Sea View Community Primary School

ALN Universal Provision

January 2022 sees the beginning of the transformation period for the Additional Learning Needs and Educational Tribunal in Wales (ALNET).

The principles underpinning the ALN system, as reflected in the Code and the Act, are:

- A rights-based approach
- Early identification, intervention and effective transitions
- Collaboration
- Inclusive education
- A bilingual system

Universal Provision is key for the whole school fully inclusive approach to meet the needs of learners with ALN. This will enhance the learning experience of all learners and in turn, improve outcomes.

Providing effective support for a learner with identified ALN helps to remove barriers to learning in one or more of the four areas of identified need:

- Cognition and learning
- Communication and Interaction
- Social, Emotional and Behavioural Difficulties
- Physical and Sensory

Universal Provision is the responsibility of all teachers and staff within a mainstream school to make learning and the environment as accessible as possible for all learners.

The four areas of identified need:

Communication and Interaction

- Speech Language Communication Needs (SLCN)
- Selective Mutism
- Autistic Spectrum Disorder (ASD)

Cognition and Learning Difficulties

- Dyslexia
- Dyscalculia

Social Emotional Behavioural Difficulties

- Behaviour
- Attention Deficit Hyperactivity Disorder (ADHD)
- Social/Emotional/Trauma/Attachment
- Mental health

Physical and Sensory

- Physical
- Healthcare/medical
- Visual impairment/Habilitation/Independent living skills
- Sensory Difficulties
- Developmental Coordination Disorder
- Hearing impairment

Other

- LAC learners

Please note the suggested interventions are not intended for use as a checklist, they are suggested approaches to support skills. Some interventions will work with one child with that identified need by maybe not for another. Try an intervention and use it consistently for a few weeks as you might not see the benefits/improvements straight away. Strategies used needs to be consistent, avoid chopping and changing from one intervention to another as this could negatively impact on some children's needs/difficulties.

Communication and Interaction

Speech Language Communication Needs (SLCN)

SLCN is often considered to be a 'hidden disability'. Some aspects of SLCN are more visible than others, particularly those associated with speech and sounds. Others are less so, for example the child who is experiencing difficulties understanding or using language may appear to be inattentive, passive or even rude. There are children who become very skilled at hiding their difficulties, e.g. by watching other people so they know what to do or by pretending they know when they don't. SLCN may be missed altogether or masked by these other characteristics.

Early warning signs - School age

Speech

Speech sounds are not clear
Stammers

Expressive language

- Use language typical of a much younger child.
- Levels of communication are less than typical
- Has limited range of vocabulary for his/her age
- Uses related but incorrect word e.g. shoe for slipper or made-up word e.g. applepumpkin for pineapple
- Use “general all purpose” verbs (e.g. “he do the picture”)
- Frequently hesitates before speaking
- Uses “empty” and/or “filler” words (thingy, stuff, um/er)
- Misses endings off words
- Has difficulty retelling a story or relating news
- Imitates language as heard (pitch/accent)
- Echoes sentences of more than 4-5 words
- Uses language well for ‘commentary’ but struggles with explanations

Receptive language

- Finds it difficult to listen
- Is unable to remember instructions
- Flits quickly from one activity to another
- Responds inappropriately or misinterprets what has been said
- Appears to have difficulty managing behaviour
- Is often the last to do what is asked
- May walk away when asked a question
- Poor understanding of abstract concepts

- Confused about routines
- Poorly developed interactive and imaginative play
- Watches others in order to know what to do

Social use of language

- Has poor eye contact
- Finds it difficult to take turns
- Stands too close to others or lacks awareness of personal space
- Tends to talk about the same things
- Has difficulties with friendships
- Alarmed by variation in routine
- Echoes language (echolalia)
- Treats people like objects, finds objects less threatening
- Difficulty reacting appropriately to emotion
- Uses language that appears to be more advanced than their age or understanding.

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- Clear classroom routines are taught and reinforced to promote good listening skills.
- Pupil's name and eye contact established before giving instructions.
- Classroom seating arrangements allow all pupils a good view of the teachers face when speaking.
- The purpose of activities is clearly identified and clear links made to previous learning.
- Key topic vocabulary should be pre-taught with the use of concrete, visual supports.
- Visual supports are used to reinforce language learning and development.
- Pupil's names are used before individual instructions are given.
- Adults take time to listen to what children are saying and model positive listening behaviours.
- Classrooms have an identified 'listening area' with provision of associated activities.
- Pupils have regular opportunities to listen to adults reading to them in a quiet environment.
- Pupils should have regular opportunities to listen to take part in learning discussions with peers and adults.
- Classrooms should be arranged to facilitate collaborative working.
- Staff must ensure that the pupils have stopped working and are listening before new instructions are given.
- Pupils benefit from being prompted to listen through the use of a verbal or non-verbal prompt.
- Pupils should be given specific praise related to good listening and attention skills.
- Instructions and tasks should be broken down into manageable 'chunks'.
- Language should be reduced, chunked and simplified to support accurate retention.
- Instructions should be given in the order of necessary action.
- Task planners should be used to promote independent working skills.
- Pupils should be seated with a good view of the teacher thus enabling use of nonverbal communication such as gesture and facial expression to support engagement.

- Pupils should be supported through the use of verbal bullet points.
- Staff and pupils agree on appropriate non-verbal cue that can be used to attract and maintain attention.
- Pupils engage in listening games and activities to develop appropriate skills.
- Pupils are supported to understand the benefits of developing good listening and attention skills.
- A quiet, distraction-free 'listening' environment is available for pupils to work in at certain times.
- Staff ensure that pupils are only required to focus on one adult voice at a time.
- Pupils are supported with visual resources.
- Pupils will benefit from the use of priming to support listening and provision of accurate responses.
- Adults should support pupils to engage in social and learning conversations.
- Pupils are supported to link new learning to previous learning and experiences.
- Learning objectives should use child-friendly language.
- Pupils are provided with a range of opportunities to develop their understanding of the curriculum specific and general vocabulary.
- Real objects, pictures and other visual information should be available to support developing understanding.
- Information and instructions are delivered in manageable chunks to prevent overloading memory capacity.
- Adults should monitor the language demands of expected tasks to ensure successful engagement.
- The classroom ethos should encourage pupils to ask questions to confirm, develop and secure their developing understanding.
- Staff should ensure that the pace of lessons is modified to enable pupils to process learning successfully.
- Adults should adapt language usage to respond to pupils' levels of understanding of both concrete and abstract concepts.
- Pupils should be encouraged to identify and explain 'why things happen' and 'how they know' with reference to both explicit and implicit information.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Speech Link • Language Link • Wellcomm • Popat	• SALT Developed Programme delivered by school staff	• Speech Link • Language Link • Wellcomm • SALT Forum • SALT Referral • SALT Intervention by therapist

Selective Mutism

Selective Mutism, sometimes called Situational Mutism, is an anxiety-based mental health disorder which usually commences in early childhood. Those with SM speak fluently in some situations but remain consistently silent in others. They may have a blank expression, or appear 'frozen' when expected to speak.

With early intervention the prognosis for recovery is good, but in some cases it may persist and last right through a child's school life and sometimes even into adulthood. It is important to understand that those with SM want to speak, but find themselves physically unable to do so due to their anxiety.

The essential feature of Selective Mutism is the persistent failure to speak in specific social situations (e.g. at school, with peers and/or the teacher), despite being able to speak in other, more familiar situations. For the diagnosis to be made, the condition has to be sufficiently strong to:

- Interfere with the child's education and social and cognitive development.
- The duration of the disturbance is at least one month beyond the first month as school.
- The failure to speak must not be due to a lack of knowledge of the language.
- The condition cannot be better explained by a communication disorder (e.g. stuttering) or:
  Any other abnormality.

For unknown reasons, Selective Mutism appears to be more prevalent amongst girls and more cases are reported from migrant and multi-lingual families.

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- Accept that the child wants to speak despite their silence and avoid bribery, flattery, challenges, threats or gentle persuasion in an effort to elicit speech. This will only increase the child's anxiety.
- Ensure that any comments about lack of speech in front of the child are encouraging. Acknowledge the child's difficulty but, in doing so, be careful to reassure and build confidence rather than collude with and add to their anxiety.
- Create an atmosphere that is relaxed and friendly around the child.
- Build rapport by doing things that the child enjoys, using favourite toys and activities.

- Talk to the child, commenting on what is going on. Language enrichment is especially important as the child may have some language impairment.

- Avoid direct questions, unless they require a yes/no response that can be given by a nod or a shake of the head or if the child can point to respond.

- If you do inadvertently ask a question, either answer it yourself or quickly side-step with a comment such as “let’s decide later”.

- Make comments such as “I wonder…”, “it looks as though…”, “I expect…” which may provoke a response but do not require one.

- Avoid too much eye contact.

- Give the child the impression that you understand and accept them, and are not overly concerned about their reluctance to speak.

- Accept natural spontaneous gesture, acknowledging that speaking is difficult for the child at the moment, but don’t actively encourage gesture in case this becomes a difficult habit to break.

- Parents and teachers need to dissuade other children from jumping in when a (probably non-verbal) response from a child is wanted. Teachers are used to children answering out of turn, and the usual methods should be employed when this happens. At the same time it needs to be understood that other children are probably just trying to help and they sometimes have a useful role.

- If the child can’t answer the teacher, it can be helpful and a step forward if they are encouraged to tell a friend what the picture they have drawn represents and the friend can then tell the teacher.

- It is important that a balance is struck between obvious pleasure and an over-reaction which may overwhelm a self-conscious child.

- The adult should be pleased but matter-of-fact, not dwelling on the occurrence but continuing along similar lines to try to evoke similar responses. When the activity is finished, a reward can be given in the form of a sticker or whatever reward system is being used.

- If children in the classroom comment on it, it is important to watch the response of the child. They may appear proud or very overwhelmed. If this is so, modify the response by saying “there’s no need to make a fuss. We always knew he/she could speak”.

- Do not put any pressure on the child to talk.

- Create an accepting and rewarding atmosphere, helping the child to feel valued, regardless of any talking.

- Ideally, identify one adult to form a special bond with the child, gradually building rapport and confidence. Try a bit of regular special time, playing or doing an activity without demanding speech. Take a non-directive approach with young children, following their lead and focus of attention, showing interest in their choice of activity. Gradually suggest ways of developing the play or activity e.g. "why don't we try giving all the animals a ride?"

- Do not insist on eye contact initially.

- Try some small group or whole class activities in unison such as chanting or reciting a well-known rhyme, counting or reading all together.

- Do not make the register an issue – accept a smile, nod or raised hand.

- Wherever possible, adapt the curriculum so tasks can be achieved through non-verbal communication as a matter of course rather than as a substitute for speech.

- Make sure that the child is not getting extra attention for silence.

- Encourage home/school connections e.g. artwork being taken home or something being brought from home and shown off.

- Give the child a job or responsibility within the classroom.

- Get them to run errands, perhaps with another child at first, such as taking the register to the office.

- Try noisy group activities such as pretending to be big, fierce animals or doing dances accompanied by vocalisation.
- Show the child that you enjoy social interaction by talking to another parent at the school gate or inviting a neighbour or a friend round for coffee.

- Help and encourage the child to make friends by inviting round a local child, not necessarily from school.

- When children come round, make it for a short time at first and with plenty of support, possibly based round an activity you might all do together.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Speech Link • Language Link • Wellcomm • Popat	• SALT Developed Programme delivered by school staff	• Speech Link • Language Link • Wellcomm • SALT Forum • SALT Referral • SALT Intervention by therapist

Autism Spectrum Disorder (ASD)

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by the following:

- Difficulties in social communication differences, including verbal and nonverbal communication.
- Deficits in social interactions.
- Restricted, repetitive patterns of behaviour, interests or activities and sensory problems

Many of those with ASD can have delayed or absence of language development, intellectual disabilities, poor motor coordination and attention weaknesses.

Signs of ASD

Social communication

- Difficulties with interpreting both verbal and non-verbal language like gestures or tone of voice.
- Some autistic people are unable to speak or have limited speech while other autistic people have very good language skills but struggle to understand sarcasm or tone of voice.
- Taking things literally and not understanding abstract concepts
- Needing extra time to process information or answer questions
- Repeating what others say to them (this is called echolalia)

Social interaction

- Difficulty 'reading' other people - recognising or understanding others' feelings and intentions - and expressing their own emotions.
- Appear to be insensitive
- Seek out time alone when overloaded by other people
- Not seek comfort from other people
- Appear to behave 'strangely' or in a way thought to be socially inappropriate
- Find it hard to form friendships

Repetitive and restrictive behaviour

- Prefer to have routines so that they know what is going to happen.
- May also repeat movements such as hand flapping, rocking or the repetitive use of an object such as twirling a pen or opening and closing a door.

- Change to routine can also be very distressing for autistic people and make them very anxious and can trigger their anxiety.

Over or under sensitivity to light, sound, taste or touch

- May experience over- or under-sensitivity to sounds, touch, tastes, smells, light, colours, temperatures or pain. This can cause anxiety or even physical pain. Many autistic people prefer not to hug due to discomfort, which can be misinterpreted as being cold and aloof.
- Avoid everyday situations because of their sensitivity issues. Schools, workplaces and shopping centres can be particularly overwhelming and cause sensory overload.

High focused interests or hobbies

- Many have intense and highly focused interests, often from a fairly young age. These can change over time or be lifelong. Autistic people can become experts in their special interests and often like to share their knowledge.
- Like all people, autistic people gain huge amounts of pleasure from pursuing their interests and see them as fundamental to their wellbeing and happiness.
- Being highly focused helps many autistic people do well academically and in the workplace but they can also become so engrossed in particular topics or activities that they neglect other aspects of their lives.

Extreme anxiety

- Anxiety is a real difficulty for many autistic adults, particularly in social situations or when facing change.

Meltdowns and shutdowns

When everything becomes too much for an autistic person, they can go into meltdown or shutdown. These are very intense and exhausting experiences. A meltdown happens when someone becomes completely overwhelmed by their current situation and temporarily loses behavioural control.

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Dysgu am Awtistiaeth
Learning about Autism
AwtistiaethCymru.org | AutismWales.org

Sea View Community Primary School has completed the Learning About Autism Award and we use ASD friendly approaches in school.

- Maintain a calm, firm and consistent approach to managing behaviour.
- Adults should keep language clear and avoid sarcasm, ambiguities and idioms.
- Use of a scribe.
- Social stories shared to explain new concepts or situations.
- Pupils should be cued by name into instructions and key pieces of information.
- Teacher/TAs could use a pointing stick or similar to help cue and maintain pupil's attention to a focus item.
- There should be visual support such as: class visual timetable to prepare for change; task planners; prompts to show good listening and sitting.
- Regular opportunities to listen to adults reading to them in a quiet environment.
- Working alongside good role models and pupils they are likely to socialise with on the playground.
- There should be clear class rules and routines which have been written by the class, understood and displayed visually.
- There should be broken down into manageable steps with a clear start and finish.
- Tasks should show a finished example wherever possible.
- Clear separation between visual timetable and 'first, then'.
- Well-organised classroom- equipment easily accessible, drawers for equipment labelled clearly, furniture arranged to best effect quiet area within the classroom.
- An environment that is as calm and quiet as possible/opportunities to work in quieter areas.
- Meaningfully using their strengths, favourite activities and special interests.
- Involvement of pupils with ASD, at a level relevant to them, in formulating their learning goals.
- Time out.
- Provide a quiet 'safe' space

Further Interventions / Support	Targeted Interventions	Assessments / Advice / Next Steps
• Talk About Programme • Social Communication Programme • Sunshine Room - Pastoral & Well-being support • Mentoring	• SCERTs Programme developed by School Social Communication Champion	• SCERTs Assessments • ASSQ • PPP • Signs and Symptoms • CCC2 • Behaviour Support Teacher Referral / Intervention • Speech, Language and Communication Specialist Teacher input • ND Forum • ND Pathway

		• Educational Psychologist

Cognition and Learning Difficulties

Dyslexia (Specific Learning Difficulty SpLD)

Dyslexia is a learning difficulty that primarily affects the skills involved in accurate and fluent word reading and spelling. Characteristic features of dyslexia are difficulties in phonological awareness, verbal memory and verbal processing speed. Dyslexia occurs across the range of intellectual abilities. It is a continuum and there are no clear cut-off points. People with dyslexia may also have difficulties in language, motor co-ordination, mental calculation, concentration and personal organisation. They may have strengths in design, problem solving, creative skills, interactive skills and oral skills.

General signs

- Speed of processing: slow spoken and/or written language
- Poor concentration
- Difficulty following instructions
- Forgetting words

Written work

- Poor standard of written work compared with oral ability
- Produces messy work with many crossings out and words tried several times e.g. wippe, wype, wiep, wipe
- Confused by letters which look similar, particularly b/d, p/g, p/q, n/u, m/w
- Poor handwriting with many 'reversals' and badly formed letters
- Spells a word several different ways in one piece of writing
- Makes anagrams of words, e.g. tired for tried, bread for beard
- Produces badly set-out written work, doesn't stay close to the margin
- Poor pencil grip
- Produces phonetic and bizarre spelling: not age/ability appropriate
- Uses unusual sequencing of letters or words

Reading

- Slow reading progress
- Finds it difficult to blend letters together
- Has difficulty in establishing syllable division or knowing the beginnings and endings of words
- Unusual pronunciation of words

- No expression in reading, and poor comprehension
- Hesitant and laboured reading, especially when reading aloud
- Misses out words when reading, or adds extra words
- Fails to recognise familiar words
- Loses the point of a story being read or written
- Has difficulty in picking out the most important points from a passage

Numeracy

- Confusion with place value e.g. hundreds, tens, units
- Confused by symbols such as + and x signs
- Difficulty remembering anything in a sequential order e.g. tables, days of the week, the alphabet

Time

- Has difficulty learning to tell the time
- Poor time keeping
- Poor personal organisation
- Difficulty remembering what day of the week it is, their birth date, seasons of the year, months of the year
- Difficulty with concepts – yesterday, today, tomorrow

Behaviour

- Uses work avoidance tactics, such as sharpening pencils and looking for books.
- Seems 'dreamy', does not seem to listen
- Easily distracted
- Is the class clown or is disruptive or withdrawn
- Is excessively tired due to amount of concentration and effort required

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- Balance between large group, small group and individual activities.
- Use mnemonic instruction. Mnemonic devices can be used to help students remember key information or steps in a learning strategy.

- Emphasize daily review. Daily review of previous learning or lessons can help students connect new information with prior knowledge.
- Change response mode. For students who have difficulty with fine motor responses (such as handwriting), the response mode can be changed to underlining, selecting from multiple choices, sorting, or marking. Students with fine motor problems can be given extra space for writing answers on worksheets or can be allowed to respond on individual whiteboards.
- Provide an outline of the lesson. An outline enables some students to follow the lesson successfully and make appropriate notes.
- Place students close to the teacher. Students with attention problems can be seated close to the teacher, whiteboard, or work area and away from distracting sounds, materials, or objects.
- Encourage use of assignment books or calendars.
- Use cues to denote important items. Asterisks or bullets can denote questions or activities that count heavily in evaluation. This helps students spend time appropriately during tests or assignments.
- Design hierarchical worksheets. The teacher can design worksheets with problems arranged from easiest to hardest. Early success helps students begin to work.
- Allow use of instructional aids. Students can provided with letter and number strips to help them write correctly.
- Number lines, counters, calculators, and other assistive technology can help students compute once they understand the mathematical operations.
- Display work samples. Samples of completed assignments can be displayed to help students realise expectations and plan accordingly.
- Use peer-mediated learning. The teacher can pair peers of different ability levels to review their work, read aloud to each other and write stories.
- Use flexible work times. Students who work slowly can be given additional time to complete written assignments.
- Provide additional practice. Students require different amounts of practice to master skills or content.
- Use assignment substitutions or adjustments. Students can be allowed to complete projects instead of oral reports or vice versa. Also tests can be given in oral or written format.
- Expect less written work.
- Allow more time for reading, listening and understanding.
- Prepare a printout of homework and stick it in their book.
- Provide numbered steps e.g. 1. Do this 2. Do that etc.
- Do not ask them to copy text from a board or book.
- Give a printout. Suggest they highlight key areas and draw thumbnail pictures in the margin to represent the most important points.

- Add extra space around headings and between paragraphs.
- Ensure hyperlinks look different from headings and normal text.
- Use of word mats.
- Use of rainbow arc.
- Clarify or simplify written directions.
- Underlining or highlighting the significant parts of the directions.
- Present a small amount of work.
- Block out extraneous stimuli.
- Line markers can be used to aid reading.
- Additionally, using larger font sizes and increasing spacing can help separate sections.
- Highlight essential information.
- Use a placeholder in consumable material.
- Provide additional practice activities e.g. instructional games, peer teaching activities, self-correcting materials, computer software programs and additional worksheets.
- Provide a glossary in content areas.
- Use an audio recording device.
- Use of assistive technology. Assistive technology products such as tablets, electronic readers/dictionaries/spellers, text to speech programs, audio books.
- Use explicit teaching procedures i.e. present an advanced organiser, demonstrate the skill, provide guided practice, offer corrective feedback, set up independent practice, monitor practice and review.
- Repeat directions/instructions. Ask pupils to repeat them back to you in their own words.
- Simplify directions/instructions by presenting only one portion at a time.
- Maintain daily routines.
- Provide a copy of lesson notes.
- Provide students with a graphic organiser. An outline, chart, or blank web can be given to students to fill in during presentations. This helps students listen for key information and see the relationships among concepts and related information.
- Use step-by-step instruction. New or difficult information can be presented in small sequential steps.
- Simultaneously combine verbal and visual information. Verbal information can be provided with visual displays (e.g. on an overhead or handout.)
- Write key points or words on the whiteboard. Prior to a presentation, the teacher can write new vocabulary words and key points on the whiteboard.
- Use balanced presentations and activities. An effort should be made to balance oral presentations with visual information and participatory activities.
- Words are likely to be misread or skipped, causing embarrassment.
- Accept homework created on a computer.

- Word processors make life much easier. Allow them to use the Spell Checker and help with grammar and punctuation so that you can see the quality of the content.
- Discuss an activity to make sure it is understood.
- Visualising the activity or linking it to a funny action may help someone with dyslexia remember.
- Given the opportunity to answer questions orally.
- Use a different colour for each line if there is a lot of written information on the board, or underline every second line with a different colour.
- Ensure that the writing is well spaced.
- Leave the writing on the board long enough to ensure the child doesn't rush, or that the work is not erased from the board before the child has finished copying.
- A structured reading scheme that involves repetition and introduces new words slowly is extremely important.
- Don't ask pupils to read a book at a level beyond their current skills.
- Save the dyslexic child the ordeal of having to 'read aloud in class'. Reserve this for a quiet time with the class teacher. Alternatively, perhaps give the child advanced time to read pre-selected reading material, to be practiced at home the day before. This will help ensure that the child is seen to be able to read out loud, along with other children.
- Real books should also be available for paired reading with an adult, which will often generate enthusiasm for books. Story tapes can be of great benefit for the enjoyment and enhancement of vocabulary.
- All pupils in the class can benefit from structured and systematic exposure to rules and patterns that underpin a language.
- Spelling rules can be given to the whole class. Words for class spelling tests are often topic based rather than grouped for structure. If there are one or two dyslexics in the class, a short list of structure-based words for their weekly spelling test, will be far more helpful than random words. Three or four irregular words can be included each week, eventually this should be seen to improve their free-writing skills.
- All children should be encouraged to proof read, which can be useful for initial correction of spellings. Dyslexics seem to be unable to correct their spellings spontaneously as they write, but they can be trained to look out for errors that are particular to them.
- Use and encourage the use of estimation. The child should be taught to form the habit of checking his answers against the question when he has finished the calculation i.e. is the answer possible, sensible or ludicrous?
- When using mental arithmetic allow the dyslexic child to jot down the key number and the appropriate mathematical sign from the question.
- Encourage pupils to verbalize and to talk their way through each step of the problem.

- Teach the pupil how to use the times table square and encourage him to say his workings as he uses it.
- Encourage a dyslexic child to use a calculator.
- Ensure that he has been taught to estimate to check his calculations.
- Put key words on a card index system or on the inside cover of the pupil's maths book so it can be used for reference and revision.
- Put the decimal point in red ink. It helps visual perception with the dyslexic child.
- Make sure a small reference chart is available to serve as a constant reminder for the cursive script in upper and lower case.
- If handwriting practice is needed it is essential to use words that present no problem to the dyslexic child in terms of meaning or spelling.
- The use of computers for word processing.
- Supply audio recordings of lessons that can be then written up at a later stage.
- Written record of the pupil's verbal account, or voice activated software can be used.
- More time should be allocated for completion of work because of the extra time a dyslexic child needs for reading, planning, rewriting and proofreading their work.
- Provide coloured overlays.
- Provide handouts in lessons rather than asking pupils to copy text or take notes.
- Use a sans serif font on all printed materials, such as Verdana, Arial or Calibri and make sure the font is at least 12 point or above.
- Change background colour when using a whiteboard or computer screen.
- Provide highlighters so learners can track text that has been read, or highlight important pieces of information.
- Provide access to assistive technology such as a computer, for pupils who find it difficult to write quickly enough in class.
- Use multisensory ways of teaching.
- Allow additional 'thinking' time.
- Break information up into smaller 'chunks'.
- Use larger line spacing (1.5 is ideal).
- Avoid underlining and italics as this can make the text appear to run together and cause crowding. Use bold for emphasis.
- Avoid text in uppercase/capital letters and small caps, which can be less familiar to the reader and harder to read.
- Avoid green and red/pink, as these colours are difficult for those who have colour vision deficiencies (colour blindness.)
- Use alternatives to white backgrounds for paper, computer and visual aids such as whiteboards. Use cream or soft colour paper.

- When printing use matt paper rather than gloss. Paper should be thick enough to prevent the other side showing through.
- Left align text, without justification.
- Avoid multiple columns (as used in newspapers)
- Sentences shouldn't be too long.
- Remove clutter near text and group related content.
- Break up text with regular section headings in long documents.
- Use an active rather than passive voice.
- Be concise; avoid using long, dense paragraphs.
- Use short, simple sentences in a direct style.
- Use images to support text. Flow charts are ideal for explaining procedures. Pictograms and graphics can help to locate and support information in the text.
- Consider using bullet points and numbering rather than continuous prose.
- Avoid abbreviations.
- Avoid background patterns or pictures and distracting surrounds.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Nessy Hairy Reading • Nessy Reading & Spelling • Nessy Fingers • Phonics Support • Reading Support	• School developed programme	• Dyslexia Screener • Phonological Assessment • Educational Psychologist

Dyscalculia

Dyscalculia is a specific and persistent difficulty in understanding numbers which can lead to a diverse range of difficulties with mathematics. It will be unexpected in relation to age, level of education and experience and occurs across all ages and abilities.

Signs of dyscalculia

- Have difficulty when counting backwards
- Have a poor sense of number and estimation
- Have difficulty in remembering 'basic' facts, despite many hours of practice/rote learning
- Have no strategies to compensate for lack of recall, other than to use counting
- Have difficulty in understanding place value and the role of zero in the Arabic/Hindu number system
- Have no sense of whether any answers that are obtained are right or nearly right
- Be slower to perform calculations (therefore give fewer examples, rather than more time)
- Forget mathematical procedures, especially as they become more complex, for example 'long' division. Addition is often the default operation. The other operations are usually very poorly executed or avoided altogether.
- Avoid tasks that are perceived as difficult and likely to result in a wrong answer
- Have weak mental arithmetic skills
- Have high levels of mathematics anxiety.

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- Review what the student already learned before teaching new skills.
- Teach students to "self-talk" through solving problems.
- Encourage learner to count on and back using their fingers or a ruler etc.
- Let the student write out charts or draw sketches to solve problems.
- Teach visual strategies e.g. bar maths.
- Use graph paper to help line up numbers and problems.
- Use like coins, weights, blocks and puzzles to teach math ideas.
- Use attention-getting phrases like, "This is important to know because…"
- Use concrete examples that connect math to real life.
- Check in frequently to make sure the student understands the work.
- Use graphic organisers to organise information or help break down math problems into steps.
- Create separate worksheets for word problems and number problems.

- Highlight or circle key words and numbers on word problems.
- Allow extra time on tests.
- Give step-by-step instructions and have the student repeat them.
- Provide charts of math facts, 'numeracy mats' or multiplication tables.
- Use visual aids or manipulatives when solving problems.
- Let the student use a calculator when computation isn't being assessed.
- Give a rubric that describes the elements of an assignment.
- Use an extra piece of paper to cover up most of what's on a math sheet or test to make it easier to focus on one problem at a time.
- Give more space to write problems and solutions.
- Break down worksheets into sections.
- Use pencil grips, writing lines, stencils.
- Break down each task into small sections to be mastered one by one.
- Provide balance or wobble boards, walking on the line and hand to hand throwing using bean bags or water-filled balloons.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Catch-up/support sessions	• School Developed Programme	• Dyscalculia Screener • Educational Psychologist

Emotional, Social and Behavioural Development

Behavioural, Emotional and Social Difficulties (BESD)

Behavioural, Emotional and Social Difficulties (BESD) are a type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations.

This means that they have trouble in building and maintaining relationships with peers and adults; they can also struggle to engage with learning and to cope in mainstream education. Children with BESD will often feel anxious, scared and misunderstood.

Typical characteristics of children with BESD can include:-

- Disruptive, antisocial and uncooperative behaviour
- Temper tantrums
- Frustration, anger and verbal and physical threats / aggression
- Withdrawn and depressed attitudes
- Anxiety and self-harm
- Stealing
- Truancy
- Vandalism
- Drug abuse
- Setting fires

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- A warm, accepting climate and ethos accepting and supportive for staff, parents and pupils.
- Time out.
- Quiet 'safe' space.
- A calm, consistent learning environment with clear expectations, routines and rules, with secure and explicit boundaries in all curriculum areas and at times of less structure (For example, lunchtimes and free choice).
- Maintain a calm, firm and consistent approach to managing behaviour.
- Introduce a circle of friends or buddy system to help the child in building relationships.
- Positive relationships as modelled by adults.
- Positive teacher attitudes and behaviour.

- A systematic approach to responding to behaviour: School Behaviour Policy.
- Whole school behaviour audit toolkit.
- An ethos and conditions that support positive behaviours for learning and for successful relationships.
- School council
- Peer support and mentoring
- Playground buddies
- Use of Restorative practice
- Consistent Anti-Bullying strategies (School Anti-Bullying Policy)
- Close contact with parents.
- Use direct planning, teaching and modelling to enable pupils to make emotional, social and behavioural progress (explicit behaviour for learning skills/teaching routines/Personal, Social and Health Education (PSHE).
- Use a variety of social learning experiences/groupings which provide opportunities for peer modelling and positive social interaction.
- Frequently during the day share successes and provide specific praise (verbal, visual and written) in order to develop a sense of self and self-worth.
- Consistently use logical consequences as part of a stepped approach in order to encourage pupils to self-regulate and make appropriate choices in order to develop a sense of self and self-worth.
- Consistently use logical consequences as part of a stepped approach in order to encourage pupils to self-regulate and make appropriate choices in order to develop their skills.
- Trust building activities to build relationships.
- Create a calm down kit to access as and when needed.
- Make expectations clear and offer elements of control.
- Allow them time to play.
- Role play scenarios and comforting routines.
- Use of class and school charters.
- Visual timelines and familiarity.
- Allow elements of choice and 'control' at planned times.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Talk About Programme • Sunshine Room - Pastoral & Well-being support • Sensory Circuits	• SCERTs Programme developed by School Social Communication Champion	• SCERTs Assessments • ASSQ • SNAP IV • SDQ • PPP • Signs and Symptoms

	• BST developed programme delivered by school staff	• CCC2 • Sea View Screening Tool • The Spence Anxiety Scale https://www.scaswebsite.com/ • ELSA checklists • Behaviour Support Teacher Referral / Intervention • ND Forum • ND Pathway • Educational Psychologist • Emotional Health & Well-being Practitioner Support • CAHMS • Counselling Service

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a mental health condition that is defined through analysis of behaviour. People with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with day-to-day functioning and/or development.

Inattention

Six or more symptoms of inattention for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organising tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

Hyperactivity and Impulsivity

Six or more symptoms of hyperactivity-impulsivity for children up to age 16 years, or five or more for adolescents age 17 years and older and adults; symptoms of hyperactivity-impulsivity have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.

- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or game
-

In addition, the following conditions must be met:

- Several inattentive or hyperactive-impulsive symptoms were present before age 12 years.
- Several symptoms are present in two or more settings, (such as at home, school or work; with friends or relatives; in other activities).
- There is clear evidence that the symptoms interfere with, or reduce the quality of, social, school, or work functioning.
- The symptoms are not better explained by another mental disorder (such as a mood disorder, anxiety disorder, dissociative disorder, or a personality disorder). The symptoms do not happen only during the course of schizophrenia or another psychotic disorder.

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- Visual cues and prompts
- Pupil's name and eye contact established before giving instructions.
- Clear and simple instructions, breaking down longer instructions and giving one at a time.
- Tasks are explained clearly, modelled or scaffolded and staff check for understanding.
- Key points/instructions are jotted down.
- New learning broken down into small steps.
- Link new learning to what pupil already knows, for example, start a lesson with a class mind-map of what they already know about a subject.
- Specific activities are differentiated appropriately e.g. words for spelling practice, times tables practice, methods of recording. There are opportunities for practical and interactive, as well as paper and pencil tasks.
- Give pupils 'thinking time' or opportunities to work with talk partners before answering a questions, or say "I'm going to come back to you in a minute for your idea."
- A range of lesson activities are planned to take account of different learning strengths and practical activities offered where possible e.g. learning from pictures, diagrams, mind-maps, using practical equipment, handling objects, moving and doing rather than sitting.
- Multiple examples of new concepts are provided and staff aim to take these examples from children's own real life experience rather than talking in the abstract.
- Visual timetables are used. The child should be alerted to changes on the way by these being pointed out on the visual timetable.
- Explicit teaching of independent and study working skills is routine. Pupils are encouraged to take charge of their learning and develop strategies that work for them.

- There are opportunities for flexible grouping and pairing, for example by ability and mixed ability, including buddy systems/study buddies.
- Celebrate positive aspects of pupils' work and how their work can be developed/improved.
- Homework and independent tasks are differentiated to present and equal level of challenge to all pupils.
- Physical time out opportunities.
- A fidget box to allow them to use when needed.

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Talk About Programme • Sunshine Room - Pastoral & Well-being support • Sensory Circuits	• SCERTs Programme developed by School Social Communication Champion	• SCERTs Assessments • ASSQ • SNAP IV • SDQ • PPP • Signs and Symptoms • CCC2 • Sea View Screening Tool • Behaviour Support Teacher Referral / Intervention • ND Forum • ND Pathway • Educational Psychologist • Emotional Health & Well-being Practitioner Support • CAHMS • Counselling Service

Mental Health

Mental health includes **our emotional, psychological, and social well-being**. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health encompasses conditions such as anorexia, anxiety, Austism, ADHD, bipolar disorder, borderline personality disorder, bulimia, depression, mania and hypomania, OCD, phobias, psychosis, PTSD and schizophrenia.

UNIVERSAL PROVISION

- Supportive and welcoming environment
- Routines and timelines
- Supportive role model
- Yoga, meditation and relaxation
- Opportunities to have a safe space
- Restorative approaches
- Happy news daily
- Chatter box at playtimes
- Worry monster/feelings octopus
- I wish my teacher knew type activities
- Circle time/P4C activities
- Check ins/check outs
- Calm down kits available
- Quiet working space available
- Withdrawal options shared
- Feelings fans
- Available time with a trusted adult
- Buddy system to boost self esteem
- Sharing work in a wide range of ways not written and verbal.
- Small group work to build confidence
- Time out offered and a safe corner or space
- Wellbeing daily sessions
- Relaxation sessions
- Physical activity
- Healthy eating and living activities
- Drawing therapies

- Manageable tasks
- Warning signs identified and triggers within a support plan
- Calm down kits available
- Confidence building and drama-based activities

Further Interventions	Targeted Interventions	Assessments / Advice / Next Steps
• Talk About Programme • Sunshine Room - Pastoral & Well-being support • Sensory Circuits	• Counselling Service • Emotional Health & Well-being Practitioner Direct Work	• SCERTs Assessments • ASSQ • SNAP IV • SDQ • PPP • Signs and Symptoms • CCC2 • Sea View Screening Tool • The Spence Anxiety Scale https://www.scaswebsite.com/ • ELSA checklists • Behaviour Support Teacher Referral / Intervention • Educational Psychologist • Emotional Health & Well-being Practitioner Support • CAHMS • Counselling Service

Trauma & Attachment

Trauma is defined as an "event outside normal human experience". These events are generally emotionally painful and distressing, and overwhelm a person's ability to cope, leaving him/her powerless. Feeling powerless is an important concept when trying to understand trauma – especially as you apply it to trauma in children.

Many think of trauma as the result of a specific "event". But **early childhood trauma** is just as likely (more so actually) to fall into the realm of chronic traumatic stress, especially in situations where children are exposed to repeated neglect, abuse and maltreatment. While most of the public recognizes war, physical violence, rape, natural disasters and sexual abuse as potentially traumatizing experiences, few recognize the significant impact that long-term neglect or repeated verbal abuse and poor early childhood care can have on a child's emotional health and their neurological development.

There is a growing body of evidence from neurodevelopmental research that shows traumatized children's brains actually develop differently than those of emotionally healthy children. The brain chemistry is altered (increased cortisol, increased adrenaline, then eventually decreased adrenaline). **And the actual brain structure can be adversely impacted.** Researchers, such as Dr. Bruce Perry, have reported for more than a decade about the neurodevelopmental differences of children subjected to chronic traumatic stress.

Families parenting "at risk" children – **those who have been removed from their original caregivers, those who were subjected to abuse or neglect, those who have endured painful medical procedures**— may not be aware of their child's exposure to trauma. So trauma, and its impacts, may not be something parents (and the professionals advising them) immediately consider when trying to figure out a child's troubling behaviors.

But chronic early childhood trauma has lasting impact and can indeed be at the center of many psychological, emotional, sensory and neurological problems.

Trauma Theory teaches us that when experiencing stress or a threat (perceived or real), the brain has three possible protective responses – **fight, flight or freeze**. The midbrain area is activated by the "trigger" and responds by increasing production of the powerful hormone: cortisol. While cortisol can be protective in true life-or-death situations, in situations of chronic stress, where it is continuously released, it has corrosive effects and can damage or kill neurons in critical regions of the brain. This is especially harmful in a developing brain. The subsequent behaviors will be either fight (rage, lashing out) or flight (running away or withdrawing) or freezing (dissociation).
Chronic **early childhood trauma** (called **Complex Trauma** by some) is generally misunderstood. Many believe that children, especially infants and toddlers, are not nearly as susceptible to trauma as older children and adults. This is sometimes referred to as the "blank slate" view of child development. This view that trauma doesn't impact infants and young children as severely is partially because a young child's response to trauma is usually vastly different than an adult's. If a child is traumatized pre-verbally, the child has no language to help him or her make sense of the situation. If the maltreatment is chronic, then the child comes to believe this is "normal" and does not consciously see themselves as traumatized. Even neurobiological research shows that the "abnormal"

physiological changes caused by trauma become chronic and "normal" for children suffering from complex trauma.
The truth is that **early childhood trauma is more pervasively harmful and difficult to treat** than other types of traumas. Many young children who have been traumatized will not just "get over it". While children can be resilient, at-risk children from backgrounds of chronic traumatic stress do not have the protective factors in place that lead to resilience.

Recognize ACEs • Realize the impact • Build Resilience

The relationship between traumatic childhood experiences and physical and emotional health outcomes in adult life is at the core of the landmark **Adverse Childhood Experiences (ACE) Study**, a collaborative effort of the Centers for Disease Control and Prevention and the Kaiser Health Plan's Department of Preventative Medicine in San Diego, CA. The ACE Study involves the cooperation of over 17,000 middle aged (average age was 57), middle class Americans who agreed to help researchers study the following nine categories of childhood abuse and household dysfunction:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- A household member who is chronically depressed, mentally ill, institutionalized, or suicidal
- Mother is treated violently
- One or no parents
- Emotional or physical neglect

Each participant received an ACE score in the range of 0-9 reflecting the number of the above experiences he/she can claim (e.g., a score of 3 indicates that that participant experienced 3 of the above ACEs).

The study claims two major findings. The first of these is that **ACEs are much more common than anticipated or recognized**, even in the middle class population that participated in the study, all of

whom received health care via a large HMO. It is troublesome to ponder what the prevalence of ACEs might be among young African American and Latino males, many of whom live with chronic stress and do not have a regular source of healthcare.

The second major finding is that **ACEs have a powerful correlation to health outcomes later in life**. As the ACE score increases, so does the risk of an array of social and health problems such as: social, emotional and cognitive impairment; adoption of health-risk behaviors; disease, disability and social problems; and early death. ACEs have a strong influence on adolescent health, teen pregnancy, smoking, substance abuse, sexual behavior, the risk of revictimization, performance in the work force, and the stability of relationships, among other health determinants. The higher the ACE score, the greater the risk of heart disease, lung disease, liver disease, suicide, HIV and STDs, and other risks for the leading causes of death. https://www.attachmenttraumanetwork.org/attachment/

Universal Provision

The Staff working in our Sunshine Room Well-being Team have successfully completed the Trauma Informed Schools'

DIPLOMA IN TRAUMA AND MENTAL HEALTH INFORMED SCHOOLS AND COMMUNITIES

Universal Provision

- A warm, accepting climate and ethos accepting and supportive for staff, parents and pupils.
- Time out.
- Quiet 'safe' space.
- A calm, consistent learning environment with clear expectations, routines and rules, with secure and explicit boundaries in all curriculum areas and at times of less structure (for example, lunchtimes / transitions) .
- Maintain a calm, firm and consistent approach to managing behaviour.
- Introduce a circle of friends or buddy system to help the child in building relationships.
- Positive relationships as modelled by adults.
- Positive Teacher attitudes and behaviour.
- Whole school behaviour audit toolkit.

- An ethos and conditions that support positive behaviours for learning and for successful relationships.
- School Council.
- Peer support and mentoring.
- Playground buddies.
- Use of Restorative Practice.
- Consistent Anti-Bullying strategies.
- Close contact with parents.
- Use direct planning, teaching and modelling to enable pupils to make emotional, social and behavioural progress (explicit behaviour for learning skills/teaching routines/Personal, Social, and Health Education (PSHE).
- Use a variety of social learning experiences/groupings, which provide opportunities for peer modelling and positive social interaction.
- Frequently during the day share successes and provide specific praise (verbal, visual and written) in order to develop a sense of self and self-worth.
- Consistently use logical consequences as part of a stepped approach in order to encourage pupils to self-regulate and make appropriate choices in order to develop their skills.
- Trust building activities to build relationships.
- Create a calm down kit to access as and when needed.
- Make expectations clear and offer elements of control.
- Allow them time to play.
- Role play scenarios and comforting routines.
- RRS use of class and school charters.
- Visual timelines and familiarity.
- Allow elements of choice and 'control' at planned times.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Sensory Circuits • Sunshine Room – Pastoral & Well-being Team	• Trauma Informed Schools Programme delivered by Well-being Team • Counselling • Health and Well-being Practitioner Support	• Educational Psychologist • Therapists linked to Social Services

Physical and Sensory

Physical disability

A physical disability is a **physical condition that affects a person's mobility, physical capacity, stamina, or dexterity**. This can include brain or spinal cord injuries, multiple sclerosis, cerebral palsy, respiratory disorders, epilepsy, hearing and visual impairments and more.

UNIVERSAL PROVISION

- Assessment for learning informs planning for suitably differentiated teaching taking into account access issues for physical/mobility at this level of need.
- Personalised planning is informed by regular audits of the school building, relevant procedures (especially in terms of administering medication) and minor additional access resources where necessary.
- Staff communicate regularly with parents to confirm and maintain access arrangements as well as how they can support their child's learning needs (taking into account factors such as possible fatigue). Expected access arrangements to support learning.
- Access is maintained to all learning activities in class taking into account factors such as effective recording, appropriate seating and mobility.
- Appropriate seating placement is available to maximise the pupils' view of the teacher and to reduce distractions.
- Consider seating pupils with writing arm on the outside edge of a shared table.
- Consider colour coding key information if pupils also have visual perceptual needs.
- Potential fatigue factors may need to be taken into consideration for some physical impairments.
- School trips will need careful planning and risk assessment to ensure that reasonable adjustments are made for some limitations in mobility or likelihood of fatigue.
- Some assistance may be required for putting on additional clothing
- Playground arrangements should allow for quieter as well as busier play areas.
- Additional time may need to be provided for written recording and other activities requiring both fine and gross motor skills.
- Pairing with a more coordinated peer/friend when engaged in work with higher use of physical skills is considered.
- Access to pre-prepared formats for graphical or other information to reduce written/drawn recording demand.
- Staff are available to monitor physical status and support the taking of medicines (if needed).
- Group approaches and peer partnerships maximise pupils' full participation and direct academic and social engagement.
- Differentiation and access arrangements maximise success in learning activities to ensure an appropriate level of challenge.

- ‘Process feedback’ and recognition are given (through specific feedback about: strategies, effort, perseverance, challenge-seeking and improvement) leading to greater confidence and intrinsic motivation.
- Additional time may be taken for the pupil to move around school or be repositioned and there should be a reasonable expectation that classes and teachers can accommodate this.
- Pupils may have ICT support to help them access the curriculum. Teachers should familiarise themselves with the hardware/software being used and incorporate this into class lessons/support.
- Pupils may have specialised equipment/resources/programmes that will be monitored and reviewed by OT/Physio/Speech and Language Therapist – all staff should be aware of these and be able to integrate/enable the delivery of them throughout the day.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Specialist teacher input	• Classroom Adaptions • OT Programme delivered by school staff • Physiotherapy Programme delivered by school staff • Specialist Teacher programme/advices delivered by school staff • Specialist Teacher programme/advices delivered by specialist teacher	• Specialist Teacher Referral / Intervention • OT Forum/ OT referral • Physiotherapy referral • Educational Psychologist

Visual impairment

Visual impairment, also known as vision impairment or vision loss, is **a decreased ability to see to a degree that causes problems not fixable by usual means**, such as glasses. Some also include those who have a decreased ability to see because they do not have access to glasses or contact lenses.

Independent Living Skills

- Personal Hygiene.
- Dressing and Clothing Care.
- Health Care.
- Cooking, Eating, Nutrition.
- Home Management and Home Safety.
- Financial Management.
- Personal Growth, Awareness, and Problem Solving.
- Community Access.

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- Pupils should be enabled to communicate their knowledge and understanding accurately, using a variety of approaches. This should inform grouping and remove barriers to their learning.
- Build in time for the pupils to assimilate new ideas and avoid over-loads by delivering too many oral instructions.
- Good use of contrast words and pictures around the room if child has visual needs.
- Think about when the children are getting tired as they might not tell you.
- For trips, plan and make changes to make sure.
- Give extra help for putting on coats as needed.
- Quieter as well as busier play areas outside.
- Extra support for mark-making activities.
- Opportunities to play alongside and with more coordinated friends to help them take part in physical activities and so they can share things like drawing.
- The environment should be free from clutter.
- Consideration should be given to 'demarcation' (marking boundaries) of key areas through changes in floor surface or the use of furniture.
- The child should be shown around the setting at every visit from table to table to let them know what is available and where it is in the setting.
- When in a free flow activity make sure that any changes in depth or steps are high marked.
- Show the child around if any changes are made at any time.
- Keep mobile toys e.g. scooters, bikes etc in a clearly demarked area.
- Good contrast between foreground and background may be helpful for laptop screens and visually simplified pictures.

- High contrast table coverings should be used for table top activities such as snack and activities.
- Specific learning of ICT skills should be included as part of children's learning and accessibility settings should be used where necessary e.g. enlarged cursor, change text size, good contrast.
- Consideration of optimum colour pairings to create contrast for a child who is colour blind will be important.
- Children should be encouraged to wear prescription glasses. These should be kept clean and in a safe place if removed.
- They may require access to enlarged print. Infant print size is generally 16-24 font size.
- Care should be taken when choosing reading and picture books e.g. be careful if choosing a book with writing across pictures, make sure there is a clear contrast between font and background colour.
- Children should be taught active scanning techniques for busy pictures. Books such as Usborne 'Hundred Words' books or the 'Can you find…' series are useful for this.
- Mark-making activities should be carried out with dark pens e.g. felt pens, 4b pencils and high contrast backgrounds. Blackboard and chalk or whiteboards and dark markers works well for this.
- Practical activities should be accessible e.g. glue for sticking should be coloured to add contrast.
- Pupils may need assistance when doing activities involving depth perception e.g. water and sand play.
- You might need to tell children what the facial expressions of the children around them are and what they mean.
- Adults should always say the names of the other children in groups the child is working in.
- There should be positive role toys such as teddies wearing glasses and books that include children with glasses to help them understand and accept their visual needs.
- Opportunities should be provided to learn about other visually impaired young people and adults.
- Settings should work closely with parents to ensure that messages and positive role modelling is consistent in school and at home.
- There should be support for developing and maintaining the child's self-esteem as they move through the setting.
- Consideration should be given to teaching the skill of joint attention as the children may not pick this up without support due to missing visual cues.
- Precise locational language should be used to help locate and identify items being used e.g. 'the water jug is on the snack table' rather than 'the jug is over there'.
- An adult will need to do a direct showing walk around the room and tables and give commentary of what is available to highlight the activities and things around the room.
- Staff must ensure that pupils have stopped working and are listening before new instructions are given.
- There may be gaps in learning through not being able to see details clearly e.g. distinguishing between similar objects like a horse and a cow. Adults will need to monitor these potential gaps in knowledge so they can be addressed.
- Adults should be aware of the effect of glare on shiny surfaces and laminated pictures. Children should be provided with matt finished surfaces instead.
- Hand under hand exploration may be needed at times.

- Displays of child's work should always be placed at eye level.
- Children with visual impairment will not be able to achieve incidental learning and will need to be provided with extra opportunities to help fill the gaps.
- Children should be provided with verbal cues with lots of running commentary where needed.
- Pupils with VI may have programmes provided by specialist VI teacher – these targets need to be focussed on at all opportunities throughout the school day and will continue to be a priority outcome in order to practise and maintain their skills.
- All staff need to be aware of VI programmes provided and can access specific support/training and ideas for integrating activities from the Habilitation Specialists.
- Familiarise pupil with the classroom and school layout and make them aware of any changes.
- The pupil will need to be positioned close to any new demonstration of skills/actions.
- Keep instructions simple and use the pupils name.
- Ensure pupil sitting close to point of visual interest. For example, able to see the board or is in a good position to see body language and facial expressions.
- Learning materials need to be clear, uncluttered, of good contrast and good font size. This should be on A4 not A3 paper as this can make things worse.
- Good even lighting, no glare.
- Extra time should be given for visually demanding activities.
- Breaks should be given regularly to avoid visual and mental fatigue.
- Pupils may need help locating their friends in the yard.
- Staff should help the child to feel fully included.
- Large clear and bold signage around school premises.
- Be aware that some pupils with a visual impairment may take a little longer to adapt to changes in illumination levels.
- Provide the pupil with verbal descriptions of their surroundings, wall displays, demonstrations and features in their school.
- Support and encourage the pupil to explore all of the outdoor play area.
- Opportunities to develop fine and gross motor skills.
- You may need advice on an environmental audit to assess levels of lighting, use of contrast, handrails etc. Small adaptations may be required to enhance the environment for the visually impaired pupil.
- Support the pupil to develop self help skills – putting on their coat, different types of fastenings, eating and drinking skills, brushing teeth.
- At the dinner table the use of dark/light coloured plates to create more contrast to the foods. A contrasting table cloth/mat makes it easier for the pupil to locate crockery. Brightly coloured cups/glasses can be distinguished easier that clear glass.
- The pupil will need the opportunity to learn to function in the playground as it is a busier environment.
- Pupils may need help locating their friends in the playground.
- Pupils should be encouraged to communicate their own visual needs.
- Support and encourage pupil to explore the and become familiar with the layout of the setting. Make them aware of any changes.
- When moving around the classroom use clear landmarks to help with orientation. Use the same landmarks and verbal prompts each time.
- Maintain an uncluttered classroom and corridor environment.

- Opportunities and encouragement to participate in all aspects of the curriculum and school life alongside their peers.
- Extra care needs to be taken when moving up or down steps, changes in floor surfaces and gradients. Give verbal prompts when approaching steps and gradients, never count the steps, give verbal warning steps up and steps down.
- Contrasting edging strips/yellow paint may need to be added to edge of steps and stairs. Visual or tactile pre-warning at top and bottom of steps/stairs e.g. different colour flooring or a lozenge (bumpy) paving.
- A baseball type hat with a peak will help reduce glare on bright sunny days.
- Staff must ensure that the pupils have stopped working and are listening before new instructions are given.
- There may be gaps in learning through not being able to see details clearly e.g. distinguishing between similar objects such as a cow and horse. Adults need to monitor these potential gaps in knowledge so they can be addressed.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Specialist teacher input	• Specialist equipment • VI/Habilitaton programme delivered by school staff / by specialist	• Specialist Teacher Referral / Intervention • Educational Psychologist

Healthcare/Medical needs

Many children have medical conditions that significantly affect their school life. Some children miss a lot of school through illness. Others may require medication or personal care during school time, or emergency procedures need to be put in place for them.

UNIVERSAL PROVISION

- Any pupil with healthcare/medical needs should have an Individual Healthcare Plan (HCP)
- Arrange any training needed for staff to meet the requirements of the individual healthcare plan.
- HCP's should be reviewed at least yearly as part of the Pupil Centred Review/IDP or as changes or difficulties arise.
- A safe space available for medication storage.
- A space given for administration of medicines or in case of illness.
- Opportunities for rest given
- First aid trained staff listed and informed
- Staff are all familiar and trained in specific needs.
- Awareness of the impact the medical issue can have on the pupils ability to engage/concentrate and to make reasonable adjustments to staff expectations.
- Easy to access list of medical contacts linked to HCP – school nurse, specialist nurses, GP, consultants etc. depending on health/medical needs of the pupil.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Specialist teacher input		• Specialist forums provided by ALN department & specialist Health Visitors / School Nurses

Hearing Impairment

Deafness, or hearing loss, happens when one or more parts of the ear aren't working effectively.

- Sensorineural deafness, or nerve deafness as it's sometimes called, is a hearing loss in the inner ear. This usually means that the cochlear isn't working effectively. Sensorineural deafness is permanent.
- Conductive deafness means that sound can't pass efficiently through the outer and middle ear into the inner ear. This is often caused by blockages such as wax in the outer ear, or fluid in the middle ear (glue ear). Glue ear is a very common condition, especially in pre-school children. Conductive deafness is usually temporary, but it can be permanent in some cases.

It's possible for children to have a combination of sensorineural and conductive deafness. This is known as mixed deafness. One example of mixed deafness is when someone has glue ear as well as sensorineural deafness.

UNIVERSAL PROVISION

- Any difficulties with access due to existing hearing loss should be met through class curriculum differentiation.
- The teacher should manage the classroom environment to produce the best possible listening conditions.
- Sit the child so they can see the adult speaking.
- Consideration of seating and grouping so that the child can be near the focus of the lesson and see whoever is speaking.
- An environment as free from noise as possible, close windows and doors if necessary to create a 'quiet' area.
- Be sensitive to potential difficulties in social interactions arising from missing verbal interactions.
- Pupils should be enabled to communicate their knowledge and understanding accurately, using a variety of approaches. This should inform grouping and remove barriers to their learning.
- Use of written/visual cues and context to assist understanding.
- Build in time for the pupils to assimilate new ideas and avoid overload by delivering too many oral instructions.
- Most auditory information can be accessed with personal hearing aids, FM radio aid system.
- Staff need to gain attention of the pupil before speaking and speak clearly, naturally and at a normal rate. They should not cover their hands or walk around the room whilst talking and should use short sentences rather than long complex ones.
- Staff should sensitively reflect what other pupils are saying and encourage other pupils to speak one at a time and face the hearing impaired pupils.
- Staff should be aware of their position in class and avoid having a light source for example a window or interactive whiteboard behind them as this creates a shadow and makes it difficult for the pupil to lip read or see facial expressions.

- Pupils should be given time to think and process what is being said before they make a response and a range of response not just written, should be used.
- Pupils should be allowed time to read or look at pictures or visual aids before they are required to give a verbal response.
- New vocabulary should be explained and pictures and concrete objects which give the words meaning should be provided to support verbal information.
- The Pupil's name should be used before asking a question or giving an instruction and they should be provided with a visual indication as to the location or to the person speaking.
- Allow extra time to complete the task and be aware of the fatigue the pupil may experience because of the amount of effort they have put into listening and lip reading.
- TV/DVDs should always be used with subtitles.
- Assessments and examinations which have elements which require pupils to listen should be given on a 1:1 basis, with a live voice to allow pupils to access lip reading cues.
- Core vocabulary will need to be reinforced.
- Instructions may need to be repeated or modified to match learning needs.
- Programmes to develop spoken and written language and communication skills may need to be followed through and incorporated naturally into all aspects of the school day.
- Staff should take time to check understanding. Context will give a hearing impaired pupil more opportunity to understand concepts.
- Some in class support may be necessary from time to time to check for understanding and clarify concepts in certain topics.
- 'Quiet zones' should be provided, where lower levels of noise are encouraged and established. Deaf children and other children can take part in quieter activities, such as sharing books, completing puzzles or talking.
- Visual support should be provided for tasks to help understand concepts and tasks.
- Staff should promote deaf awareness in the classroom using resources such as the NDCS's 'Look, Smile, Chat'. They should provide opportunities for the pupil to practise social strategies related to their deafness, for example, identifying why a conversation is becoming difficult and how to improve the situation.
- Opportunities should be provided to meet other deaf young people – service providers, parents, local deaf groups or charities may be able to help. It can be helpful for deaf pupils to meet deaf adults who have successfully managed issues arising from their deafness and may act as role models to younger deaf people.
- Staff should facilitate effective communication between the deaf child and their peers. They should help the other children to understand what difficulties the deaf child faces and what they can do to make them feel included.
- Adult support should be regularly reviewed to ensure that the deaf child does not become unnecessarily dependent on that person for social support.
- Staff can support boosting the deaf child's confidence by praising them when they contribute to group activities and particularly when they have made their own friendships. The pupil may benefit from learning strategies that will help them cope with situations they may find difficult because of the impact of their deafness, for example even the youngest child can be helped to learn to ask a peer to face them when they speak. Encourage them to practise strategies that they can use to improve circumstances for themselves.
- The deaf child should be taught aspects of social interaction, such as modelling appropriate behaviours, praising interaction and playing games that require turn taking and cooperation.

- Make sure children can see the adult at carpet time and are not getting distracted.
- Colour code words and pictures around the room if the child also has visual needs.
- Think about when the children are getting tired as they might not tell you.
- Be aware that trips may provide extra challenge for your deaf child. Noisier environments may make it difficult for them to hear instructions/speech.
- Work with parents to see what works at home for the deaf child. Make approaches as consistent as possible.
- There should be support for developing and maintaining the child's self-esteem as they move through the setting.
- Staff must ensure that the pupils have stopped working and are listening before giving a new instruction.
- Visual support will be helpful for key vocabulary.
- Be aware that during group discussions a deaf child may find it difficult to hear pupils' contributions. It may help to repeat what has been said by other pupils.

Further Support	**Targeted Support**	**Assessments / Advice / Next Steps**
• Specialist teacher input	• Specialist equipment • Programme delivered by school staff / by specialist • Makaton & BSL Support	• Specialist Teacher Referral / Intervention • SALT Referral • Educational Psychologist

Sensory Processing Difficulties

Children with sensory issues can be hyposensitive or hypersensitive. Hyposensitive kids need more sensory stimulation. They often love to move around and crash into things. Hypersensitive kids avoid strong sensory stimulation and get overwhelmed easily.

General Signs

- Avoids being touched on the face
- Dislikes being held
- Has difficulty with grooming (cutting hair and nails)
- Dislikes having hair washed
- Dislikes taking a shower
- May react aggressively when touched unexpectedly
- Dislikes when touched even in a friendly way
- Dislikes being kissed
- Avoids messy play
- Avoids going barefoot
- Prefers long sleeves and trousers even when the weather is hot
- Is excessively ticklish
- Withdraws from situations
- Avoids sitting close to other children

Vestibular Dysfunction – high tolerance

- Seems 'on the go'
- Has difficulty sitting still
- Needs to keep moving in order to function
- Has difficulty paying attention
- Craves intense movement experiences such as jumping on bed and furniture
- Takes excessive risks during play
- Seems accident-prone
- Does not get dizzy easily
- Enjoys spinning for long periods of time

Vestibular Dysfunction – Gravitational Insecurity

- Becomes anxious when feet leave the ground
- Has a great fear of falling
- Is fearful of climbing
- Avoids playground equipment
- Dislikes having head upside down or tilted backwards
- Avoids jumping activities

- Is very cautious when going up and down stairs
- Seems slow at new movements
- Avoids to walk along uneven surfaces

Proprioceptive Dysfunction

- Has difficulty with body awareness
- Has difficulty planning new movements
- Has difficulty knowing where his body is in relation to others and objects
- Chews constantly on objects
- Stamps feet on the floor when walking
- Deliberately crashes into objects
- Holds pencils too lightly
- Presses down on paper when writing
- Has difficulty with handwriting and drawing
- Uses a lot of force when playing with toys and may break them
- Has difficulty lifting objects

Visual Processing Dysfunction

- Difficulty staying within lines when colouring or writing
- Complains of seeing double or blurred
- Has difficulty putting puzzles together
- Has difficulty copying from books
- Has hard time finding something in a drawer
- Has difficulty following a moving object
- Omits words when reading
- May seem “disorientated”
- Has difficulty with fine motor tasks
- Does not understand concepts such as right/left, up/down
- Reverses letters and numbers
- Is uncomfortable by moving objects and people

Auditory Processing Dysfunction

- Is easily distracted with noise
- Has difficulty paying attention
- Seems to misunderstand what is said
- Becomes upset in noisy places
- Seems difficult to understand when speaking
- Has difficulty looking and listening at the same time
- Speaks in a loud voice
- Has a poor vocabulary

- Has difficulty with reading
- Covers ears to protect from sound

Olfactory (Sense of smell) Dysfunction

- Reacts negatively to, or dislikes smells that other children do not notice
- Refuses to eat certain foods because of their smell
- Is a picky eater
- Is nauseated by bathroom odours
- Is bothered/irritated by smell of perfume or cologne
- Is bothered by smell in supermarket
- May refuse to play with toys because of the way they smell

Gustatory (Sense of taste) Dysfunction

- Gags easily with food textures
- Avoids certain tastes
- Is a picky eater
- Craves certain foods
- May chew on or lick non-food objects
- Mouths objects
- Has difficulty with sucking, chewing and swallowing

Social and Emotional Responses

- Low self-esteem
- Low self-confidence
- Seems anxious
- Has difficulty tolerating changes in routines
- Has strict routines
- Has difficulty playing with other children
- Is getting upset easily
- Does not persist with tasks/gives up easily
- Is stubborn or uncooperative
- Has frequent temper tantrums
- Has difficulty making friends
- Does not express emotions
- Needs adult guidance to play
- Ask for adult reassurance
- Has difficulty interacting with other children
- Jumps from one activity to another

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- Be aware of the cause of the sensory issue. What does the child seek out or avoid?
- Be aware of patterns such as the times of the day that are more difficult – break down the situation or routine.
- Schedule sensory/movement breaks – bounce on a physiotherapy ball, stretches, skipping, running quickly up and down a set area, jumping on a trampoline, deep-pressure activities e.g. press ups against the wall or stretching resistance bands.
- "Heavy-lifting" such as carrying boxes or bags of shopping, sweeping the yard or classroom floor etc.
- Offer an enclosed 'womb space' for the child to calm down in.
- Use visual aids - label resources, visual timetables.
- Play calming music.
- Fidget toys
- Use social stories to support child's awareness of new situations or concepts.

Visual Sensitivities

- Eliminate fluorescent lights
- Reduce visual distractions by eliminating clutter.
- Simplify work areas
- Increase type size on worksheets.
- Offer chances for a child to spin toys such as wheels, gradually increasing emphasis on toys function such as rolling a car.
- Turn lights off or use dimmed lighting.
- Create a den with low level lighting.

Auditory Sensitivities

- Try ear defenders or noise cancelling headphones but ensure the child doesn't wear them all the time or the noises will become even more unbearable.
- Provide a 'quiet area' for when the noise levels become overwhelming.
- Classroom seating away from distractions like bright windows or noisy radiators – things that you don't hear can be highly distracting for a child with auditory sensitivities.
- Draw their attention to the sudden/loud noise before it happens – e.g. firealarm or balloon popping.
- Encourage the child to play with the object e.g. the balloon. Blow it up and let it go, make squeaky noises with it.
- Use a sand timer to show when the noise will end.
- Try to keep exposure to the sound as short as possible.
- Encourage them to stay in the same room as the sound but at a distance so they feel safe.
- Desensitise the child to the sound – start off by playing the sound at a quieter level and gradually build it up over time. Encourage the child to turn it on themselves.
- Use the child's name at the start of instructions or conversation.
- Keep voice calm and soft.

Tactile Sensitivities

- Desensitise activities such as fidget toys and pushing/pulling heavy objects.
- Seamless socks and tagless clothes.
- Allow the child to be at the front or end of a line to avoid other children bumping in to them.
- Inflatable (wobble) cushions for long periods of sitting to help with focus and concentration.
- Stretching before and after periods of sitting.
- Rolling a gym ball gently over the child's back whilst they lie tummy facing down.
- For a child that avoids touch allow them to observe from a distance, expose the child to a range of tactile experiences.
- Incorporate familiar toys into messy play such as cars or diggers in the sand tray.
- For a child that holds on too tightly – give firm handshakes throughout the day, play clapping and feely bag games, use pressure toys such as a stress ball.
- For a child that craves rough play – build in more gentle play into their play, include a wind down period after play.
- Lots of opportunities to play on large play equipment.
- For a child who rocks – sing 'Row, row, row your boat', allow child to rock over a gym ball.
- For a child who spins – Play games such as 'Ring a Roses', read stories that encourage spinning or swishing movements like 'Bear Hunt'.
- Reduce time on sit down activities.
- Divert the child to safe climbing opportunities and reinforce 'no climbing here'.
- Play games that involve moving around obstacles.
- Provide fine motor play opportunities.
- Encourage play with tactile manipulative toys such as squishy balls.

Smell or Taste Sensitivities

- Provide rubber biting toys for children who bite for no apparent reason.
- Decrease amount of time a child is expected to sit at a table for meal times.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Sensory Circuits	• OT Programme delivered by school staff • Specialist Teacher programme/advices delivered by school staff • Specialist Teacher programme/advices delivered by specialist teacher	• Sensory Checklists • Specialist Teacher • Referral / Intervention • OT Forum/ OT referral / programme delivered by therapist • Educational Psychologist

Developmental Coordination Disorder (also known as dyspraxia)

DCD is a condition that makes it hard to learn coordination and motor skills (including motor planning). DCD is more common in boys than in girls. Children don't outgrow it, but can improve their motor skills. It can make it hard for children to do schoolwork and keep up with classroom lessons. Children with DCD struggle with many tasks needed for school including writing, copying from the board and organising their things.

DCD is an impairment in movement skills, including:

- Fine motor skills
- Gross motor skills
- Motor planning
- Coordination

The impairment in these skills can impact the child's ability to:

- Maintaining balance
- Being able to quickly change their movement in new situations
- Moving their body the right way
- Learning new movements
- Predicting the outcome of their movements
- Finding and using solutions to motor task problems
- Trouble sequencing

Signs and symptoms

Younger children (3 to 7 years)

- Has trouble holding and using utensils
- Has trouble throwing a ball
- Plays too roughly or often bumps into other kids by accident
- Has difficulty sitting upright or still
- Has trouble holding and using a crayon, a pencil, or scissors
- Doesn't form or space letters correctly
- Struggles with going up and down stairs
- Frequently bumps into people by accident
- Has trouble with self-care, like brushing teeth

Older children 7+

- Takes a long time to write
- Has trouble cutting food
- Has difficulty with basic routines like getting dressed
- Struggles to line up columns when doing math problems
- Often trips and falls

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- Over-learn material through repetition and a graded step-by-step approach.
- Give structured assignments with clear directions and remember to provide plenty of feedback and praise.
- Use wide-stemmed pencils and pens, or by applying rubber grips.
- Provide squared paper, colourful lined paper or raised line paper to guide them with letter placement and spacing.
- Set children up with note-taking buddies, allow them to use computers or provide electronic copies of material in advance to reduce note-taking strain.
- Cloze procedure.
- Touch-typing.
- Type homework and use a computer in class.
- Place students with dyspraxia at the front of the room so they have an easier view of the board. They may also find it easier to concentrate when distanced from doors, windows or other classroom distractions such as displays.
- Give opportunity to pause, get up from their desk, stretch and move around before continuing on with a lesson.
- Give more time to understand task requirements and complete assigned work.
- Write task instructions in short sentences and use check-lists for assignments with multiple parts. Use visual reminders e.g. pictures or photographs.
- Demonstrate a task and read directions out loud, in addition to providing a printed version.
- Bullet points and other formatting.
- Use recorded materials and books to listen to.
- Try using role-play to act out situations that encourage the social skills.
- Help with tasks that require fine motor skills.
- Practise multi-sensory letter formation e.g. sandpaper letters, sky writing, rice trays.
- Use visual timetables
- Give clear rules and consequences.
- Use strategies such as comic strip conversations and mind mapping etc.
- Timelines can help fix events in a child's mind.
- Teach from 'concrete' to 'abstract' by making concepts relevant to child's own experience.
- Give advance notice of any changes
- Allow child to choose activities which meet child's own interests.
- Avoid disturbing child when on task.
- Avoid fluorescent lights, fluttering ceiling displays.
- Keep wall displays to a minimum.
- Promote a 'no-disturbance' culture showing respect for each child's work space.
- Get the attention of the child before giving instructions.
- Use simple language with visual prompts.
- Provide time to process information.
- Use activities, demonstrations and pictures.
- Provide visual supports to help recollection of personal experiences.
- Use closed questions rather than open ended questions.

- Role play to develop understanding of the concepts of private and public.
- Use role play and drama to explore different outcomes and scenarios.
- Have spring loaded or loop scissors available.
- Provide different writing tools (thin markers, gel pends etc.) to reduce pencil pressure.
- Give teaching notes ahead of time or have a note-taking buddy.
- Use worksheets that reduce the need to copy from the board.
- Use larger print for worksheets, notes and textbooks.
- Have the student dictate to a scribe or use speech-to-text software.
- Provide extra time for tests and writing assignments. Allow oral answers in tests.
- Teach each skill in all the possible contexts and in different ways.
- Introduce the child to sensation gradually.
- Provide other options if the student cannot overcome the sensory difficulty.
- Introduce new sensory experiences using the child's interests.
- Give a distraction free learning environment.
- Reduce the social demands while learning.
- Permit time out if the child is becoming over-stimulated.
- Identify and focus on teaching necessary play skills such as turn-taking, negotiating etc.
- Adjust chair and/or desk height to ensure the student is in the proper position for desk work (feet flat on the floor, shoulders relaxed and forearms supported on the desk.)
- Allow the student to work in different positions, like standing.

Further Support	**Targeted Support**	**Assessments / Advice / Next Steps**
• Sensory Circuits • Gross Motor Intervention Programme • Fine Motor Intervention Programme • Speed-Up Programme • Nessy Fingers	• OT Programme delivered by school staff	• Fine and Gross Motor Assessments • DCD Pathway • Referral / Intervention • OT Forum/ OT referral / programme delivered by therapist • Educational Psychologist

LAC Learners

· A child "looked after by the local authority" is one who is looked after within the meaning of section 22 of Children Act 1989
· A previously looked after child is one who is no longer looked after in England and Wales because s/he is the subject of an adoption, special guardianship or child arrangements relating to with whom the child is to live, or when the child is to live with any person, or has been adopted from "state care" outside England and Wales

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- PCP plan of support for learner shared (where appropriate)
- Support from external agencies facilitated.
- Staff are fully aware of needs of learner.
- Close links formed with external agencies.
- Learner has opportunities to access and talk to a trusted adult of their choice.
- Transitions are clear and effectively planned.
- Good communication links made.
- Relationship building and trust made.

Further Support	Targeted Support	Assessments / Advice / Next Steps
• Sensory Circuits • Sunshine Room – Pastoral & Well-being Team	• Trauma Informed Schools Programme delivered by Well-being Team • Counselling • Health and Well-being Practitioner Support	• Educational Psychologist • Therapists linked to Social Services