrating • Have memory and recall difficulties • Experience periods of time out of learning or absence from school due to: <ul style="list-style-type: none"> • Treatment and therapies during school time. • Administration of medication during the school day. • Personal care needs during the school day. • Illness or condition related symptoms. • Medical appointments. • Operations. 	<ul style="list-style-type: none"> • Individual Health Care Plans developed with school staff, family and specialist health team to manage the condition and any medication in school. • Staff to have good knowledge and understanding of the condition. • Lockable medicine cabinet, first aid bags and fridges available. • Staff Medical Training record to be maintained. • In liaison with parent/carer, reasonable adjustments to timetable considered, to reduce curriculum load. • Regular contact with home and setting if child or young person is not able to attend. • Attendance officers involved if schooling is affected. • Careful timetabling which may involve remote learning/access to online virtual learning platforms. • Resources available via online virtual learning platforms. • Medical Risk assessments, Personal Emergency Evacuation Plans (PEEP) and Fatigue management plans completed and implemented. • Clear bereavement training and policies developed.
<p>Social and emotional presentation: Child/young person may:</p> <ul style="list-style-type: none"> • Experience pain, fear and anxious thoughts • Experience low mood, sadness or depression • Become frustrated and/or angry at the loss of ability or the lack of achievement compared with others. • Have poor self-image, low self-esteem and lack confidence. • Lack motivation to engage with learning. • Become withdrawn and socially isolated • Develop negative behaviours towards others and/or self. 	<ul style="list-style-type: none"> • Liaise with parents/carers for shared understanding about overall well-being. (with the young person's permission) • Seek guidance and advice from the external professionals/specialists to ensure a full understanding of the impact on the well-being of the child/young person. • Ensure child/young person's views are routinely sought. • Regular home/school liaison to maintain a sense of belonging. • Develop and maintain positive structures and routine.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Encourage social engagement through shared interests. • Provide opportunities for success through small achievable steps. • Offer a safe space with a key person/mentor, for time to talk and be listened to. <p>Other useful resources:</p> <ul style="list-style-type: none"> • Comprehensive information on Physical/ Medical Difficulties – <u>SEND Handbook</u> and <u>SEND Toolkit</u>. • For those with complex disabilities <u>SENSE</u> • Children’s <u>Occupational Therapy Service (NHS)</u> • <u>Supporting Pupils at School with Medical Conditions (DfE)</u> • <u>Arranging Education for Children who cannot attend School because of Health Needs (DfE)</u> • <u>Council for Disabled Children website</u>
<p>Visual Impairment</p> <p>A young person may have a visual impairment which cannot be fully corrected by glasses or contact lenses. They may have strabismus and/ or amblyopia (commonly known as a squint and lazy eye).</p> <p>Most children and young people with partial or severe vision impairment will have been identified by medical professionals and should already be known to the SEND TST. The following are indicators that a child in the home, setting or classroom may have a vision problem:</p> <ul style="list-style-type: none"> • Holding items close to the face (toys/books). • Showing disinterest in things close to them or in the distance. • Difficulties in noticing other people/things close by or in the distance. • Not responding to visual cues. • Lack of confidence in crowded/busy situations. 	<p>To support a child with visual impairment you can:</p> <ul style="list-style-type: none"> • Follow the specific advice of the orthoptist and/or ophthalmologist e.g. wearing glasses/patch as directed and doing exercises as directed. • Ensure child has their currently prescribed glasses, that they are worn and clean. • Ensure seating, lighting and listening environment/acoustics are suitable for the child’s needs. • Provide a clear uncluttered visual environment where child/young person can visually access information and learn with minimal visual distractions. • Keep resources in the same place and suitably labelled. When things are moved discretely show child/young person where they are. • Keep walkways clear.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Keep background noise down. • Avoid/reduce glare by ensuring natural lighting falls directly behind or on top of the child/young person. • Use curtains and matt surfaces as much as possible. • Use real objects whenever possible, especially when the pupil is introduced to new concepts. • Consider providing verbal explanations or verbal commentary. • The RNIB website has information and a factsheet on squint/lazy eye.
<p>Hearing Impairment/Deafness</p> <p>Hearing loss can be permanent, temporary or mixed hearing loss. There may be observed difficulties with:</p> <ul style="list-style-type: none"> • Attention and listening. • Development of phonological awareness. • Communication and language acquisition. • Speech articulation. • Ability to regulate volume of speech • Behaviour • Difficulty with social interaction • Struggles to hear accurately in background noise or poor acoustic conditions • Struggles to hear accurately over distance • Struggles to hear accurately if they can't see the speaker's face • Struggles to hear comments from other students accurately <p>This will potentially impact on all areas of cognition and learning, communication, speech and language and social and emotional wellbeing.</p> <p>Child/young person may be prescribed hearing aids/cochlear implants on a permanent or temporary basis depending on their hearing loss.</p>	<p>To support use of specialist equipment you can:</p> <ul style="list-style-type: none"> • Communicate with the parent carer to understand how the hearing aids function and the protocol for checking and troubleshooting. If the parent or carer requires assistance with this, contact the Sensory Impairment Team within SEND Teaching Support Team (TST). <p>To support creating good listening conditions you can:</p> <ul style="list-style-type: none"> • Keep background noise to a minimum by ensuring doors/windows are closed when teaching. • Turning off noisy electrical equipment when not used. • Use fabric in wall and table displays to reduce reverberation. • Attach plastic buffers to chairs and tables to reduce scraping noise. • Use carpets/slash rugs/acoustic boarding to reduce reverberation. • Avoid timetabling in reverberant rooms whenever possible. • See document below for more detailed information on <u>Creating good listening conditions for education settings.</u>

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<p>To support listening you can:</p> <ul style="list-style-type: none"> • Ensure child/young person is positioned close to the speaker and where they can see the speaker's face. • For child/young person with unilateral loss be aware of which side is their better hearing side and ensure they are positioned with their 'good' ear facing the direction of the speaker. • Ensure you gain attention of child/young person before giving information, e.g., for a young child, say their name. • Identify each person speaking by name. • Support face watching by ensuring speaker does not stand in front of a window, placing themselves in shadow. • Support face watching by ensuring the whiteboard is not projected onto the speaker's face. • Support face watching by ensuring child/young person is not expected to listen and write notes/complete dictation at the same time. • Consider the use of subtitles if the child young person has appropriate reading age. • Take turns in talking. • Reiterate contributions from other students. • Provide written summary of main points and important information given. • Take care not to speak at the same time as writing on the board. • Ensure child/young person has access to a live speaker rather than being expected to listen to an audio recording e.g. in modern foreign language aural tasks. • Provide child/young person with sufficient time to process auditory information and respond.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<p>To support communication and Interaction you can:</p> <ul style="list-style-type: none"> • Speak at a normal rate and volume. • All staff to be aware of child/young person's language level. • Support understanding with visual aids and objects of reference. • Provide additional support e.g. pre/post tutoring to introduce and reinforce new vocabulary. • Set the context for learning and signal a change of topic clearly. • Consider if child/young person would benefit from a language intervention package ordinarily available in school e.g. (NELI) Nuffield Early Language Intervention. <p>To support health and safety you can:</p> <ul style="list-style-type: none"> • Ensure risk assessment is completed with regard to head injury for a child/young person with a cochlear implant. • Keep hearing aid batteries in a safe place and dispose of these safely. • For swimming sessions ensure that all instructions are provided on dry land with visual aids. Ensure swimming tutors have a visual system in place for evacuation. • Ensure a system is in place to evacuate hearing impaired child in case of a fire or emergency. • Discourage other children from touching hearing equipment. • Ensure careful supervision of young children around hearing aids and related equipment. <p>To support social and emotional wellbeing you can:</p> <ul style="list-style-type: none"> • Promote a deaf aware whole school environment e.g. attend available training and promote deaf awareness week.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
	<ul style="list-style-type: none"> • Teach personal assertiveness and self-advocacy. • Provide explicit teaching of emotional vocabulary. • Through liaison with the family be prepared to answer other children's questions regarding equipment and hearing loss. • Ensure inclusion of child in wider school activities. • Raise awareness of positive deaf role models. <p>To support transition you can:</p> <ul style="list-style-type: none"> • Plan for a timely and possibly extended transition support into new circumstances e.g. new school or class.
<p>Sensory processing and integration</p> <p>Some children and young people experience differences with processing sensory information. They may make different sense of the sensory signals from the body and the environment. They may be sensitive to sensory stimuli, seek or avoid it.</p> <p>Experiencing anxious thoughts and feelings in unpredictable environments where they find it hard to eliminate background noise, they may have periods of distress because of sensory overwhelm and find it difficult to accept support to regain calm and regulate.</p> <p>All of the above can impact directly on their communication and interaction.</p> <p>Child or young person:</p> <ul style="list-style-type: none"> • May miss sensory input and may be perceived by others to be uninterested and/or inattentive to their surroundings. (Poor registration). • May become overloaded by sensory information. They notice all sensory input and may appear easily distracted, irritable, cautious and uncomfortable in loud or busy environments. (Sensory sensitive). 	<ul style="list-style-type: none"> • Complete <u>sensory environment audit</u> and sensory checklist to develop individual sensory profile for learners. Share with learner and help them to understand their own profile, Share with all staff. • Provide calm learning environments. Consider the environment e.g. acoustics, noise, room temperature, colour schemes, visual stimuli, proximity to others/things, identify low arousal areas. Adapt to prevent sensory overload by reducing visual clutter, maximise opportunities for natural lighting, Place rubber feet on chairs which scrape, use of carpets, paper towels v hand dryers. • Adopt flexible approaches to transitions e.g. between lessons and to and from school. Consider crowded areas and allow learners to move through school during less busy times. • Support with preparation for change of activity or routine. • Be flexible with uniform policy. Offer personalised adjustments to school uniform based on individual sensory profile.

What you may see (how this presents and the impact on child)	What can help (Provision - strategies, interventions and resources)
<ul style="list-style-type: none"> • May miss or not process incoming sensory information. They may actively seek out sensory input, e.g., touch things/others or engage in unsafe activities such as climbing/jumping from heights. (Sensory seeking). • May feel overwhelmed by sensory information and will avoid the sensation/stimulation, e.g., running away from loud or busy environments, covering their ears, wearing gloves to avoid touching certain materials. • May encounter problems with concentration /paying attention which can in turn impact on their ability to plan / organise their thoughts for successful actions, e.g., decision making, problem solving. • May be restless, appear not to listen/pay attention, struggle to sit or stand as required /for extended periods. • May become tired more easily and find it hard to organise themselves. • May engage in self-soothing activity (stimming, flapping, rocking, tooth grinding, tapping). • May show signs of reluctance to attend school or have an increase in absences, due to sensory overload. 	<ul style="list-style-type: none"> • Make clear communication of expectations. • Use additional visually presented information e.g., Visual timetable, visually sharing when the task starts/ is finished. • Carefully consider the use of visual timers. • Planned and consistently reviewed use of sensory resources such as ear defenders or noise-cancelling headphones, resistance band on chair/ foam roller to put feet on whilst sitting. • Support learners to engage in interoceptive activities to help them to 'tune into' their own body signals e.g., conversation, gym, yoga, Mindfulness etc. • Planned sensory/physical breaks • Consider the use of Sensory Circuits. • Access to a pre-agreed designated 'safe place'. • Small group / 1 to 1 tasks and activities. • Use of AET Sensory Resources. • Where learners have patterns of absence or increased school avoidance or are noticing patterns of absence, consider referring to EBSA Materials.
	<p>Other useful resources:</p> <ul style="list-style-type: none"> • Comprehensive information on Blind or Vision Impairment (B/VI) SEND Handbook • Comprehensive information Deafness & Hearing impaired – SEND Handbook • Comprehensive information on Physical/ Medical Difficulties – SEND Handbook • National Deaf Children's Society (NDCS) • Phonics Guidance; National Sensory Impairment Partnership (NatSIP) • Royal National Institute for the Deaf (and hard of hearing) www.rnid.org.uk • For those with complex disabilities SENSE • Children's Occupational Therapy Service: Sensory Education Session

Non-Need Specific Support

To support exam access arrangements:

In schools, exam access arrangements are pre-examination adjustments for students with special educational needs, disabilities, or temporary injuries, designed to allow them to demonstrate their skills and knowledge without changing the assessment demands. These arrangements are reasonable adjustments under the Equality Act (2010) and must be based on identified needs and normal ways of working.

- Be aware of any access arrangements and timescales for application that may be available from an awarding body.
- Request exam access officer carries out relevant assessments.
- **Key stage 2 tests: access arrangements - GOV.UK**
- **The Joint Council for Qualifications**

To support transitions

“Transition” encompasses any change for a child or young person as they move from one educational setting to another, including moving to a new school, a new year group, a different key stage or even a new classroom. The **SEND Toolkit** provides detailed information on transitions at every stage and how settings can support children and young people during these times.



Education, Health and Care Plans

An Education, Health and Care plan (EHCP) is a legal document that describes a child or young person's special educational, health and social care needs. It explains the extra help that will be given to meet those needs and how that help will support the child or young person to achieve what they want to in their life.

An EHC needs assessment should not normally be the first step in the process. If the child or young person does not make the expected progress despite completing at least 2 cycles of the assess, plan, do, review cycle, advice from specialists sought, and interventions implemented, the school may consider requesting an EHC needs assessment.

For more information on EHCPs see Cumberland's Local Offer



Part 2 - Key Information & Roles and Responsibilities

Key Information

Schools MUST publish key information about the support and adjustments they offer. The 2014 SEND reforms placed a legal duty on schools and settings to publish information about the available extra support for children and young people. This information must be clear and meaningful so parents can use it to understand how their child will access support if they need it.

The main sources of SEN information for parents to access from a school are:

- SEN Information report
- SEN Policy
- Accessibility Plan

Note: A school's SEN Information Report and SEN Policy are two distinct documents.

SEN Information Report – Must be updated annually

Schools (but not Early years settings) must publish a SEN information report about the provision and support they provide for children and young people with special educational needs and disabilities (SEND). The SEN information report must be updated annually. Any changes occurring during the year should be updated as soon as possible. Schools must publish this information on their website so that young people, parents and professionals can find it easily. See the **SEND Code of Practice 6.79- 6.82** for information on what MUST be included.

SEN Policy

SEN policies contain technical information and detail. It should explain the school's mission, values, vision and aims for pupils with extra support needs. It should include information about the laws and rules that affect the day-to-day processes of the school.

The SEN policy should include:

- A brief statement referring to relevant local guidelines, and national regulations.
- A list of groups, individuals and documents consulted when making the policy.
- Cross-references to other documents and links to other policies, where helpful.
- Roles and responsibilities of staff.
- Monitoring and evaluation arrangements: what evidence is used to show progress has been achieved.
- It should be signed by the Chair of Governors or Chair of Committee.
- The date the school's governing body completed the policy and a date for its next review.

The SENCo has day-to-day responsibility for the operation of the SEN policy and coordination of specific provision made to support individual pupils with SEN, including those who have EHC plans.

Accessibility Plan

According to the **Equality Act 2010**, the responsible body of a school must publish an accessibility plan. The plan should show how settings plan to improve accessibility for those with SEND and when these improvements will be made. The plan must be published. It must outline how the school will:

- Improve the physical environment.
- Make improvements in the provision of information Increase access to the curriculum.

The plan must be reviewed at least every 3 years.

Schools can also increase access for individual pupils by making 'reasonable adjustments.' These can be simple changes such as making sure that all lessons take place in ground floor classrooms for a class where one of the pupils uses a wheelchair and the school does not have a lift.

For more information on Accessibility plans, see the **SEND Toolkit** section 5.3

Responsibilities of Boards, Governors & Trustees

All boards have legal duties under the Children and Families Act 2014 and must have regard to the SEND Code of Practice 2015 statutory guidance. Academies must also meet these requirements. Boards are also under a duty set out in The Equality Act 2010 requiring that reasonable steps be taken to avoid putting disabled people at a substantial disadvantage. The reasonable adjustment duty includes three key requirements to make sure that disabled people are not at a substantial disadvantage:

- To make adjustments to any provision, criterion or practice.
- To make alterations to physical features.
- To provide auxiliary aids and services.

In practice, the functions these duties require of the board can be delegated to a committee, an individual or to the executive leader; although the responsibility is still with the board itself to ensure that the functions are carried out. It should decide, with the executive leader, the school's policy and approach to meeting children and young people's SEN requirements, including those with and without an Education, Health and Care (EHC) plan.

- There should be an individual on the board or a committee with specific oversight of the school's arrangements for SEN. School leaders should review regularly how expertise and resources used to address SEN can be used to build the quality of whole-school provision as part of their approach to school improvement.

The board should reassure itself that the key responsibilities of the SENCo are drawn up and monitor the effectiveness of the way the responsibilities are carried out against a list of illustrative activities, as described in the SEND Code of Practice: 0 to 25 years (6.84-6.94).

The board should also reassure itself that the SENCo has sufficient time and resources to carry out their role effectively.

See also:

- [Special educational needs \(SEN\) and disabilities: guidance for school governing boards \(2025\)](#)
- [School Governance \(Roles, Procedures and Allowances\) \(England\) Regulations 2013](#)

Departure from the SEND Code of Practice 2015 must be in the best interests of the child or young person and not the setting.

Headteacher/Principal Responsibilities

The [headteacher's standards 2020](#) guidance sets out the expectations of those who hold this position. Part 5 of these standards focuses on additional and special educational needs.

Headteachers:

- Ensure the school holds ambitious expectations for all pupils with additional and special educational needs and disabilities.
- Establish and sustain culture and practices that enable pupils to access the curriculum and learn effectively.
- Ensure the school works effectively in partnership with parents/carers and professionals, to identify the additional needs and special educational needs and disabilities of pupils, providing support and adaptation where appropriate.
- Ensure the school fulfils its statutory duties in relation to the SEND Code of Practice See the SEND Code of Practice – 'Schools Must' Checklist.

The SENCo

The SENCo has an important role working with the Headteacher and Governing Body, in determining the strategic development of SEN policy and provision in the school. They will be most effective in that role if they are part of the school's Leadership Team.

From September 2024, the government introduced the NPQ as the mandatory SENCo qualification. SENCos have a 3-year period in which to complete the qualification after taking up a SENCo post.

SENCos:

- SENCos must be qualified teachers.
- Must complete the NPQ as the mandatory SENCo qualification within 3 years of taking up a SENCo post.
- Should be guided by the legislation and guidance set out in the SEND Code of Practice 2015 Chapter 6.
- Has day-to-day responsibility for the operation of SEN policy and coordination of specific provision made to support individual children and young people with SEND, including those who have EHC plans.
- Provide professional guidance to colleagues and will work closely with staff, parents and other agencies.

- Should be aware of the provision in the Local Offer and be able to work with professionals providing a support role to families to ensure that children and young people with SEND receive appropriate support and high-quality teaching.

SENCOs should be given sufficient time and resources to carry out the aforementioned functions. This should include providing the SENCOs with sufficient administrative support and time away from teaching to enable them to fulfil their responsibilities in a similar way to other important strategic roles within a school.

Teachers

Part 1, Section 5 of the **Teachers Standards (Dec. 2021)** state: Teachers Must

- Set high expectations which inspire, motivate and challenge.
- Promote good progress and outcomes by pupils.
- Demonstrate good subject and curriculum knowledge.
- Plan and teach well structured lessons.
- Adapt teaching to respond to the strengths and needs of all pupils.
- Know when and how to differentiate appropriately, using approaches which enable pupils to be taught effectively.
- Have a secure understanding of how a range of factors can inhibit pupils' ability to learn, and how best to overcome these.
- Demonstrate an awareness of the physical, social and intellectual development of children, and know how to adapt teaching to support pupils' education at different stages of development 12.
- Have a clear understanding of the needs of all pupils, including those with special educational needs; those of high ability; those with English as an additional language; those with disabilities; and be able to use and evaluate distinctive teaching approaches to engage and support them.
- Make accurate and productive use of assessment.
- Manage behaviour effectively to ensure a good and safe learning environment.
- Fulfil wider professional responsibilities.



Teachers Should:

- Focus on outcomes and provision for the child - be clear about the outcome wanted from any SEN.
- Be responsible for meeting special educational needs - use the SENCo strategically to support the quality of teaching and evaluate the quality of support.
- Make the education of their pupils their first concern and have high aspirations for every pupil - set clear progress targets for pupils and be clear about how the resources are going to help achieve this.
- Involve parents and pupils in planning and reviewing progress - seek their views and provide regular updates on progress towards outcomes.
- Remain responsible for working with the child daily. Where the interventions involve group or one- to-one teaching away from the main classroom or subject teacher; the teacher should still retain responsibility for the pupil. They should work closely with teaching assistants and/or specialist staff involved, to plan and assess the impact of support and interventions and how they can be linked to classroom teaching (SEND Code of Practice 0-25 years).

Teaching Assistants and other Support Staff

There is an expectation that TAs must be aware of the **Professional standards for teaching assistants**. The standards are non-statutory. They set out what TAs may be expected to do under 4 themes:

- Personal and professional conduct.
- Knowledge and understanding.
- Teaching and learning.
- Working with others.

Schools should also be aware of the resources available and recommendations within the Education Endowment Foundation (EFF) report: **Deployment of Teaching Assistants**

Summary of recommendations:

1. Deploy teaching assistants in ways that enable all pupils to access high-quality teaching
2. Deploy teaching assistants to scaffold learning and to develop pupils' independence
3. Deploy teaching assistants to deliver well-chosen, evidence based, structured interventions where appropriate
4. Prepare and train staff around effective teaching assistant deployment
5. Engage all staff in the process of implementing effective teaching assistant deployment

Recommendations on the use of TAs in delivering structured interventions out of class:

5. Use TAs to deliver high quality 1:1 and small group support using structured interventions
 6. Adopt evidence-based interventions to support TAs in their small group and 1:1 instruction
- Recommendations on linking learning from work led by teachers and TAs:
7. Ensure explicit connections are made between learning from everyday classroom teaching and structured interventions

(Education Endowment Foundation, 2015)

Consequences: Redress

Parents have the following rights of redress, should the school, governors or local authority fail in its duty to provide, or if the parent disagrees with a decision, or feels that there is discriminatory practice:

- The school or local authority complaints procedure.
- Disagreement resolution service.
- An appeal to the SEN and Disability Tribunal following mediation.
- A complaint to OFSTED.
- A complaint to the local government and social care ombudsman.
- A complaint to the Secretary of State for Education.

Support for Parents/Carers

If you would like support attending meetings at a setting or want advice about how to approach your child's setting with questions or concerns, **Cumberland's SEND Information, Advice and Support Service** (SENDIASS) offer impartial information, advice and support to children and young people with special educational needs and or disabilities and their parents and carers.



If you require this document in another format (eg CD, audio cassette, Braille or large type) or in another language, please telephone:

Якщо ви бажаєте отримати цю інформацію рідною мовою, телефонуйте **0300 373 3730**

ان ب ل ص ر ت ا ، ك ت غ ل ب ت ا م و ل ع م ل ا ه ذ ه ي ق ل ت ي ف ب غ ر ت ت ن ك ا ذ ا
0300 373 3730

ئ ه و و گ ن ز ، ئ ر ك م س ا ل ر ت م ب ژ ه ل پ خ م پ ت ا م و ل ع م ا د ئ ر ا و غ و س ا ت ه ك
0300 373 3730

س ا م ت ، د ي ن ك ت ف ا ي ر د ن ا ت د و خ ن ا ب ز م ب ا ر ت ا ع ا ل ط ا ن ي ا د ي ه ا و خ ي م ر گ ا
د ي ر ي گ ب **0300 373 3730**

Dacă doriți să primiți aceste informații în limba dumneavoastră, sunați la **0300 373 3730**

Ha ezt az információt az Ön nyelvén szeretné megkapni, hívja a következő telefonszámot
0300 373 3730

Si desea recibir esta información en su propio idioma, llame al **0300 373 3730**

আপনি যদি এই তথ্য আপনার নিজের ভাষায় পেতে চান তাহলে অনুগ্রহ করে **0300 373 3730** নম্বরে টেলিফোন করুন।

如果您希望通过母语了解此信息，**0300 373 3730**
请致电

Jeigu norėtumėte gauti šią informaciją savo kalba, skambinkite telefonu **0300 373 3730**

W celu uzyskania informacji w Państwa języku proszę zatelefonować pod numer **0300 373 3730**

Se quiser aceder a esta informação na sua língua, telefone para o **0300 373 3730**

Bu bilgiyi kendi dilinizde görmek istiyorsanız lütfen **0300 373 3730** numaralı telefonu arayınız