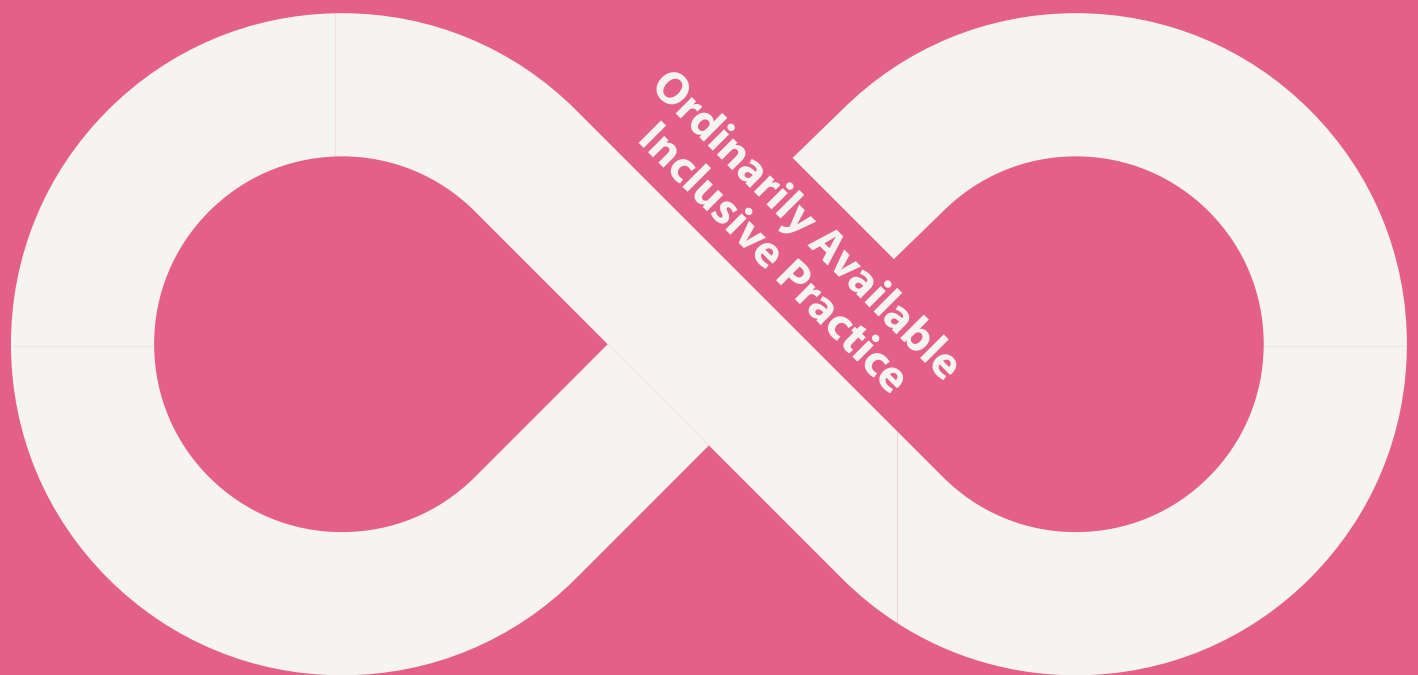




# West Sussex Ordinarily Available Inclusive Practice

A co-produced guide for all mainstream  
staff working in education settings





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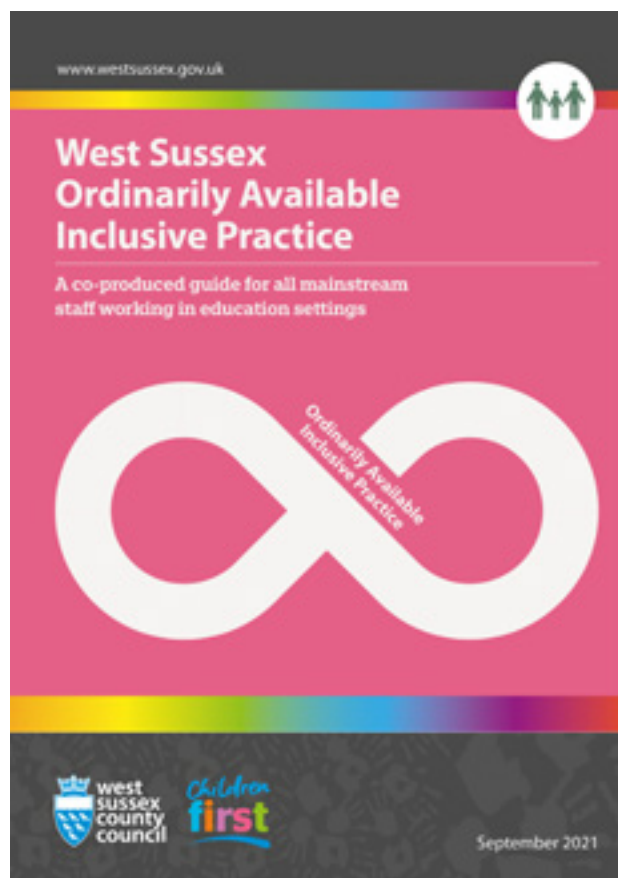
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# Our West Sussex Ordinarily Available Inclusive Practice (OAIP) guide

The additional needs of most children and young people can be met by inclusive quality first teaching and reasonable adjustments from the funding and resources that are already or 'ordinarily' available in their mainstream school or setting. This is known as 'Ordinarily Available Provision'.

The SEND Code of Practice, 2015 links high quality teaching with ordinarily available provision: "...higher quality teaching ordinarily available to the whole class is likely to mean that fewer pupils will require such support." (para 6.15)

This guide highlights a range of support and expectations that schools / settings can ordinarily provide for a child or young person, without the need for additional support from an Education Health and Care Plan. In consultation with stakeholders, we agreed to call this document the West Sussex Ordinarily Available Inclusive Practice guide (OAIP) to reflect our commitment to and focus on inclusive practice.

We also acknowledge that adapting practice to meet the needs of all children and young people does bring its challenges. It is our hope that this accessible resource will be used to prompt discussion and facilitate planning to create more inclusive learning environments and experiences.

**For ease of use, this document is split into two main sections.**

**Section 1:** examples of reasonable adjustments that can be made through quality first teaching for all children and young people.

**Section 2:** examples of more tailored approaches for an individual child or young person, which schools / settings could ordinarily make to meet their needs. These approaches have been organised under the four areas of need as defined in the 2015 SEND Code of Practice. This section includes an additional Early Years Annex, focusing on approaches for our youngest children.



## Terminology

For consistency, we have used the following terms:

- › **'Children and young people'** to describe all students, pupils and learners across the 0-25 year age range, including those with SEND, additional needs, from groups with protected characteristics and those from disadvantaged families.

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- › **'SEND'** is used for Special Educational Needs and Disabilities. It is important to acknowledge that guidance may use variations in terminology, e.g. SEN.

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- › **'Parent carers'** to describe all those who have a caring responsibility for a child or young person including foster carers and those with informal care arrangements.

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- › **'Staff'** for all adults who support the child or young person at the school / setting. This includes teachers, teaching assistants, learning mentors and other support staff.

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- › **'School / setting'** as a generic term which includes mainstream, special, free schools and academies as well as Early Years and Post-16 education settings.

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- › **'SENCO'** is used for SENDCOs (Special Educational Needs and Disabilities Co-ordinator), SENCo (Special Educational Needs Co-ordinator), Inclusion Co-ordinators / Managers or equivalent and reflects the language used in the SEND Code of Practice, 2015.

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- › **'Outcomes'** When we talk about positive outcomes, we are referring to a holistic view of a child or young person's development. This would include physical, emotional, social and educational aspects, and the development of independence skills.

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- › **'Protected characteristics'** The 2010 Equality Act protects pupils from discrimination and harassment based on 'protected characteristics'. The duty provides a framework to help schools tackle persistent and long-standing issues

of disadvantage, such as underachievement of boys from certain ethnic groups, gender stereotyping in subject choice and bullying of disabled young people. The protected characteristics for the schools provisions are:

- › Disability.
- › Gender reassignment.
- › Pregnancy and maternity.
- › Race.
- › Religion or belief.
- › Sex.
- › Sexual orientation.

## About the development of the Ordinarily Available Inclusive Practice (OAIP) guide

The OAIP has been written with West Sussex schools, academies, early years settings, post 16 education providers, governors and trustees, parent carers, local authority officers and other specialists as part of the West Sussex SEND and Inclusion Strategy 2019 – 2024.

As part of the development process, the following principles/statements were used to guide thinking:

- › The guide should be written for and used by all mainstream staff to provide helpful and accessible prompts and strategies for inclusive classroom practice and quality first teaching.

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- › Every child and young person can learn, achieve challenging objectives and make progress when the right support is in place.

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- › All staff have a responsibility to identify and address the individual needs of their children and young people. Responding to the needs of children and young people is key to promoting their wellbeing and independence, and enabling each of them to fulfil their potential.

For further information about this document please email [ToolsforSchools@westsussex.gov.uk](mailto:ToolsforSchools@westsussex.gov.uk).

# Section One: Quality first teaching expectations

The quality first teaching expectations and related good practice examples outlined in this section will benefit all children and young people. This includes those with special educational needs and disabilities (SEND), additional needs or those from disadvantaged groups. For children and young people requiring additional or different support, you, as a teacher, learning support assistant or equivalent, will have a fundamental role in implementing each child's 'Assess, Plan, Do, Review' support cycle.

We acknowledge that reflective practice is a vital element of quality first teaching and, to facilitate your planning, have organised section one into nine key areas:

- 1. Leadership and management**
- 2. Curriculum, teaching and learning**
- 3. Assessment and individual planning**
- 4. Partnership and co-production with children, young people and their parent carers**
- 5. Supporting social and emotional development / pastoral care**
- 6. The physical and sensory environment**
- 7. Equipment and resources**
- 8. Staff skills, training and use of expertise**
- 9. Transition and transfer**

It is important that you know your duty and role in meeting the needs of all children and young people. Please refer to statutory legislation from The SEND Code of Practice 2015 for further information.

# Leadership and management

## Expectation 1:

- › Provision for special educational needs and disabilities (SEND), including those with additional needs and disadvantaged groups, is well-led and managed.

## Examples of Good Practice

- › Governing bodies/trusts and the leadership team ensure that all staff are supported through effective professional development. This includes advice, guidance and support to understand their role in supporting children and young people with SEND, additional needs and those from disadvantaged groups.
- › The school / setting has a shared comprehensive SEND and inclusion training programme that enables all staff to understand their statutory responsibilities regarding SEND legislation and the Equality Act 2010. Staff must have an understanding of children and young people and their families with protected characteristics as outlined in the Equality Act 2010, including those from minority ethnic backgrounds, and proactively seek to support inclusion of all.
- › Staff are confident that the senior leadership team, including governing bodies/trusts and support staff, are knowledgeable about inclusion of all children and young people and this is reflected in the vision, values and practice. The senior leadership team takes a supportive, pro-active stance towards inclusion on a day to day basis and actively problem-solves to overcome barriers to enable all children and young people to achieve their potential.
- › The leaders of the school / setting, as well as the SENCO, act as champions for inclusion of all children and young people. Effective mechanisms are in place to keep governors/trustees up to date and well-informed about the impact of provision in place for those with SEND, additional needs and children categorised as disadvantaged. Staff are aware that governing bodies and trusts have a role to ensure that legislation is appropriately adhered to and hold leaders to account for provision and outcomes for children and young people with additional needs. All staff are aware of the discussions which are accurately documented in governing body/trust minutes.
- › The school/ setting's own Local Offer is available for parent carers to view. It details how the needs of children and young people with SEND or additional needs will be met. In schools the SEND Information Report is published on the website and updated annually. All staff understand its content, the role they have played in the development of the SEND Information Report and are involved in its annual review.
- › The school / setting has a nominated Special Educational Needs Co-ordinator (SENCO), who is either part of the senior leadership team or liaises regularly with it. The SENCO supports all staff to develop their inclusive practice, for example, by supporting class teachers to assess, identify and meet needs as part of the assess, plan, do, review cycle (graduated approach).
- › Within the private, voluntary and independent (PVI) early years sector, the Early Years and Childhood Advisors (EYCA) act as the Area SENCO. The EYCA provide advice, support and challenge to PVI settings in order to enable the inclusion of all children.
- › All staff understand that governing bodies/trusts have a responsibility to monitor attendance and exclusions for all children and young people. This is to ensure equality of access to education. Staff contribute to this process by providing accurate information in a timely manner.
- › The schools /settings' inclusive ethos is reflected in all policies and procedures.



# Leadership and management continued

## Expectation 2:

- › Leaders are ambitious for children and young people with additional needs and this ambition is shared by staff.
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## Examples of Good Practice

- › Staff know that they work in an inclusive school / setting, where diversity is valued and welcomed, and can provide examples of how they establish and maintain an inclusive environment within day to day practice.
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- › Leaders ensure that the curriculum is well planned to give all children and young people the knowledge and skills they need to be independent, achieve their goals and contribute to their community. In early years settings, the early years foundation stage informs the curriculum.
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- › The curriculum is planned to meet the needs of all children and young people within the setting, considering intent, how plans will be implemented and reviewed to determine the impact on individual children.
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- › The curriculum design and implementation consistently reflect leaders' high aspirations for all children and young people, including those with SEND, additional needs and from disadvantaged groups.
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- › The school / setting regularly reviews its provision and the experiences offered to ensure that no child is disadvantaged by not being able to access the full range of experiences as a result of SEND, additional needs or disadvantage. This includes the parent carer's ability to pay for additional activities.
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- › Staff provide information in a timely manner to enable leaders to evaluate the provision and participation in after-school and extra-curricular activities, to ensure that children and young people including those with SEND, additional needs and from disadvantaged groups are benefiting from these experiences.
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# Curriculum, teaching and learning

## Expectation 1:

- › The curriculum is successfully adapted to be ambitious and meet the needs of all children and young people. Children and young people's skills, knowledge and abilities are developed so that they can apply what they know and can do so with increasing fluency and independence.

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- › Staff are aware of children and young people with SEND, from groups with protected characteristics including children from minority ethnic backgrounds, and those from disadvantaged groups. Staff understand the nature and impact of these and how to respond to them. Planning incorporates more detailed specialist advice.

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## Examples of Good Practice

- › Curriculum planning carefully considers the needs of all children and young people. Staff assess children and young people's understanding, strengths and interests, identify any misconceptions or gaps in knowledge and skilfully adapt teaching accordingly.

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- › Additional resources and teaching are used according to individual needs. Consistent approaches and routines are in place.

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- › Staff should use appropriate methods of communication and ensure that all children and young people have understood what is being communicated to them.

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- › Children and young people are given time to process information before being invited to respond in a communication style that is accessible to them.

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- › Learning experiences are made accessible and are engaging. Experiences can be broken down into small, manageable and logical steps. These steps are demonstrated explicitly. In early years, staff plan open-ended activities based on their observations of children's interests and skills.

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- › The pace and order of experiences and activities is stimulating in order to maintain the interest and attention of all children and young people, including those who are above expectations for their chronological age.

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- › The environment, availability and use of resources are regularly reviewed and adapted to meet the needs of children and young people. This is embedded as part of positive setting practice.

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- › Staff are committed to developing their expertise, skills and understanding of individual children and young people and undertake relevant professional development.

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- › Preparation for adulthood is built into the curriculum from the earliest opportunity. Over time children and young people develop the skills, knowledge and experience they need to be independent and ready for their adult life.

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# Curriculum, teaching and learning continued

## Expectation 2:

› Staff adapt learning approaches to provide suitable learning challenges. Staff cater for different learning needs and styles, with individualised and/or small group planning and programmes where appropriate.

› Every practitioner is a teacher of SEND.

## Examples of Good Practice

› Learning is carefully adapted, taking into account individual children and young people's previously acquired knowledge, skills and experiences. Flexible and personalised approaches to learning are used effectively.

› Learning is carefully planned and sequenced (broken down and visually supported) so that new knowledge and skills build on what has been taught and experienced, using the child's interests as a starting point. All children and young people have identified next steps for learning.

› Staff effectively interact with children and young people to scaffold learning and provide positive feedback. Staff evaluate the child or young person's engagement in the experiences, the learning environment and progress made. They use this information skilfully to plan children and young people's next steps in learning and make adaptations as required.

› The school / setting uses 'steps-to success' or similar, to promote independence, scaffold and support children and young people.

› Reading and communication are at the heart of the curriculum because staff understand the paramount importance of these skills for future learning and independence. In early years settings communication and language, including talk, stories, rhyme and songs, is the basis of the curriculum.

› Staff are skilled in adjusting the pace and order of activities to maintain interest and attention.

› Multi-sensory teaching approaches (auditory, visual, kinaesthetic) are used. Children and young people have lots of opportunity to move as they engage in play and learning activities.

› Modelling is used to aid understanding e.g. use of appropriate language and movement.

› Visual/ audio demonstrations, strategies and visual cues/ audio cues and commentary are used when appropriate.

› Key vocabulary is displayed with visuals and pre-taught if appropriate.

› Alternatives to written records are used routinely.

› Age-appropriate study skills are explicitly taught.

› Homework / home learning is adapted appropriately for children and young people and they have access to homework clubs, or additional support with homework, where relevant.

› Teachers' handwriting is clear and legible, modelling the school's handwriting style when appropriate. Visual strategies are used effectively and appropriately.

› Where applicable, interactive whiteboards are used to promote engagement and scaffold learning. Where children and young people are not able to access information on the whiteboard, alternatives are provided.

› Planning and schemes of work should highlight the use of the above approaches and appropriate resources to support children and young people's engagement and learning.

› Resources are within easy reach of all children and young people to promote learning, independence, respect and reduce stigma.

### **Expectation 3:**

- › Staff ensure that children and young people have opportunities to work in different ways e.g. independently, in a variety of small groups and/or in pairs.
- 

#### **Examples of Good Practice**

- › Strategies are used to actively promote independent learning e.g. through pre-teaching, overlearning, appropriately adapted resources. In early years, it is recognised that repetition can be important to a child's development. Adults scaffold learning, carefully observing and taking the lead from the child to identify where repetition is appropriate and where they need to be supported to move on in their learning.
  - › Strategies are carefully selected for a specific purpose, linked to assessed needs and work towards agreed next steps.
  - › Seating plans and groupings of children and young people take account of individual needs. They routinely provide opportunities for access to role models, mixed ability groups, structured opportunities for conversation/ sharing of ideas and access to additional adults when appropriate.
  - › Use of additional adults is planned to maximise their impact on learning, bearing in mind the need to promote independence where possible.
  - › Adults are clear about their role and how they are contributing to the child or young person's learning.
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### **Expectation 4:**

- › Staff provide regular opportunities for collaborative learning and peer support.
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#### **Examples of Good Practice**

- › Strategies are used to build, maintain and restore positive relationships (including peer and staff) across the whole school / setting community e.g. consistent use of restorative approaches. These are regularly reviewed and evaluated.
  - › There are opportunities to develop peer awareness/ sensitivity and support for different needs both in and out of the classroom / learning environment.
  - › The school / setting promotes a culture of peer support and challenge providing opportunities for peer observations and providing constructive feedback.
-

# Assessment and individual planning

## Expectation 1:

- › A regular cycle of 'Assess, Plan, Do, Review' is used to ensure that all children and young people are achieving the best outcomes.
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## Examples of Good Practice

- › Staff are aware of children and young people's starting points, next steps and targets so that progress towards outcomes can be measured.
  - › Children and young people's strengths, interests and difficulties in learning and behaviours are observed and monitored in different settings and contexts for a short period of time to inform planning: during assembly, lunch, lessons, breaktime, hometime and extracurricular clubs. In early years' settings, observations, assessment and planning are built on a shared understanding of the child's strengths, interests and next steps at home.
  - › If a child attends more than one early years' setting, these settings share information and planning in order to support a more consistent experience for the child.
  - › Planning considers the needs of the cohort. Cohort assessment data is reviewed in order to identify any gaps in provision e.g. differences in attainment by particular characteristics (gender, ethnicity, area of disadvantage) or learning area. If gaps are identified, the environment, curriculum or teaching strategies are modified to improve outcomes. The impact of these changes on outcomes for children is regularly reviewed.
  - › All children and young people have equal opportunities to experience the full curriculum.
- 

- › Assessment is used to inform planning and interventions.
  - › Regular reviews inform next steps.
  - › Consideration is given for individual children and young people's developmental trends e.g. The Boxall Profile Assessment, Thrive. Case studies are used to demonstrate holistic progress.
  - › Appropriate tools which capture the 'voice of the child' are used to ensure that effective support is put into place, e.g. person centred planning and One Page Profiles.
  - › Children and young people are helped to recognise and value their achievements and understand their own barriers to learning. Children and young people are encouraged to identify and use support strategies to overcome their barriers.
  - › Where appropriate, children and young people understand and can contribute to the next steps and /or targets they are working towards.
-

## Expectation 2:

- › Staff ensure that formative assessment and feedback are a feature of daily practice. In schools and settings this should be reflected in marking and assessment policy.
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### Examples of Good Practice

- › Experiences take into account prior learning and interest and are based on assessment for learning.

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  - › A wide range of assessment strategies and tools, including observational assessments, are used to ensure a thorough understanding of children and young people and their starting points.

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  - › Children and young people have regular opportunities to reflect upon their own achievements and learning.

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  - › Children and young people's records e.g. learning journals, electronic systems, demonstrate the next steps in their learning journey.

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  - › Within marking there is clear communication about what the children and young people need to do next in order to improve.

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  - › The impact of interventions is critically evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for children and young people.
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## Expectation 3:

- › Expertise is in place to manage access arrangements for tests, national tests and public examinations (where relevant).
- 

### Examples of Good Practice

- › School and settings make adaptations to access arrangements as part of their everyday practice and share these with parent carers at the earliest opportunity. Class teachers identify children and young people who may need assessment for access arrangements and refer to the appropriate member of staff.

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  - › Procedures are in place for informing parent carers about access arrangements.

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  - › Where children and young people meet the criteria for access arrangements, these should be in place for all forms of assessment throughout the year. This is used to establish their normal way of working and there are systems in place to make sure this is consistently implemented. The school / setting refers to the relevant exam board guidelines. Arrangements could include: rest breaks, use of a reader/ scribe/laptop, extra time and quiet space.

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  - › Adapted resources or equipment that are used in assessment conditions are the child or young person's normal mode of accessing learning.
-

# Partnership and co-production with children, young people and parent carers

## Expectation 1:

- › The school / setting works in co-production with children and young people and their parent carers in decision making.
- › Expectations from both school / setting and parent carers are realistic and support the child or young person's learning, development and, in turn, outcomes.

## Examples of Good Practice

- › The Special Educational Needs and Disability (SEND) Information report is co-produced with parent carers (schools).
- › Parent carers are signposted to the West Sussex Local Offer, the SEND Information Report (for school children) and other relevant documents, e.g. West Sussex Inclusion Framework, so they can access support and work in an informed way with school or setting. These are referenced on the website.
- › Parent carers are aware of the range of communication channels available for sharing information about their child and are actively encouraged and supported to contribute. This includes parent carer groups and forums.
- › Parent carers are aware of their child's individual needs and the support and individually tailored interventions that are in place. They are involved in setting and reviewing next steps for their child. Parent carers' expertise about their child is sought and used to inform appropriate support strategies.
- › The school / setting sensitively discusses with parent carers how strategies can be reinforced at home. Equally the school / setting seeks, uses and adapts the strategies that are effective at home.
- › The school / setting sensitively considers how communications about the child's day are

shared with parent carers, i.e. not in collection areas or in public. Communication is planned to consider the child's feelings and family privacy.

- › Parent carers are provided with information about local and national support groups e.g. [West Sussex Local Offer](#), [SEND Information, Advice and Support \(SENDIAS\)](#), [West Sussex Parent Carer Forum \(WSPCF\)](#) and other local and national helplines.
- › The school / setting links with other agencies and signposts families to other support where appropriate. In early years this includes the Children and Family Centre groups including Play and Learn Plus.
- › In early years, information is provided to parent carers about other support available e.g. Disability Living Allowance (DLA), 2 years free entitlement, early years Pupil Premium and Disability Access Fund (DAF). Parent carers are supported to access available funding to support them and their child.
- › In schools and post-16 settings, information is provided to parent carers about other support available, eg Disability Living Allowance (DLA) or Personal Independence Payment (PIP). Parent carers are supported to access available funding to support them and their child.
- › Where a school / setting receives additional funding for a child or young person, the use of this is planned and evaluated with parent carers and their child. This is to make sure the funding is being used effectively and having a positive impact on the child or young person.
- › There are formal and informal events to seek the views of the whole school/ setting population, including those with SEND, additional needs or at risk of disadvantage. For example, the school / setting might use child and parent surveys, coffee mornings, stay and play sessions.



- › Use of a communication book / home diary / book bag / text / email to support communication directly with parent carers in addition to communication given via children and young people.

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- › There is regular feedback to families and, in early years, this is daily. Parent carers know about their child's experiences within the setting which ensures there are no surprises for families if concerns are raised. Practitioners have developed trust and transparency with parent carers.

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- › Communication methods are adapted to meet the needs of the family, for example engagement with working families, English as an additional language (EAL) families, literacy difficulties or mental health barriers, e.g. anxiety, which may impact on engagement.

### When working with Post 16 settings

There are many changes when a young person transitions between secondary school and settings and college, not least the increased ownership of their outcomes, support and provision. Under the Children's and Families Act (2014) once a young person enters post-16 provision, their voice is paramount in planning their Pathway for Adulthood and they should be the first people that colleges and the Local Authority communicate with. That is not to say the voice of their family, support network and professionals are not important, but the young person is now treated as central, giving them the opportunity to co-produce their provision.

These legal rights, alongside recent GDPR legislation, give the young person the right to privacy and non-disclosure of their information, including support needs and provision. This means that unless there is a significant safeguarding risk or where medical professionals have assessed that the young person does not hold mental capacity, professionals should not share their information without their express permission.

### Expectation 2:

- › Children and young people are enabled to participate in their assessment and review processes.

### Examples of Good Practice

- › Children and young people actively participate in their own 'assess, plan, do, review' process. Their views and feedback link directly to this process. School and settings should be aware and use effective resources to gain genuine children and young people voice.

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- › Adults share each child and young person's next steps with them in an appropriate way and celebrate their efforts and achievements with them.

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- › Children and young people know their identified next steps and where appropriate, their end of year targets.

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- › Person centred approaches are routinely used to evaluate and inform support and planning.



# Supporting social and emotional development / pastoral care

## Expectation 1:

- › The school / setting recognises and responds to the social and emotional support needs for children and young people with additional needs. Staff should take into account the individual's social and emotional needs and other relevant contextual circumstances such as family breakdown, family illness, moving home, bereavement and other key challenges and changes.

## Examples of Good Practice

- › Practitioners actively reflect on the emotional environment to ensure there is a calm and purposeful climate for learning, where children and young people feel they belong and where their contributions are valued.
- › Children and young people can identify an agreed safe / calm space, or the key person uses observation to determine the most appropriate safe / calm space.
- › Language used in the classroom / setting demonstrates unconditional positive regard for children and young people. There is an understanding of the impact that negative language and reward systems can have on the children and young people. (Therapeutic / Restorative Approaches).
- › There is an awareness that children and young people with special educational needs and disabilities (SEND), additional needs and from disadvantaged groups are vulnerable to bullying and an appropriate level of support and monitoring is in place.
- › Relationship, Sex and Health Education, (RSHE) is used to develop wellbeing and resilience.

- › The school / setting proactively promotes the emotional regulation of all children and young people to ensure they are ready to learn. Emotions are regularly discussed and explored.

- › Peer awareness and sensitivity towards different groups are raised at a whole school / setting level, usually informally and sometimes in small groups, perhaps using appropriate books to generate discussion. Work is done with classes and groups regarding specific needs or conditions as appropriate.

- › In early years, the Children's Learning and Well-being Audit is used to support identification of needs at the earliest point.

## Expectation 2:

- › Children and young people feel safe and valued. They know that they can approach staff and that their opinions and concerns are valued.

## Examples of Good Practice

- › Every child or young person has a named and trusted member of staff as a stable point of reference, in early years this is usually their key person, who they can turn to if they need support or have any concerns.
- › Negative attitudes, beliefs and perceptions towards individuals and groups are challenged in the learning environment and the wider school / setting and society.
- › The voice of the child or young person is central to school / setting improvement and is encouraged and acted on.
- › School councils, or equivalent, are established where possible – the impact of this is reviewed and documented in terms of whole school development.

# The physical and sensory environment

## Expectation 1:

- › The physical environment is adapted to meet the needs of children and young people.
- 

## Examples of Good Practice

- › A purposeful, organised and well-resourced learning environment is provided to encourage independence and active engagement. This includes effective classroom management practice in school and post-16 settings, learning through play in early years. Routines should be understood and followed.

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  - › Physical accessibility checks of the building and individual learning spaces are regularly carried out, various tools such as an environmental audit can be used to support this. The Accessibility Plan in schools, post 16 and maintained early years settings, is on the website and a hard copy is also available. "Reasonable adjustments" are made according to individual needs. Other early years settings should be encouraged to follow this approach.

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  - › The furniture and equipment is the appropriate size/ height for the child or young person. Favourable seating arrangements are identified and the individual's plan provided by specialists is checked e.g. Hearing and visual needs.
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- › Extra-curricular activities and educational visits are planned to fully include children and young people with additional needs (in line with the Equalities Act 2010), including those with social, emotional and mental health (SEMH) needs and physical disabilities. "Reasonable adjustments" are made.

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  - › Children and young people's views are routinely sought and are used to inform planning for physical support that they may require.

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  - › In early years, consider the use of Disability Access Fund, to improve the learning environment, for example purchasing acoustic panels to reduce background noise within the setting.
-

# The physical and sensory environment continued

## Expectation 2:

- › Staff are aware of sensory needs and issues that may impact on children and young people.

## Examples of Good Practice

- › The child or young person's sensory needs are known and used to plan activities, seating arrangements and movement breaks. Tools such as sensory bags are readily available and can be independently accessed as required.
- › Staff are aware that for some children and young people, a sensory or physical disability could impact on their language and social interaction.
- › Left and right-handed children and young people can use equipment comfortably.
- › Children and young people who wear glasses and / or hearing aids wear them and are seated in the optimum position. Staff should encourage children and young people to wear appropriate sensory equipment and use physical aids. This information should be included in One Page Profiles and Individual Plans.
- › Displays are meaningful and visually accessible to reduce sensory overload.
- › Children and young people have access to low arousal spaces or regulating activities when needed.
- › A pale background and accessible font styles in a clearly visible marker pen are used on the whiteboard. Consider the amount of stimulation in the form of display areas including the use of colour and surrounding whiteboards.
- › Staff are aware of lighting in the room e.g. use of natural light, glare from surfaces such as interactive white boards, light streaming through the windows, how fluorescent lighting may have an impact on the child or young person. This includes where the child, young person or teacher is positioned in relation to the light.
- › Staff are aware of smells and noise in the room and any particular individuals who may be impacted by these. For example, position of the kitchen / canteen / music room, refuse collection day.
- › Staff are aware of the sensory impact that floor surfaces may have on children and young people and alternatives are offered.
- › Staff are aware that some children and young people prefer certain clothing and their needs are considered if there is a need to change clothing or for it to be removed. This includes shoes. Some children and young people also find it challenging to wear protective equipment such as water aprons, art apron and lab coats because the material challenges their sensory integration. Staff should use their awareness of the needs of the individual child and young person and respond consistently to support their preference.
- › All sensory experiences are risk-assessed to ensure children and young people are kept safe and the risk of any infection being spread is minimised.

# Equipment and resources

## Expectation 1:

- › Resources are available in every classroom or learning environment for all children and young people to access when appropriate.
- › Quality and impact of support is scrutinised.

## Examples of Good Practice

- › Resources are within easy reach of all children and young people to promote learning, independence and reduce stigma.
- › Children and young people have easy access to sensory equipment that they require, e.g. writing slopes, pencil grips, wobble cushions, fidget toys, ear defenders, weighted resources. They also have regular access to a variety of age and stage appropriate sensory activities such as dried pasta and cornflour (EYFS).
- › Resources are clear and uncluttered, labelled using text and images. Print size and font are appropriate. Coloured backgrounds and paper are used to reduce visual stress.
- › Physical resources such as PE and Maths equipment are adapted to promote independence e.g. different size balls.

## Expectation 2:

- › Specific resources and strategies are provided to overcome potential barriers to learning.

## Examples of Good Practice

- › All resources, including adapted resources, are available for those children and young people who require them.
- › Information Computer Technology (ICT) is used to help access the environment e.g. switch buttons, talk buttons to help children with routines.
- › For school age children and young people, ICT is used as an alternative method for written recording and to promote independent learning.
- › ICT is planned and used effectively to support learning.

# Staff skills, training and use of expertise

## Expectation 1:

- › All staff, including teaching assistants, make a positive contribution to the progress of children and young people.
- 

## Examples of Good Practice

- › Additional adults are deployed proactively. They are not necessarily 'attached' to one particular child, but all the adults work with all the children in the learning environment to scaffold independent learning. Their impact on the children and young people is monitored carefully to ensure progress is supported.
  - › There is clear and regular communication between all adults to ensure that the support given is appropriate to the environment and experiences that are on offer to enable the child or young person's needs to be met.
  - › Grouping / seating arrangements and additional support are used to promote independent learning as far as possible.
  - › Strategies used in interventions are integrated into class teaching so that children and young people sustain progress.
  - › Staff are well trained and skilled in supporting children and young people with individual needs e.g. social, emotional and mental health (SEMH), general and specific learning difficulties.
  - › Adults review and evaluate the environment and how it is used by children and young people. Adaptations are made to support children and young people's engagement e.g. adults modelling how to use equipment / learning areas or adapting the environment.
- 

## Expectation 2:

- › There is a plan for on-going Continuing Professional Development (CPD) in relation to the needs of the children and young people.
- 

## Examples of Good Practice

- › There is a planned programme of ongoing CPD in relation to special educational needs and disabilities (SEND) and inclusion for the whole school and settings / setting.
  - › Best practice is shared within the school / setting and with other education settings e.g. through locality networks, early years SENCO meetings SEND leadership forums, areas partnerships.
-

## Staff skills, training and use of expertise continued

### Expectation 3:

- › All staff understand the process for gaining further advice and guidance as appropriate.
- › Staff collaborate and have effective links with relevant agencies and specialists.

### Examples of Good Practice

- › All staff are aware of who to contact for extra support, advice and guidance within and beyond the school / setting. E.g. for Special Educational Needs Co-ordinator (SENCO), Inclusion Lead, Pastoral, Designated Safeguarding Lead, Early Help etc. In early years the Area SENCO role is carried out by the Early Years Childhood Adviser. They know where to find information on services and their school on the Local Offer website.
- › There is a clear process including observations and classroom monitoring for expressing concerns and referring onto advisory services and external organisations, which is understood and followed by all in a timely manner.
- › The school / setting is aware of, and regularly communicates with, any other professionals who are involved with a child or young person.
- › Advice received from other professionals, including parent carers, is used to inform teaching and learning and is recorded, reviewed and adjusted over time to ensure that children and young people achieve the best outcomes.

## Transition and transfer

### Expectation 1:

- › All transitions throughout the day are planned for and well-managed and provide the opportunity for the children and young people to develop the skills to manage change.
- › Transitions include:
  - › Getting ready for and coming into school / setting.
  - › Moving around the school or setting.
  - › Preparing for weekends, the start of holidays and the beginning of term.
  - › Moving from lesson to lesson or between experiences.
  - › Changing from structured to unstructured times.
  - › Moving from break to lesson times or one activity to the next.
  - › Changes of peers and staff (permanent and temporary). e.g. key staff.
  - › Special events: visitors, visits, celebrations.
  - › Life events: birth of a sibling, change in parenting arrangements e.g. change in parent's relationship status, loss and bereavement or contact visit.



## Examples of Good Practice

- › Staff are aware of those who will need additional support for all or most transitions and plan for these transitions. This includes:

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  - » Children or young people who have insecure attachment, bereavement or trauma including but not limited to Care Experienced Children, Children In Need, those on Child Protection Plans, Special Guardianship Orders, Child Arrangement Orders, Refugees and Forces children.
  - » Children and young people who have social communication difficulties including those who are autistic.
  - » Children or young people who are showing signs of anxiety.
  - » Children or young people new to the school or setting.
  - » Children or young people who are returning from an extended period of time away from the school or setting.

## The following strategies may help with daily transitions.

- › Staff prepare children and young people with additional support needs for daily transitions by using appropriate communication methods. e.g. reduced language, Makaton, Picture Exchange Communication System (or PECS), Now / Next or First / Then boards, visual or aural timers.

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- › Plans are made for unstructured times. Safe / calm spaces are available and chosen in agreement with the children and young people as far as possible. The space is used to reduce anxieties during transition periods. There are also structured alternatives such as games clubs or use of the library.

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## Expectation 2:

- › Procedures are in place for ensuring smooth progression through school and settings, particularly during all transition phases, including on entry and exit.

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## Examples of Good Practice

- › Information is actively sought and shared about the child or young person to support successful transitions and manage change both within the school / setting and beyond. This should include information on support strategies and arrangements that have been useful for the child or young person as well as on their interest and likes.

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- › A pre-entry 'Team around the family' meeting is recommended for children moving between pre-entry to early years settings. 'Team around the family' meetings are also recommended for children with additional needs as they transition from early years settings to school. 'Team around the family' meetings should include the new and old school / setting, parent carer and other professionals working with the family.

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- › The 'All about me', or equivalent, information should be regularly updated and inform successful transition planning.

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- › Information gained should be made available for the child or young person's parent carers, other staff within the school / setting and receiving or previous school/ setting to support a smooth transition and to plan for the first few weeks of the child or young person's time at the new setting.

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## Transition and transfer continued

- › If the child or young person needs specialist equipment, including medical equipment, this should be transported where possible, or re-sourced for the new school / setting. Staff should be trained by relevant professionals on how to use the equipment. This should all take place prior to the child or young person's transition. Where appropriate, healthcare plans, risk management plans and One Page profiles are in place before the child or young person starts and should be reviewed regularly once they arrive.

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- › Staff are aware of children and young people who need additional support while transitions and adjustments are made. Effective strategies to facilitate transfer from one school / setting / teacher to another. These could include pupil passports, One Page Profiles, meet the teacher PowerPoints, empty classroom visits, virtual online tours, maps and familiarisation book, additional visits to a new setting / classroom with a familiar trusted adult, creating social stories, photo books, video clips and opportunities for staff and parent carers to share support stories.

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- › These transition arrangements are planned in advance, involving all appropriate parties including parent carers and receiving school and setting. The plans are clearly communicated with all parties and include actions that will benefit the child or young person.

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- › Schools and settings encourage parent carers to consider the steps they can take at home to help prepare their child or young person for learning.

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## Section Two: Ordinarily available support for 5 - 25 years olds in mainstream settings

All children and young people with additional needs should be encouraged to access strategies and resources described in [Section 1](#). This additional section, Section 2, contains a range of strategy suggestions that could be considered for use, if appropriate for an individual child or young person.

If you are an early years provider, please see the Section 2 Annex for tailored approaches from those in the Early Years Foundation Stage (EYFS).

Any support or provision should be provided in line with the needs of the child and young person, **it should not be dependent on a formal diagnosis**. Even if a diagnosis has been given, it is paramount to remember that each child has strengths and needs which are unique to them.

Dysregulated behaviours can be a sign of unmet needs and it is important to reflect on behaviours and practice to understand how best to support them.

The SEND Code of Practice, 2015 (para 6:15) says "A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that ordinarily available to pupils of the same age."

For ease of use, this section has been arranged by the four areas of need as set out in the SEND Code of Practice. However, many children and young people may have needs across more than one category and their presentation may not fall neatly into one area.

A 'medical' section has also been added to support classroom practice. Although a medical diagnosis or disability does not imply that the child or young person has a special educational need, some may have medical conditions or a disability that can impact on their access to education.

Staff will need to work with the child or young person and their parent carers, and at times more specialist staff, to identify, implement and evaluate more individualised strategies. As a class teacher or support assistant, it is important that you implement the advice that is provided from specialist services within your practice.

The 'Assess, Plan, Do, Review' cycle is at the heart of the graduated approach and used to ensure that the support the child or young person receives has a positive impact on their progress. Your views and feedback on the strategies that are used and the impact of these on the child are vital to this process. Further details on the graduated approach cycle can be found on the Tools for Schools website.

If a child or young person has a more complex SEND, this is likely to be captured in an Education Health and Care Plan (EHCP). This document will be a helpful resource as it identifies outcomes for the child or young person and additional resources the school may receive.

# Communication and interaction

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barriers and/or need:

- › Difficulties saying what they want to and being understood

## Provisions and /or strategies:

- › Model language – reflect back correct speech rather than correcting.
- › Repeat what the child or young person has said and add one word.
- › Encourage children and young people to work in pairs and small groups.
- › Organise small group or individual language sessions – adults have phonological awareness and understand the impact that processing difficulties may have on phonics acquisition, and differentiate phonics teaching accordingly.
- › Teach in a way that links with language programmes devised by a Speech and Language Therapist.
- › Allow time for children and young people to process and respond (10 second rule).
- › Introduce a variety of language through rhymes, songs.
- › Ensure that all efforts to communicate verbally are supported.
- › Use alternative methods of communication. For example, Makaton, ICT, communication books and boards. You may also want to consider the use of a symbol communication system, please speak to your SENCO for further advice.

## Identified barriers and/or need:

- › Difficulties understanding what is being said to them

## Provisions and /or strategies:

- › Consider how many information carrying words a child or young person can manage when giving instructions – adapt use of language and method, e.g. simple choices, reduce complexity and sentence length.
- › Provide visual prompts if necessary, including key vocabulary, visual timetables, now and next, gestures and labelling equipment with pictures.
- › Ensure the adult is physically at the child or and young person's level.
- › Give extra / allow take up time to process what has been said.
- › Think about the environment and how to limit any distractions.
- › Check you have engaged the child's attention before talking to them, use their name.
- › Check that hearing has been tested.
- › Pre-teach topic vocabulary and provide opportunities to re-visit understanding and use of words.
- › Consider use of 'First, then, now, next' visual framework.
- › Ensure access to an oral language modifier for assessments.

# Communication and interaction continued

## Identified barriers and/or need:

- › Child or young person does not understand or use social rules of communication

## Provisions and /or strategies:

- › Implement small group sessions e.g. Circle of friends
- › Use social stories.
- › Give prompts – symbols, signing systems.
- › Use visual supports for routines e.g. Now (you are doing this) and Next (you are going to be doing that) boards.
- › Use modelling / role play.

## Identified barriers and/or need:

- › Difficulties with language / difficulties with communication

## Provisions and /or strategies:

- › First, use the child or young person's name to draw their attention, followed by key word instructions e.g. "Jamie, stop".
- › Give simple instructions (avoid the use of idiom).
- › Use literal language (avoiding sarcasm and figures of speech).
- › Use of symbol communication such as Picture Exchange Communication System (PECS) or similar. Consider the use of communication libraries to try out a variety of resources.
- › Be aware of your own body language: a high percentage of what we communicate is non-verbal.

## Have an awareness of:

- › an appropriate tone of voice (calm, not too loud).
- › an appropriate environment (noise, temperature, lighting, layout).

### **Identified barriers and/or need:**

- › Difficulties with imagination
- 

### **Provisions and /or strategies:**

- › Try:
    - › Role play and drama, use of props (e.g. puppets)
    - › Modelling
    - › Story telling
    - › Photos to talk through what might be happening.
    - › Harness the use of the child or young person's interests when considering your approach.
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### **Identified barriers and/or need:**

- › Difficulty with social communication and developing relationships
- 

### **Provisions and /or strategies:**

- › Plan class groupings and/or opportunities to develop social understanding and inference.
- 
- › Plan group work and use flexibly to promote independence from adults.
- 
- › Organise small group / one to one tasks and activities, e.g. Lego based therapy
- 
- › Promote a calm learning environment.
- 
- › Be clear in your communication of expectations.
- 
- › Ensure staff monitor at break and lunchtime and intervene with strategies to support peer interactions, e.g. teaching of structured games.
-

# Communication and interaction continued

## Identified barriers and/or need:

- › Anxiety in busy unpredictable environments

## Provisions and /or strategies:

- › Prepare for change of activity or routine, e.g. use of visual resources and objects of reference.
- › Organise small group / one to one tasks and activities.
- › Ensure that there is a calm learning environment and/or access to a low arousal space.
- › Ensure clear communication of expectations.
- › Provide regular mentor support, including adults or peers.
- › Consider the use of a visual timetable or 'now and next cards'.
- › Ensure staff monitor key transition points e.g. home / school, break and lunchtime with strategies to reduce anxiety.
- › Provide a 'get out' option or a way of asking for help / alerting adults to distress.

## Identified barriers and/or need:

- › Sensitivity to sensory stimuli

## Provisions and /or strategies:

- › Provide sensory breaks and snacks.
- › Be aware of the significance of sensory processing needs on eating. This can include food colour, texture, taste, meal size, mixing of food on plates etc.
- › Be aware of sensory needs and be flexible with the uniform policy when necessary.
- › Consider the environment e.g. noise, room temperature, visual stimuli, proximity. Use of an audit tool would be helpful.
- › Have a flexible approach to transitions e.g. between lessons and to and from school.
- › Provide access to a haven / low arousal space, if needed.
- › Develop a sensory profile for the individual child.

### Identified barriers and/or need:

- › Physical outbursts causing harm to others and/or to self and/or damage to property

### Provisions and /or strategies:

- › Use a consistent approach to managing individuals with “reasonable adjustments” made.
- › Continue to implement strategies that are reassuring.
- › Offer clear guidance – explicit messages letting the pupil know what is expected of them.
- › Offer a ‘get out with dignity’ choice letting the pupil leave the situation.
- › Monitor so that you have a good understanding of the frequency and location of triggers: frequency charts; STAR (situation, trigger, action, response) observation sheet; ABCC (antecedent, behaviour, consequence, communication) observation sheet; informal observations should be carried out to analyse incidents, develop understanding and plan for adjustments according.
- › Encourage two-way communication with families. This could include changes within the family (e.g. divorce, bereavement, illness) and strategies that work / don’t work. Ensure information is relayed to all relevant staff.
- › Put preventative strategies in place, e.g. avoiding high arousal situations such as busy corridors.

- › Arrange a low arousal area / reflection room, chosen in agreement with the child / young person.
- › Ensure appropriate de-escalation strategies are in place (e.g. time out card).
- › Implement a risk management plan which includes pro-active strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach.
- › Devise and use reintegration plans – to support the child or young person in returning to full time education.
- › Implement a clear plan of action, agreed with parent carers with regard to physical intervention Schools do not need parental permission to use reasonable force on children and young people). A Risk Assessment must be in place if the children and young people are causing a risk.
- › Consider the use of a Pastoral Support Plan (PSP). Ensure it is read and implemented by relevant staff, and feedback given to pastoral lead.
- › Consider use of a script which is understood and used by all appropriate adults.
- › Change the adult supporting the child or young person as part of a planned approach. Ensure that this is seen as a positive and effective strategy.
- › Ensure all adults are aware of the need for the child/young person to process and respond before any type of discussion or reflection takes place.



## Communication and interaction continued

### Identified barriers and/or need:

- › Limited attention span compared to developmental age
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### Provisions and /or strategies:

- › Use the child / young person's interests as a motivator and to extend engagement.
- 
- › Implement regular, short breaks.
- 
- › Plan for differentiation.
- 
- › Use chunking and break tasks down into smaller, manageable steps.
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- › Consider the use of visual timetables.
- 
- › Consider backward chaining. Break the overall task down into smaller steps. The adult helps the child or young person with all but that last step with the child or young person being taught to do the last step themselves. Once the last step is learnt, the child/young person and adult work backwards learning other steps of the sequence until they can do the entire task.
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- › Use the child's / young person's name when giving instructions.
- 
- › Ask the child / young person to repeat back what activity they are going to do.
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- › Consider use of timers, so they know they only have to focus for a comfortable amount of time.
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- › Plan individualised timetables.
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# Cognition and learning

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barriers and/or need:

- › Inadequate progress despite appropriate differentiation, working below age related expectations.

## Provisions and /or strategies:

- › Ensure the 'assess, plan, do, review' process is understood and used consistently across the school or setting. The cycle and evidence of impact should be recorded.
- › Assess through teaching to identify the areas of need in consultation with the child or young person.
- › Model use of open-ended simple statements such as 'I wonder...' or 'what if' rather than questions.
- › Give clear and simple instructions, breaking down longer instructions and giving one at a time.
- › Use visual timetables, visual cues and prompts e.g. objects, pictures, photos, symbols, choice boards, sequences.
- › Develop 'Social Stories'.
- › Give time to process information before a response is needed.
- › Pre-teach e.g. provision of a Teaching Assistant to help prepare the children and young people for the new topic.
- › Make explicit links to prior learning.
- › Share next steps – so children and young people know what to expect.

- › Use differentiated resources – teach the curriculum appropriate to the development of the child. For example, a year five child may be accessing year one objectives in the same context.
- › Use meaningful strategies to boost self-esteem and confidence.
- › Provide specific meaningful praise and feedback when a child / young person perseveres and/or achieves something new.

# Cognition and learning continued

## Identified barriers and/or need:

- › Uneven profile / difficulties across the curriculum but with some areas of strength.

## Provisions and /or strategies:

- › Ensure the 'assess, plan, do, review' process is understood and used consistently across the school or setting. The cycle and evidence of impact should be recorded.
- › Ensure the child or young person has full access to the breadth of learning by making adjustments and modifications to differentiate the curriculum, right across the board. Differentiate by task, outcome, level of difficulty or amount of support/scaffolding provided.
- › Include additional learning opportunities to develop prosocial behaviours.
- › Place emphasis on self-actualisation – activities designed to develop skills which will support them to become independent learners.
- › Support them to develop their self-esteem through celebration and reinforcement of strengths and successes.
- › Where possible, use the child or young person's strengths to make links to and support areas of difficulty.

## Identified barriers and/or need:

- › Specific learning difficulties affecting one or more specific area of learning.

## Provisions and /or strategies:

In addition to strategies suggested in the other cognition and learning areas, the following may be of help:

- › Assessment through teaching to identify the areas of need in consultation with the child or young person. Observation can be used if more appropriate.
- › Teach metacognition approaches (how we learn e.g. by trying to understand the child or young person's difficulty and asking them what helps).
- › Adopt a neuro-diversity approach to celebrate the strengths of each child.
- › Recognise and celebrate success in effort and show interest in other areas of their life.
- › Work closely with the special educational needs co-ordinator (SENCO) and other specialist staff to understand what strategies or approaches to use in line with advice from assessments or consultation.
- › Use evidence-based interventions to develop skills e.g., spelling, handwriting, literacy, numeracy.
- › Link learning to real life situations.

### To support memory:

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- › Provide memory aids e.g. alphabet strips, number squares, post-its, key word lists, table squares.
  - › Consider teaching of memory skills, eg memory games, kinaesthetic prompts, and use of planning tools such as mind mapping.
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### For literacy difficulties:

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- › Make simple changes e.g. font style and size, coloured paper, line spacing, lighting, overlays, adaptation, appropriate use of technology.
  - › Use 'think, pair, share' to provide time to think.
  - › Consider peer groupings so the child or young person has access to good role models for language and communication.
  - › Consider use of appropriate learning resources e.g. pencil grips, spelling aids and alternative methods for recording information – including verbal and ICT methods.
  - › Provide opportunities of over learning through games to support reinforcement.
  - › Reduce the use of language in other areas of the curriculum, eg maths – solving word problems.
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### For numeracy difficulties:

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- › Provide access to concrete resources e.g. hundred squares, number lines, Numicon etc.
  - › Provide context for learning so that the child or young person can understand the relevance of each concept and link to their experiences.
  - › Teach in the sequence of language, concrete resources and diagrams before symbols.
  - › Support use of a calculator when mental calculation is not the focus of the session. For example, when solving word problems.
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### For developmental co-ordination difficulties:

Please see the Sensory and Physical Needs section for developmental co-ordination difficulties (DCD) previously known as dyspraxia.

**Please note:** a small number of children and young people may have a formal diagnosis e.g. dyslexia, dyscalculia or developmental co-ordination difficulties. For all areas of need, any provision or support should be provided in line with the needs of the children and young people and is NOT dependant on any formal diagnosis.

# Social, emotional and mental health

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Top Tips:

- › Consider what the behaviour may be communicating. Are there any unmet communication or social, emotional needs?
- › Try to sensitively get the child or young person's views on what happened to gain a clearer understanding of the behaviours in context.
- › Look at the history. When did the behaviour start to change? What are the triggers?
- › Liaise and collaborate with home to understand the wider picture.
- › Keep notes of concerns and liaise with designated professionals.
- › Be aware of any prescribed medication and feedback changes or concerns to your special educational needs co-ordinator (SENCO).
- › Model pro-social behaviours in the classroom and acknowledge them in children and young people. Pro-social behaviours are considered to be positive, helpful and intended to promote social acceptance and benefit other people or society, such as sharing / co-operation.

## Identified barriers and/or need:

- › Difficulties participating and presenting as withdrawn or isolated

## Provisions and /or strategies:

- › Use assessment through teaching and learning – e.g. are there parts of the curriculum that they find easier to manage than others? Use these to develop confidence.
- › Analyse informal observations; frequency observations and other observation sheets.
- › Discuss the child/young person with colleagues and your special educational needs co-ordinator (SENCO). Check if there are staff members who seem to get a more positive response. What are the strategies or approaches they use with the child/young person? Can these be more widely replicated?
- › Differentiate tasks to ensure that all children / young people experience success.
- › Include explicit teaching of behaviour expectations.
- › Try small group work e.g. friendship or social skills, nurture groups.
- › Give the child/young person responsibility for looking after someone else.
- › Use a backward chaining approach to activities, such as bringing children and young people in at the end of assembly.
- › Use play based activities.
- › Establish the child/young person's interests.

- › Use buddying /peer mentoring to enable the child/young person to take on both roles, enabling them to receive support from a peer and provide support to a peer.
- › Try activities which provide the child / young person with a sense of belonging or importance to the group.
- › Provide alternative methods to contributing to class discussions.

### **Identified barriers and/or need:**

- › **Behaviour that challenges expectations**

### **Provisions and /or strategies:**

- › Give a consistent message but flexible approach, e.g.' I want you to be in class learning' is the consistent message. The approach to support this happening may vary or be flexible depending on individual needs.
- › Ensure that reasonable adjustments are made such that they differentiate for social, emotional and mental health needs in the same way that we differentiate for learning.
- › Ensure learning needs are being met.
- › Understand the basis for the behaviour e.g. what is the history/context?
- › Continue to implement strategies that are reassuring.
- › Offer clear guidance – explicit messages letting the child/young person know what is expected of them.
- › Offer a 'get out with dignity' choice letting the child/young person leave the situation.
- › Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR (situation, trigger, action, response) observation sheet; ABCC (antecedent, behaviour, consequence, communication) observation sheets; informal observations can be carried out to inform understanding.

## Social, emotional and mental health continued

- › Understand that behaviour is a method of communication e.g. what purpose is the behaviour trying to achieve for the child or young person? What are they trying to tell us with their behaviour? Is there an unmet need? Help the child/young person to learn to substitute with other, more acceptable, behaviours.
- › Devise a risk management plan which includes pro-active strategies, early interventions to reduce anxiety / harm and reactive strategies to ensure a consistent approach.
- › Use reintegration plans and meetings to support the child/young person in returning to full time education. A gradual reintegration is most effective.
- › Employ a clear plan of action, agreed with parent carers with regard to physical intervention (schools / settings do not need parental permission to use reasonable force on a child/young person). A risk assessment must be in place if the child/young person is causing a risk.
- › Use choices to allow the child/young person to have some control with the same end result e.g. "Would you like to talk to me now or in 1 minute?"
- › Teach the child/young person ways to get their needs met, such as developing social skills or strategies to self-regulate emotional states.
- › Use readiness to learn strategies and routines, for example, after breaks or between tasks.
- › Consider the impact of the timetable and how you prepare children and young people for transitions.
- › Plan for transition between year groups / phases of education, including 'what works well' in terms of in-class differentiation, and support professionals to analyse the behaviour.
- › Communicate effectively with home/ family e.g. what is going on at home? Are other services involved?
- › Raise the need for use of a Pastoral Support Plan with your SENCO / Inclusion Lead if a child or young person shows regular episodes of disregulated behaviour, or persistent disruptive behaviour, or is at risk of exclusion.
- › Discuss the need for getting advice from the Fair Access Team, Educational Psychology Service, or specialist teacher advisory teams if difficulties persist.
- › Ensure that advice is consistently implemented, analysed and reviewed for effective impact.
- › Review individual plans regularly: they may have changed, or you may be able to contribute.
- › Ensure there is a whole school and settings consistent approach to support the children and young people's individual strategies.
- › Consider use of scripts.



### Identified barriers and/or need:

- › Physical symptoms that are medically unexplained, for example, soiling and stomach pains.

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- › Soiling: consider the causes for soiling too, these could be due to:
  - › Development – exploring the sensation.
  - › Sensory stimulus – the pupil likes the feel.
  - › Not being toilet trained.
  - › Abuse.

### Provisions and /or strategies:

- › Use activities that are stress reducing e.g. games, dance, colouring, gardening, animals, and forest school.

---

- › Monitor to see whether the symptom is persistent and consider contributory factors, eg sensory processing issues impacting on eating or anxiety.

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- › Keep a log and analyse pattern or trends to identify triggers. Talk to designated lead (special educational needs co-ordinator, pastoral or safeguarding lead) regarding your concerns if issue persists.

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- › Liaise with school nurse.

---

- › Remember that pain can affect autistic children and young people or those who have experienced trauma in ways that are different to people who are neurotypical.

### Identified barriers and/or need:

- › Attention difficulties

### Provisions and /or strategies:

- › Have a clear structure to the day.

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- › Have a consistent seating plan for all lessons – primary or secondary.

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- › Sit the child or young person away from distractions and near good “learning” role models.

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- › Have clear expectations regarding behaviours and a clear and consistent response to behaviours.

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- › Think about potential reasons, is there a pattern?

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- › Record behaviour and remember to analyse and review trends.

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- › Allow plenty of time for movement or frequent small concentration periods.

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- › Plan lessons in small manageable chunks.

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- › Be aware of times of the day that may be more difficult.

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- › Use of a ‘time out’ card to enable classroom behaviour to remain positive. Do not assume the ‘time out’ card is being “abused” if it is used often for one lesson of the week. It may be that there are certain barriers to learning for the child in this lesson, eg sensory.

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- › Consider whether any reasonable adjustments need to be made to discipline procedures / behaviour policies and ensure these are in line with equalities legislation.

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- › Remember to consult with the child / young person so they can share with you their perspective.

# Social, emotional and mental health continued

## Identified barriers and/or need:

### > Attachment difficulties

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## Provisions and /or strategies:

- > Be aware that a child or young person with attachment difficulties may respond differently to behaviour strategies which work with others. Discuss this with your special educational needs co-ordinator (SENCO) if needed.
  - > Be aware that the child / young person may say they do not want the support offered. This doesn't always mean that they don't need it. Seek to support in more subtle ways, but do not withdraw support.
  - > Liaise with parent carers for shared understanding.
  - > Consider the family context and the range of children and young people who may have attachment difficulties e.g. adopted, forces children, child in need, or a child who has experienced care.
- 

- > Ensure there is a good transition when the child / young person starts school / the setting. Check the history.
- 

- > Use attachment informed strategies within class and develop a nurture group or foster a nurture ethos.
  - > Consider the appropriateness of existing discipline procedures / behaviour policies. Discuss an individual support plan if necessary. The law states that 'reasonable adjustments' must be made.
- 

- > Liaise with the virtual school for care experienced children, educational psychology service (EPS), learning behaviour advisory team (LBAT) for training.
-

### **Identified barriers and/or need:**

- › Low level disruption or attention needing

### **Provisions and /or strategies:**

- › Differentiate your use of voice, gesture and body language.
- › Focus on reducing anxiety and thereby behaviours.
- › Positive reinforcement of expectations through verbal scripts and visual prompts.
- › Have a 'time in/out' or quiet area.
- › Pick your battles – focus on the behaviour and what it is you would like the child or young person to do – what is it you (the adult) wants to achieve? Provide support to achieve the aim.
- › Ensure a positive progressive approach to managing behaviour is taken, not a punitive behaviourist approach, even though the latter may be more immediate and may make adults feel temporarily more in control.
- › Focus on good behaviour and reward, ignoring other behaviour where possible.

### **Identified barriers and/or need:**

- › Difficulty in making and maintaining healthy relationships

### **Provisions and /or strategies:**

- › Use small group/nurture group activities to support personal, social and emotional development.
- › Model appropriate emotional responses to disagreements or difficulties, e.g. sharing / turn taking.
- › Think about who the child or young person can maintain a relationship with, for example, adults only, younger children. Why might that be? Can you use this information to build the child/young person's capacity to maintain relationships?
- › Try differentiated opportunities for social and emotional development e.g. buddy system/paired learning activities/scaffolding group work.
- › Use restorative approaches when relationships break down.
- › Use a key worker to rehearse and replay more appropriate social communication methods, provide opportunities to practise the social communication skill being learned in class.
- › Discuss the use of dedicated and planned time with your special educational needs co-ordinator (SENCO) to support the child/ young person where necessary, such as during unstructured break and lunch times.

## **Social, emotional and mental health** continued

- › Do not use the school / settings 'special educational needs' base purely as a reactive strategy when friendship issues arise.
- › Consider using a 'Circle of Friends' technique or similar.

### **Identified barriers and/or need:**

- › Difficulties following and accepting adult direction

### **Provisions and /or strategies:**

- › Look for patterns and triggers to identify what may be causing behaviours e.g. use of language.
- › Be aware that these behaviours may underlie an unmet need for safety.
- › Use positive scripts – positive language to re-direct and reinforce expectations e.g. use of others as role models.
- › Consider calming scripts to de-escalate, including for example, use of sand timers for 'thinking time'.
- › Provide limited choices to give the child/young person a sense of control whilst following adult led activities.
- › Use meaningful rewards and consequences flexibly and creatively such as 'catch them being good' sticker charts or whatever the child or young person is personally motivated by, e.g. hair care, personal care, sports, shooting baskets, controlled access to iPad, YouTube etc.
- › Consider creating a visual timetable and using visual cues such as sand timers to support the end of activities and sharing.

### **Identified barriers and/or need:**

- › Presenting as significantly unhappy or stressed
- 

### **Provisions and /or strategies:**

- › Identify a key figure within class or special educational needs and disabilities (SEND) team who can provide an emotional secure base and build on preferred learning styles.

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  - › Establish a calm place/quiet area which is chosen and agreed with the child or young person.

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  - › Ensure feedback is used to collaborate and plan with parent carers, to ensure consistency between the home and school / setting.

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  - › Consider the use of comic strip conversations to identify triggers and identify an alternative choice of action.

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  - › Provide opportunities to reflect emotional states and develop strategies to support self-regulation.
- 

### **Identified barriers and/or need:**

- › Patterns of non-attendance
- 

### **Provisions and /or strategies:**

- › Talk to parent carers to identify barriers of non-attendance.

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  - › Think about 'push and pull' factors.

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  - › Consider accessing the West Sussex Emotional Based School and settings Avoidance (EBSA) materials, as these can be useful diagnostic tools for early intervention.

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  - › Collaborate and plan with parent carers, to ensure consistency between the home and school / setting.

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  - › Consider the impact of exclusions on individual attendance in the long run – will the child or young person learn that this behaviour enables them to go home to their safe space in their bedroom?
-

# Post 16 social, emotional and mental health difficulties – additional guidance

The move to college can be an exciting and invigorating time for students with SEND. Many yearn for the opportunity to be more independent and focus on subjects which nurture their strengths and interests.

Although college continues to mirror the school / settings environment and the systems may be familiar, there are key differences which can cause difficulties to arise. These difficulties may be ones which the young person has either not experienced during their school years or ones they have been able to successfully manage, (sometimes with additional support), up to this point in their education.

## Identified barriers and/or need

Some key factors which may be common causes of Social, Emotional Wellbeing and Mental Health issues amongst post 16 students with SEND:

- › **The emphasis and expectation regarding independent learning at all levels of qualification.** To thrive in a college or post-16 setting, a young person needs to be equipped with good study skills and an increasing level of independence, particularly in relation to organisation of time and workload, and life skills such as independent travel and financial management.
- › **The pace of the curriculum, particularly at level 3.** The linear 'A' levels and new BTEC qualifications demand strong memory retention, note taking and the ability to disseminate knowledge within set time constraints, whether these be via assessment deadlines or exam conditions. They have more extensive specifications, which must be taught, continually assessed and revised within a relatively short time span. In many colleges and post-16 settings, there has been an increasing emphasis on 'flipped learning' where the young person is expected

to acquire the factual knowledge for a topic area via their independent learning. The classroom is very much for checking, consolidating and practising how to use this knowledge in formal assessed work.

- › **Transitioning to adult services which may include the reduction of some external services and support.** As the young person reaches their 16th birthday and, where applicable, moves from childrens' to adult services, some types of support may cease. It is important that this is known and planned for ahead of time as part of the young person's transition strategy.
- › **The structure of the young person's timetable.** This can remove them from previous, long term friendship groups, which they may have previously relied upon for support and interaction. Consider how the setting can support the development of new friendships by organising social activities so young people can get to know others through shared interests.
- › **The young person may not wish to disclose their SEND difficulties/differences.** This may be due to their desire not to be 'labelled', a fear that disclosure will prejudice their place at college, or, as many now complete their application forms without support, they did not think to include it or understand the question on the form. Be sensitive to these young people and have an identified member of staff who will check in with each young person regularly to pick up on any difficulties.
- › **Transition to a new setting can invoke strong emotions within some young people who struggle with change and fear the unfamiliar.** Consider putting into place a range of strategies that can support young people to cope with their emotions. See below for more ideas.

## Provisions and/or strategies

Addressing the impact of these factors on social, emotional wellbeing and mental health.

### Anxiety

Anxiety in young people may be general, social or in relation to learning and is often one of the key difficulties which a college/sixth form's SEND team is asked to support. Learning related anxiety is prevalent amongst this group. Young people with SEND commonly experience difficulties relating to speed of processing, working memory, time management and organisation. When they experience high levels of worry or anxiety and their threat response is triggered, working memory and the ability to process information will be further hampered as their brain shifts into 'survival' mode. This can add to the young person's distress and feelings of failure which can then impact their attendance and performance in their courses.

#### Some support strategies:

- › **Wellbeing courses** specifically aimed at young people who are experiencing issues with their mental health, such as anxiety, can be beneficial. For example, courses on:
  - › Mindfulness
  - › Academic anxiety
  - › Cognitive based skills

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- › Referrals for **counselling** may also be used as a support strategy.

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- › Providing a **drop-in facility** for young people for help with generic study skills and emotional wellbeing.

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- › Providing **transition support / programmes** with a focus on the acquisition/development of the study skills and studentship qualities required for further education and higher education study subjects.

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- › Be aware of referral routes within college. These routes may be different in different colleges but may include Pastoral Mentors, Mental Health Advisors, Counsellors and Safeguarding Leads.

### Isolation

Isolation can have a devastating impact on a young person's experience of college and can impact on their emotional wellbeing, mental health and their ability to engage with their courses. Feedback from post 16 settings suggests that feelings of isolation are becoming more prevalent amongst young people.

#### Some support strategies:

- › Provide **supervised / facilitated social opportunities / spaces** on a regular basis which young people know about and are comfortable to attend and participate in at whatever level suits them.

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- › Providing other **spaces that offer opportunities for social interactions / connections**. For example, a 'Comfort Zone' for quiet work. Often young people using this facility begin to chat to others and form friendships.

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- › **Peer mentoring** – this might be an informal arrangement supported by the setting's SEND support team or a more formal arrangement such as Circle of Friends. In addition, careful pairing and grouping within the classroom can encourage peer interaction.

It is important that all students with SEND or any other potential vulnerabilities (e.g. disadvantaged students, care leavers, young carers) are seen as individuals requiring tailored support to meet their needs. Many post-16 settings develop an 'integrated approach' to providing extra support to young people. This means that any young person who accesses support is initially assessed not only in terms of their learning needs, but also their wellbeing. WSCC post 16 settings report that they often find that young people requiring additional support, benefit from a package of support rather than just one discrete intervention.

For more information on other potentially vulnerable students please see the Inclusion section of the 'Tools for Schools' website.



# Sensory and / or physical needs

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

If there are concerns regarding a child or young person's hearing, vision or mobility, the family should contact their GP.

For a child or young person with a diagnosed sensory or physical need, advice should be sought from the Sensory Support Team or Health Professionals via the SENCO, to enable a detailed assessment and appropriate advice to be given. Parent consent is required.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barriers and/or need:

### › Developmental co-ordination difficulties

Developmental co-ordination difficulties were previously known as dyspraxia. In addition to the strategies suggested in the Cognition and Learning section, the following may be of help.

## Provisions and /or strategies:

- › Develop the child or young person's core stability e.g. wobble cushion, exercises and games.
- › Ensure correct seating position with appropriately sized table and chairs.
- › Provide support for letter formation e.g. using a multi-sensory handwriting scheme, pencil grips, sloping boards etc.
- › Provide physical activities to support development of gross motor skills e.g. throwing, catching, hopping etc.
- › Develop fine motor skills e.g. hand and arm exercises, specialist scissors, pegboard, threading, play dough, pincher grips activities e.g. pegs onto washing line.
- › Provide sequencing and organisational skills e.g. now / next boards, writing frames, visual timetables.

## Identified barriers and/or need:

### › Hearing impairment

## Indicators of possible 'hearing impairment'

- › The child or young person may mishear words or instructions and need reinforcement and reassurance before beginning task.
- › Fluctuations in attention, may struggle concentrating.
- › Difficulty in understanding peers in group discussions or in noisier environments.
- › The child or young person may have delayed language.

## Provisions and /or strategies:

- › Remove or reduce background noise.
- › Where appropriate, use hanging objects to support sounds bouncing back to the child's level.
- › Employ techniques to monitor and support all children and young people with noise levels.
- › Give prior warning regarding fire alarms. If appropriate use an alternative exit route.

- › Ensure staff work together with other professionals e.g. Sensory Support Team. Ensure all staff and visitors who work with the child are aware of how best to support them. They should be familiar with the child's One Page Profile or equivalent.

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- › Use appropriate seating and visual materials – see individual learning plan for requirements.

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- › Ensure instructions are delivered clearly and at an appropriate volume.

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- › Check the lesson content has been effectively communicated and understood, particularly when delivering new information, instructions or homework; and/or using unfamiliar vocabulary.

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- › Repeat / rephrase pertinent comments made by other children and young people ensuring the child can access those comments.

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- › Be aware the child / young person may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking.

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- › Be aware of communication system development including eye contact, body language and facial expressions.

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- › Use visual reinforcement (pictures and handouts), to support learning.

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- › Consider using visual timetables and visual cues such as sand timers, to support sharing.

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- › Be aware that during P.E. or games lessons it will be more difficult to follow instructions, particularly in large open spaces.

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- › Consider that words spoken on an audio / visual recording may need a person to repeat what is being said, provide written copy and/or use subtitles.

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- › Consider the environment e.g. carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise.

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- › Seat away from any source of noise e.g. window, corridor, fan heater, projector, the centre of the classroom etc.

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- › Encourage good listening behaviour: sitting still, looking and listening.

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- › Encourage children and young people to ask when not sure what to do.

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- › Establish a quiet working environment, particularly for specific listening work.

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- › Ensure all staff who work with a child or young person with hearing impairment (HI) are aware how best to support in school and settings.

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- › Arrange for adults working directly with children and young people with hearing impairment to have appropriate training i.e. British Sign Language (BSL).

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- › Work together with other professionals to share strategies and advice to support the children and young people.

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# Sensory and / or physical needs continued

## Identified barriers and / or need:

- › Visual impairment.
- › Deterioration in visual behaviours e.g. handwriting, copying, moving text closer to eyes, identifying peers in playground.

## Provisions and /or strategies:

- › Work together with other professionals e.g. Sensory Support Team, mobility officer, to share strategies and advice to enable the child or young person to access the learning environment. For example, through the use of Information and Computer Technology (ICT), alternative visual resources or pre-learning.
- › Consider lighting and position for child / young person and how it supports their vision.
- › Provide uncluttered space and plain backgrounds to help the child / young person focus on the appropriate object.
- › Use auditory reinforcements.
- › Use talking books & literature / books or those with braille if the child / young person is a braille reader.

- › Use reading apps.
- › Provide additional resources for inclusive play, for example a bell in the ball, so all can play together.
- › Ensure the child or young person has time to map the room on a daily basis. Allow re-mapping to occur when furniture and resources change place to reduce confusion and potential injury.
- › Consider lighting and position at group time / lunchtime.
- › Create a folder of frequently used (transferable) resources which the child / young person can access during lessons.
- › Use a 3D printer.
- › Take account of mobility needs such as accessing mobility / cane training.
- › Provide access to low light visual aids.
- › Consider using talking equipment for life skills / curriculum activities.
- › Provide access to quieter learning environments.

### Identified barriers and / or need:

- › Physical sensitivity.
- › Physical sensitivity including hyper and hypo responses and sensory processing differences.

### Provisions and /or strategies:

- › Consult with parent carers to identify potential trigger times and activities.
- › Consider conducting a sensory audit of the school / setting environment.
- › Share strategies and advice with all members of staff to support the child / young person's sensory diet.
- › Consider referral to the Occupational Therapy Service.
- › Access staff training (such as sensory integration) if needed.
- › Work together with other professionals to share strategies and advice to support the children and young people's sensory diet.
- › Identify activities which help the child / young person to regulate. Use these at appropriate times of day to promote access to learning.
- › Consider the impact of break times, lunch time and transitions. Work with the child to develop strategies which help them feel ready to learn.
- › Consider using sensory reduction planning.
- › Consider using individual workstations.
- › Build resilience using timers.

### Identified barriers and / or need:

- › Tasting (gustatory) differences. The child / young person may have aversion to certain food tastes and textures. may also seek input from foods and food textures.

### Provisions and /or strategies:

- › Use visual supports to support with choices and awareness of what is for lunch, snack, dinner.
- › Have a consistent mealtime routine involving opportunities for positive adult role modelling and positive support.
- › Offer an element of choice, for example peas or carrots.
- › Allow and provide opportunities for the child / young person to explore food texture with their hands.
- › Encourage positive interactions with peers and staff to build confidence.
- › Keep pressure to eat low, especially when trying new foods.
- › Ensure that there are alternatives available at mealtimes and foods that suit a sensory preference.
- › Plan carefully how the child / young person will access meals and snacks to reduce stress and any pressure to eat.

# Sensory and / or physical needs continued

## Identified barriers and / or need:

- › Smelling (olfactory) differences. The child / young person may have a strong aversion to smells or indeed seek smells out.

## Provisions and /or strategies:

- › Set up a 'no scent' zone, free from air fresheners, flowers, perfumes etc.
- › Staff should consider the perfume/ aftershave and other products that have a smell that they wear.
- › Consider if the cleaning materials have a strong smell.
- › Provide scented resources.
- › Allow the child or young person to have opportunities to bake and cook to create different smells.
- › Be aware of smells from the outdoor environment, for example refuse collection and mitigate these smells where possible.

## Identified barriers and / or need:

- › Touch (tactile) differences.

## Provisions and /or strategies:

- › Consider the proximity of others - would a carpet tile help?
- › If helpful, allow the child / young person to be at the front or the back of a line.
- › Approach the child / young person within their visual field.
- › Consider the challenges that the child / young person may face with different floor surfaces.
- › Ensure that there are opportunities for the child / young person to engage in sensory opportunities to meet their tactile seeking needs.

### Identified barriers and / or need:

- › Proprioceptive differences. The child / young person may seek extra input for their proprioceptive sense.

### Provisions and /or strategies:

- › Offer age appropriate movement opportunities for the child / young person to regulate. For example, run, jump, join in weight bearing or deep pressure activities.
- › Recognise that a child/young person may seek further sensory input via leaning. For example, consider table or wall pushes.
- › Be aware that the child/young person may rock on their chair, or place the chair legs on their feet to seek "grounding".
- › Ask the child/young person to carry a box or bag (heavy) of toys or work to their next activity.
- › Offer jumping on trampette.
- › Suggest using a space hopper.
- › Use timers to support the start and finish of the activity.
- › Provide sensory circuits or regular access to a gym trail.

### Identified barriers and / or need:

- › Vestibular differences.

### Provisions and /or strategies:

- › Give the child / young person daily opportunities to perform gentle stretches, rocking back and forth, slowly marching; consider yoga activities.
- › Provide opportunities to work in pairs with another child/young person working on 'rowing' (sitting opposite, legs in a 'V' touching feet with partner, holding hands, gently 'row' forward and back), wheelbarrows etc.
- › A child / young person may need support negotiating space, for example, walking up the stairs and with balancing activities.
- › Vestibular activities can help to raise a child/young person's level of arousal or alertness. Activities may include jumping / working against gravity, hanging upside down, swinging, crunchy strong-tasting foods, climbing, running, movement breaks, moving furniture.

# Sensory and / or physical needs continued

## Identified barriers and / or need:

- › Interoceptive differences.

## Provisions and /or strategies:

- › Ensure adults regularly talk about internal feelings both physical and emotional.
- › Consider building mindful activities into daily routine.
- › Consider using body mapping to support the child or young person in developing their interoceptive awareness.
- › Consider activities that link physical sensations to labelling emotions.

## Identified barriers and / or need:

- › Physical disability.

## Provisions and /or strategies:

- › Ensure that transition arrangements have been put into place prior to the child/ young person joining the class. This would include ensuring that the necessary adaptations are in place, such as:
  - › Undertaking appropriate moving and manual handling training.
  - › Use of support equipment e.g. work chairs, walkers, standing frames, hoists.
  - › Ensuring that appropriate accessibility plans are in place e.g. Personal Emergency Evacuation Plan.
  - › Undertaking appropriate care training and use of school and setting's hygiene suites.
  - › Procuring and knowing how to use/ maintain (where necessary) with operated life-skills / curriculum equipment.
- › Use adapted equipment to facilitate access specific activities throughout the day e.g. cutlery, crockery, scissors.
- › Maintain progress by having a detailed handover with the child/young person's previous teacher to have a clear understanding of their strengths, coping strategies and any particular areas of need. Consider those that also relate more broadly to their development or emotional well-being such as opportunities to develop confidence or developing and maintaining friendships.
- › Keep a focus on promoting independence and resilience within planning and differentiation.
- › Provide accessible 'stretch' opportunities.



# Medical needs

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions maybe required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and classroom practice.

Determine if the child / young person is under the care of health professionals and, if so, work with parent carers and the SENCO to gain up to date assessment information. Refer to relevant professionals if needed for further assessment and advice.

Consider the adaptations needed to ensure that the child / young person is able to access learning with their peers as much as possible.

Work together with other professionals to share strategies and advice to support the child/young person.

## Identified barriers and / or need:

- › Severe and complex medical needs including a life-threatening diagnosis or condition.

## Provisions and /or strategies:

- › Ensure that staff have the equipment they need, e.g. support equipment such as lockable medicine cabinets, first aid bags, fridges.
  - › Ensure that transition arrangements have been put into place prior to the child / young person's entry to class. This includes necessary adaptations such as:
    - › Having a good understanding of any documents related to managing medical needs.
    - › Accessing training prior to transition, such as rotated medication / care training, or manual handling.
    - › Consider how staff establish and maintain good communication links with parent carers and share information in a timely manner.
    - › Identifying what additional support may be required e.g. diet, toileting, swimming, use of PE and science equipment, cooking, breaktime and to attend clubs and trips.
  - › Ensure staff feel supported and equipped to support the child or young person, their family and the class through any losses. Discussing with your SENCO / lead professional for support. This could include access to bereavement training.
- › Review and update individual support plans with the SENCO to ensure that they reflect the level of need being presented and are informative for other members of staff (e.g. cover teachers).
  - › It may also be helpful to discuss use of ICT equipment with the SENCO to support communication and learning.
  - › Provide achievable opportunities for child or young person to experience success and be as independent as possible. For example, providing scaffolding opportunities to take part in paired or small group work.
  - › Consider fatigue levels when differentiating.
  - › Consider how you could promote regular home school contact when / if the child / young person is not attending the school / setting to maintain a 'sense of belonging' with peers and the community.
  - › Absence due to medical needs may require a reintegration plan to address learning gaps – consider talking to the SENCO or lead professional about this.
  - › Ensure advice from medical professionals is recorded along with support received in the child's individual support plan. This will need to be regularly reviewed and updated.

# Section Two Annex: Ordinarily available support for the Early Years Foundation Stage (birth to 5 years)

All children with additional needs should be encouraged to access strategies and resources typically available as described in Section 1. This annex has been written with early years providers in mind and contains a range of strategy suggestions for our youngest children.

**Any provision or support should be provided in line with the needs of the child; it should not be dependent on any formal diagnosis.** Even if a diagnosis has been given, it is paramount to remember that each child has strengths and needs which are unique to them.

Dysregulated behaviours can be a sign of unmet needs and it is important to reflect on behaviours and practice to understand how best to support them.

The SEND Code of Practice, 2015 (para 6:15) says "A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that ordinarily available to pupils of the same age."

For ease of use, this section has been arranged by the four areas of need as set out in the SEND Code of Practice. However, many children may have needs across more than one category and their presentation may not fall neatly into one area.

A 'medical' section has also been added to support practice. Although a medical diagnosis or disability does not imply the child has a special educational need, some may have medical conditions that can impact on their access to education.

Staff will need to work with the child and their parents, and at times more specialist staff, such as SENCOs, your Area SENCO, an Early Years Childhood Advisor (EYCA) or external specialists, to identify, implement and evaluate more individualised strategies. As a practitioner, key person, a room lead, or manager, it is important that you implement the advice that is provided from specialist services, as you are key in implementing the strategies within your provision.

The Assess, Plan, Do, Review cycle is at the heart of the graduated approach to support children's individual needs. Your views and feedback on the strategies that are being used and the progress the child makes are vital to this process. Using the materials in this document to identify the strategies that would be appropriate for a child. Careful planning and implementation will improve outcomes for children and may show that a child has a delay in their learning rather than SEND.

# Communication and interaction

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barrier and/or need

- › Difficulties in being understood and with what they want to say.

## Strategies and approaches

- › Use gestures and signs.
- › Support verbal explanations using pictures and object of reference.
- › Model language - reflect correct speech rather than correcting.
- › Repeat what the child has said and add one word.
- › Label accessible equipment with photos and pictures.
- › Observe child's preferred ways to communicate which may include non-verbal gestures and body language.
- › Encourage children to work in pairs and small groups, giving opportunities to interact with children who can provide good language models.
- › In reception classes, organise small group or individual language sessions – ensure adults have phonological awareness and understand the impact that processing difficulties may have on phonics acquisition, and differentiate phonics teaching accordingly. For younger children, plan specific language activities to support their listening and attention skills as well as their language acquisition.
- › Allow time for the child to process and respond (10 second rule).

- › Introduce a variety of language through rhymes and songs.
- › Ensure that all attempts to speak are acknowledged and valued.
- › Provide an additional method of communicating, for example Makaton, visual signs, visual aids, aided language boards to support verbal communication.
- › If recommended by a specialist, and provided with training, use a symbol communication (e.g. PECS)
- › Develop ways of communicating with families with EAL. Meet regularly with parent carers to establish communication levels at home and share suitable advice and strategies.

# Communication and interaction continued

## Identified barrier and/or need

- › Difficulties understanding what is being said to them.

## Strategies and approaches

- › Consider how many information-carrying words a child can manage when giving instructions – adapt use of language and method, for example simple choices, reduce complexity and sentence length.
- › Provide visual prompts alongside language, including key vocabulary, visual timetables, now and next, gestures.
- › Label equipment with pictures, signs and words.
- › Ensure the adult is physically at child's level.
- › Give extra / allow take up time to process what has been said.
- › Think about the environment and how to limit any distractions.
- › Check you have engaged the child's attention before talking to them, use the child's name to attract attention.
- › Check that hearing has been tested.
- › Plan specific opportunities to teach new vocabulary as well as opportunities to revisit and practice, to develop understanding and use of new words.
- › Consider use of 'first and then' or 'now and next' supported by visual prompts.
- › Meet regularly with parent carers to discuss how advice and strategies can be continued and strengthened when used at home.
- › Repeat key words and phrases.

## Identified barrier and/or need

- › Child can find it difficult to understand or use social rules of communication.

## Strategies and approaches

- › Use modelling / role play.
- › Implement small group sessions.
- › Use social stories.
- › Give prompts – symbols, signing systems.
- › Use visual supports for routines, for example Now (you are doing this) and Next (you are going to be doing that) boards.

## Identified barrier and/or need

- › Difficulties with language and social communication.

## Strategies and approaches

- › Use the child's name first to draw their attention, followed by key word instructions, for example "Jamie ... stop."
- › Consider booking attention building training delivered by the Speech and Language Setting Support (SALSS) team.
- › Give clear simple instructions (avoiding idioms).
- › Use objects of reference to support routine.
- › Use literal language (avoiding sarcasm and figures of speech).
- › Use of symbol communication such as Picture Exchange Communication System (PECS) if recommended by a specialist who has also provided training to enable practitioners to implement the system correctly.
- › Be aware of you own body language: 93% of what we communicate is non-verbal, 7% is communicated through spoken word, 38% through tone of voice, and 55% through body language.

## Have an awareness of:

- › an appropriate tone of voice (calm, not too loud).
- › an appropriate environment (noise, temperature, lighting, layout).
- › use of language (some children may need a language rich environment; others may need it to be kept simple).

## Identified barrier and/or need

- › Limited imaginative play.

## Strategies and approaches

- › The child may benefit from being taught and modelled imaginative play sequences sometimes referred to as structured play.
- › Familiar adults introduce simple pretend play, using familiar objects to model new play.
- › Role play and drama, use of props, for example puppets, hats or materials, acting out familiar stories.
- › Plan time for partner play; be a playful partner for the child.
- › Duplicating favourite resources – one for the adult and one for the child.
- › Modelling; providing a narrative for the child's play.
- › Storytelling.
- › Use of techniques such as Helicopter Stories to engage children in making up their own stories.
- › Singing and improvisation.

# Communication and interaction continued

## Identified barrier and/or need

- › Difficulty with social communication and developing relationships.

## Strategies and approaches

- › Mirror, copy and mimic the child's play as a way into reciprocal interaction and to show that it is valued.
- › Use intensive interaction strategies.
- › Planning of small groupings and opportunities to develop social understanding and inference.
- › Model functional language, for example "hello, please, can I play?"; "help me", "Hello, Sonny wants to play".
- › Consistent use of natural gestures, for example pointing, facial expressions, open body language/position at child's level.
- › Organise small group or 1 to 1 tasks and activities, for example which involve turn taking and learning each other's names, build up the size of the group gradually, adult to child, adult to two children etc.
- › Promote a calm learning environment.
- › Be clear and consistent in your communication of expectations.
- › Ensure staff support child to label their own and other's emotions.
- › Creating communication friendly spaces for the child.

## Identified barrier and/or need

- › Anxiety due to communication in busy, unpredictable environments.

## Strategies and approaches

- › Prepare the child for change of activity or routine, for example use of visual resources and objects of reference.
- › Organise small group/1 to 1 tasks and activities to be available if needed.
- › Ensure that there is a calm learning environment.
- › Provide access to a haven/low arousal space when needed.
- › Ensure clear communication of expectations.
- › Provide adults to be available to support the child's emotions, for example the use of feelings area/sensory corner.
- › Provide emotional language. When the child is calm, name their emotions and those of others in a natural way.
- › Use a visual timetable in your provision and make sure it is used to prepare children for changes in your regular routine. Make sure it is used consistently, referred to regularly and updated after each activity is finished.
- › Ensure staff monitor key transition points, for example drop-off/pick-up, snack/lunchtime, visitors and changes to routines with strategies to reduce anxiety.
- › Use STAR Observations to see if there is a trigger to any changes of behaviour.

### Identified barrier and/or need

- › Anxiety due to communication in busy, unpredictable environments.

### Strategies and approaches

- › Provide sensory breaks if required, to reduce the potential pressure from the social load.
- › Be aware of sensory needs, explore this further with parent carers and be flexible with routine.
- › Consider the environment, for example noise, room temperature, visual stimuli, proximity. Use of an audit tool would be helpful.
- › Have a flexible approach to transition times within the day or session
- › Provide access to a haven / low arousal space if needed.
- › Develop a One Page profile with the family to support the child's sensory needs sensory profile for the individual children.
- › Consider staff knowledge of sensory issues and access further training.

### Identified barrier and/or need

- › Physical outbursts causing harm to others and/or to self and/or damage to property.

### Strategies and approaches

- › Share clear expectations, using positive language, in relation to the setting ethos, for example kind hands, listening ears etc., verbally and visually. All staff to be consistent in how they support children to remember and follow these expectations.
- › All staff use a consistent approach to support the child in distress and keeping other children safe, making "reasonable adjustments" to support individual needs.
- › Continue to implement strategies that are reassuring and acknowledge the child's emotions.
- › Anticipate the trigger and use distraction to avoid physical interactions.
- › Provide the child with safe things and places to throw which meet the physical need to throw but won't hurt.
- › Model the use of alternative strategies to express feelings of anger or frustration, for example screaming outside, pushing against a pair of handprints on a wall, banging a drum etc. Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR observation sheet; ABCC observation sheets; informal observations should be carried out to analyse incidents, develop understanding and plan for adjustments according.
- › Encourage two-way communicate with families about what might be happening at home (for example divorce, bereavement, illness) and strategies that work/don't work and relaying this information to staff.



# Communication and interaction continued

- › Put preventative strategies in place, for example avoiding high arousal situations such as busy noisy environments or groups of children in small spaces.
- › Arrange a safe and calm area / reflective area, chosen in agreement with the child.
- › Access Promoting Positive Behaviour training and review practice to employ appropriate de-escalation strategies in place (e.g. distraction to an activity of interest/offer child's comforter/preferred adult/calming strategy).
- › Implement a risk management plan which includes pro-active strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach.
- › Implement a clear plan of action, agreed with parent carers, to keep all children safe if a child is having a physical response to an emotional outburst regarding the need of any physical intervention e.g. moving of other children from the area. A Risk Assessment must be in place if the child is causing a risk. Parent carers and staff to have access to inclusion and behaviour management policy.
- › Ensure the Pastoral Support Plan is read and implemented, and feedback given to the pastoral lead.
- › Consider self-regulation in early years training.
- › Use the 'keep your cool' toolbox strategies for ideas to support and share the app with parent carers to download to support at home.

## Identified barrier and/or need

- › Limited attention span compared to developmental age.

## Strategies and approaches

- › Use child's name when giving instructions.
- › Ask the child to repeat back what activity they are going to do.
- › Use the child's interest as a motivator and to extend engagement.
- › Consider use of timers, so the child know they only must focus for a comfortable amount of time.
- › Keep activities short and finish before the child loses interest in order to build on success for the child.
- › Use chunking and break tasks down into smaller, manageable steps.
- › Use of visual timetables – including some individualised to meet a child's needs.
- › Consider the use of attention building strategies.
- › Consider backward chaining, for example break the overall task down into smaller steps. The adult helps the child with all but that last step with the child being taught to do the last step themselves. Once the last step is learnt, the child and adult work backwards, learning other steps of the sequence until the child can do the entire task.

# Cognition and learning

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barrier and/or need

- › **Difficulties with learning, despite appropriate differentiation/individual strategies. The child makes inadequate progress over time across the curriculum and is working below age related expectations.**

## Strategies and approaches

- › Assess through making observations in child-initiated learning and adult directed tasks to identify the areas of need.
- › Model use of open-ended simple pondering statements such as 'I wonder...' or 'what if ...' rather than direct questions.
- › Give clear and simple instructions, breaking down longer instructions and giving one at a time.
- › Use visual timetables, visual cues and prompts, for example objects, pictures, photos, symbols, choice boards, sequences to support instructions.
- › Develop personalised stories and books using the child's interests.
- › Give time to process information before a response is needed.
- › Use pre-teaching to support the child. If there is a new interest that is planned to be expanded or a new book explored, it may be useful to share this with the child prior to others. It may be helpful to introduce specific language and vocabulary.

- › Make explicit links to prior learning by reminding the child of past events, activities or experiences. Displaying photographs or sharing individual learning journals can support this.
- › Share next steps where appropriate – so the child knows what to expect. This can be very informally done through conversation, for example "Well done, next time we can try...".
- › When considering the resources needed to support a child, scrutinize the developmental stage rather than the age of the child to ensure resources support needs.
- › Use meaningful continuous strategies to boost self-esteem and confidence. Provide specific meaningful praise and feedback when a child perseveres and / or achieves something new. Staff should praise the child for the process of engagement and learning and "having a go" rather than the outcome.

# Cognition and learning continued

## Identified barrier and/or need

- › **Specific learning difficulties affecting one or more area of learning, which may result in formal assessment or diagnosis.**

Any provision or support should be provided in line with the needs of the children and is NOT dependant on any formal diagnosis.

## Strategies and approaches

- › Assessment through observations of child-led play and playful adult-directed tasks to identify the areas of need.
- › Support the child to learn short achievable tasks by modelling and giving lots of encouragement.
- › Teach metacognition approaches (how we learn), for example ask the child to think in advance about how they will accomplish a task. Talk through and sequence the stages together.
- › Understand the child's difficulties with learning in consultation with the child and their parent carers, including finding out what works well at home.
- › Adopt a neurodiverse approach to celebrate the strengths of each child.
- › Recognise and celebrate success in effort and show interest in other areas of their life.
- › Work closely with the SENCO and other specialist staff to understand what strategies or approaches to use in line with advice from assessments or consultation.
- › Use evidence-based interventions to develop skills, for example increase hand muscle and finger dexterity to support mark making.
- › Link learning to real world situations.

## To support memory:

- › Provide memory aids, for example visual cues and timetables referring to these regularly throughout the day, ensure that these are readily available to the child and moved frequently to enable accessibility.
- › Provide practical resources to support learning appropriate to the stage of development. For example, in reception classes you may want to use name cards, letter/number formation resources and rhymes.
- › Ensure your setting has a consistent routine, supporting the child with changes when necessary.
- › Support children visually and kinaesthetically when changes in their environment occur. For example, allow extra time at tidy up time, allocate specific tasks at tidy up time, repeating activities.
- › Ensure resources are clearly labelled with pictures and words and are at the child's level allowing independence.
- › Provide photographs of the setting including important people, such as keyworker, teacher, teaching assistant, and the environment, such as where they put their coat, water bottle, lunch box, book bag for home, so that these can be shared with the child at home.

## For literacy difficulties:

- › Ensure indoor and outdoor opportunities are provided and across all areas of learning.
- › Encourage and support the child's responses to picture books and stories you read with them.

- › Use different voices to tell stories and encourage the child to join in wherever possible, for example leaving gaps in repeated refrains.

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- › Tell stories in a variety of ways, for example the child uses pictures, makes picture scrap books so they can design their own stories, uses puppets or small world play, or use the child's ideas to build interactive imaginative stories.

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- › Be creative where stories are shared using all areas of the indoor and outdoor environment.

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- › Include opportunities for mark making and writing across all areas of provision and play.

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- › Consider peers within small group experiences so the child has access to good role models for language and communication.

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- › In reception classes, consider use of appropriate learning resources, for example pencil grips, spelling aids and alternative methods for recording information including verbal and ICT methods.

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- › Provide opportunities and experiences for the child to build on their understanding through repetition with skilful adults scaffolding learning.

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#### **For numeracy difficulties:**

- › Ensure indoor and outdoor opportunities are provided across all areas of learning.

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- › Sing counting songs and rhymes using visual aids/cues which help to support the child's understanding of number, such as '5 Little Speckled Frogs'.

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- › Use pictures and objects to illustrate counting songs, rhymes and number stories, cooking activities.

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- › Provide collections of interesting things for the child to sort, order, count and label in their play.

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- › Ensure mathematical language is embedded throughout the environment and used in all play and routine opportunities.

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- › Support the child to gain an understanding of individual number sense, for example the 'twoness of 2' - I have 2 hands, 2 eyes, I can collect 2 objects etc.

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#### **In reception classes:**

- › Provide access to concrete resources, for example counting objects, number lines, Numicon etc.

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- › Use concrete resources to develop number knowledge before teaching number symbols.

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- › Extend the child's number understanding so they can confidently demonstrate the 'twoness of 2', for example 1 more than 1 is 2, one less than 3 is 2, double 2 is 4.

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For developmental co-ordination difficulties (previously known as dyspraxia) please see the Sensory and Physical Needs section.

# Cognition and learning continued

## Identified barrier and/or need

- › Generalised learning difficulties, for example difficulties across the curriculum but with some areas of strength. A child with an uneven profile of skills and attainment.

## Strategies and approaches

- › Ensure the child has full access to the breadth of learning by making adjustments and modifications to differentiate the curriculum, right across the board.
- › Support the characteristics of effective teaching and learning, and plan activities designed to develop skills which will support them to become independent learners.
- › Support the child to develop their self-esteem through celebration and reinforcement of strengths and successes.

- › Support the child to draw on their own experiences in their play and support them to extend and build on their ideas, concepts and skills.
- › Extend the child's interests and introduce them to new experiences by providing a variety of activities using creative and playful approaches.
- › Provide first-hand real-life experiences as part of your everyday routines for the child to explore and discover.
- › Plan and resource a challenging environment where the child's play can be supported and extended.
- › Encourage and support the child to persevere through difficulties, to ask questions, problem-solve and take risks.
- › Identify and support next steps in learning utilising information from home to offer the child consistent challenge.

# Social, emotional and mental health difficulties

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barrier and/or need

- › **What is the child's behaviour communicating?  
Why is the child displaying this behaviour?**

## Strategies and approaches

- › Ensure that there is an understanding within the setting that behaviour that challenges/ behaviours of concern are a form of communication.
- › Understand the function of the behaviour before implementing strategies - try to identify why the child is displaying behaviours before planning how to support them.
- › Identify what is not working well through engagement with the child as early as possible. There is a positive robust key person system in place that supports the relationship.
- › Consider what the behaviour may be reflecting. Are the behaviours communicating a sensory, escape, attention or tangible need? Is there an unmet communication, or social, emotional and mental health need?
- › Look at the history, when did the behaviour start to change? Can you identify triggers? Talk to the parent carers to understand the child's experiences at home and if the family have similar concerns.
- › Liaise and collaborate with home to understand the wider picture.
- › Keep a note of concerns, liaise with designated professional (SENCO, key person or safeguarding lead) within your setting.

- › Be aware if the child has been prescribed medication, feedback any changes or concerns to the parent carers so that they can discuss with their GP to rule out health issues.
- › Analyse the behaviours – what lies behind them?
- › Include additional learning opportunities to develop prosocial behaviours.
- › Facilitate the implementation of specialist advice, for example substitutes for self-harming behaviours such as elastic bands or marbles.
- › Consider a low arousal approach.

# Social, emotional and mental health difficulties continued

## Identified barrier and/or need

- › Difficulties participating and presenting as withdrawn or isolated.

## Strategies and approaches

- › Understand the function of the behaviour before implementing strategies - try to identify why the child is displaying behaviours before planning how to support them.
- › Make sure all adults are aware of their reactions to the observed behaviour and ensure a consistent response.
- › Consider or ask what may make that child feel more at ease/safe? Provide a feelings/calm area with resources such as blankets, soft toys, sensory/fidget items, offer some time outside.
- › Support the child to develop the skills to self-regulate their feelings. Ensure all adults understand and support the child in this.
- › Revise your setting behaviour management policy to ensure it focuses on supporting the child's social and emotional development including supporting self-regulation.
- › Observe play interests along with finding out what the child likes to play with at home, use these to plan interesting activities to support all areas of learning in the setting.
- › Be calm and sensitive, take the pressure off by limiting the number of questions.
- › Use assessment through play. Are there parts of the EYFS/areas of learning, learning environment and routines that they find easier to manage than others? Use these to develop confidence.

- › Analyse all observations made to identify the child's needs and how to support them. Plan specific observations if needed.
- › Discuss with colleagues and your SENCO, check if there are staff members who seem to get a more positive response. Understand the strategies that they are using and support others to replicate these.
- › Differentiate tasks to ensure that all children experience success in the learning environment.
- › Ensure all staff recognise that promoting prosocial behaviour is an effective strategy to support behaviour expectations.
- › Try small group work, for example friendship or social skills, nurture groups.
- › Give the child responsibility for looking after someone else.
- › Use buddying /peer mentoring to enable the child to take on both roles, so that they both receive support from and provide support to a peer.
- › Try activities and experiences which provide the child with a sense of belonging or importance to the group.



## Identified barrier and/or need

- › **Displaying behaviours which may negatively impact their learning and / or the learning of other children.**

## Strategies and approaches

- › Understand the function of the behaviour before implementing strategies - try to identify why the child is displaying behaviours before planning how to support them. Use STAR observations to identify potential triggers to the behaviour.
- › Consider if the child needs support to regulate their feelings, look at and share 'Keep your cool' toolbox to help the child find a good strategy for them to use or be reminded of when a situation arises.
- › Talk with parent carers, are they experiencing similar behaviours at home? Develop a shared understanding and plan appropriate strategies to be used at home and in school and settings/setting.
- › Review routines, practice and provision in the setting – identify and make changes that will support all children. Ask questions about why you do things the way you do and who it benefits. Be open and flexible – if it isn't working, make a change.
- › Share strategies with all adults and ensure they are used consistently.
- › Explore the use of peer observations or videoing good staff interactions and use of strategies to develop other practitioners' skills and confidence.
- › Create a quiet, calm space with the child where they can go when they feel overwhelmed. For example, a small tent, a box of familiar toys, a favourite book/activity, sensory toys which may help them feel more secure.

- › Encourage the use of emotional language. When the child is calm name their feelings and emotions and those of others in a natural way.
- › Through modelling support the child to find alternative ways to express their feelings, for example using their words, showing an adult.
- › Model positive interactions and language to support collaborative play, turn taking and negotiation with peers. For example using visual prompts such as timers, moving to another experience while they wait for their turn, being able to use their voice to say 'stop' or 'no' rather than using physical communication.
- › Plan a proactive rather than reactive approach to support the child and improve their experiences.
- › Observe the child's play and plan exciting activities to engage them in which follows their interests.
- › Observe what is happening when the child is engaged/calm/happy and provide regular similar experiences.
- › Notice the positives and comment on what it was that the child did well.
- › Explore what motivates the child, and use this to support them develop their prosocial behaviour. This could be giving them a role that they see as important, providing praise, an activity of interest, a challenge or something new and exciting.
- › Consider using a therapeutic approach to supporting positive behaviour. Staff consider the positive/ prosocial behaviours as well as "anti-social" (behaviours of concern) to gain a full picture of the child's needs and strengths.
- › Consider a low arousal approach.

## Social, emotional and mental health difficulties continued

- › Use 'wondering out loud' to support emotional understanding, for example "I can see you are...tapping/stamping/shouting etc. ....I wonder if you are ...worried/cross/stuck...shall we...go for a walk/ take a break/get a drink of water/ read a book/ do some climbing etc.?"
- › Give a consistent message but flexible approach, for example "I want you to be in class and join in" is the consistent message; the approach to support this happening may vary or be flexible depending on individual needs.
- › Offer clear guidance – explicit messages letting the child know what is expected of them.
- › Offer a 'get out with dignity' choice letting the child leave the situation.
- › Monitor so that you have a good understanding of the frequency and location of triggers. E.g. frequency charts; STAR observation sheet; ABCC observation sheet; informal observations can be carried out to inform understanding.
- › Devise a risk management plan agreed with parent carers, which includes proactive strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach.
- › Employ a clear plan of action, agreed with parent carers to encourage and support pro-social behaviour. Develop a one-page profile or individual learning plan to support all staff to understand the child and provide consistent, appropriate support.
- › Use choices to allow the child some control with the same result, for example "Would you like to talk to me now or in one minute?".
- › Teach the child different ways to get their needs met, such as developing social skills or strategies to self-regulate emotional states.
- › Use readiness to learn strategies and routines (after breaks or between tasks for example).
- › Consider the impact of the routines and how you prepare a child for transitions.
- › Plan for transition between activities, rooms, and outside play including 'what works well' in terms of in differentiation and support professionals meeting to unpick the behaviour.

## Identified barrier and/or need

- › Physical symptoms that are medically unexplained, for example soiling, stomach pains.
- › Soiling: Causes for soiling could be due to:
  - › Development – exploring the sensation
  - › Sensory stimulus – the pupil likes the feel
  - › Not toilet trained
  - › Abuse

## Strategies and approaches

- › Use activities that are stress reducing, for example games, dance, colouring, gardening, animals, forest school and settings.
- › Keep a log and analyse pattern or trends to identify triggers. Follow setting procedures and speak to the SENCO, health visitor or safeguarding lead regarding your concerns if issue persists.
- › Remember that pain can affect children in many ways. Autistic children and those who have social communication differences or who have experienced trauma may experience pain in different ways to people who are neurotypical.

## Identified barrier and/or need

- › Attention difficulties.

## Strategies and approaches

- › Ensure that experiences and activities are suitable for the child, for example the length / timing/ interests.
- › Explore what motivates the child and use their motivations to support them to maintain attention.
- › Provide consistent structure and routines to the day/ session/task.
- › Give clear simple directions.
- › Provide adult support for the child that is away from distractions and demonstrate good “learning” role models.
- › Think about potential reasons and identify any patterns.
- › Record behaviour- but remember to analyse and review trends.
- › Allow plenty of time for movement or frequent small concentration periods.
- › Plan activities in small manageable chunks.
- › Be aware of times of the day that may be more difficult.
- › Provide calm / low arousal spaces.
- › Remember to consult with the child’s parent carers so they can share with you their perspective.

# Social, emotional and mental health difficulties continued

## Identified barrier and/or need

- › Attachment difficulties (including Attachment Disorder).

## Strategies and approaches

- › Be aware that children with attachment difficulties may respond differently to behaviour strategies which work with others. Discuss this with your SENCO/EYCA if needed. For example, be aware that a child may say they do not want the support offered. This doesn't always mean that they don't need it. Seek to support in more subtle ways, but do not withdraw support.
- › Liaise with parent carers for shared understanding.
- › Consider the family context and the range of children who may have attachment difficulties, for example adopted, forced children, a child in need, or a child who has experienced care.
- › Check out whether your setting has had any attachment-based training or has appropriate resources which may be useful.
- › Check the history of when the child started the school or setting to identify any issues.
- › Use attachment informed strategies within class and develop a nurture group or foster a nurture ethos.
- › Consider the appropriateness of existing behaviour management policies.
- › Liaise with the Virtual School for care experienced children, for training and support.

## Identified barrier and/or need

- › Low level disruption, for example interruptions, fiddling.

## Strategies and approaches

- › Differentiate your use of voice, gesture and body language.
- › Focus on reducing anxiety and thereby behaviours.
- › Positive reinforcement of expectations through verbal scripts and visual prompts.
- › Focus on the behaviour and what it is you would like to child or young person to do – what is it you (the adult) wants to achieve? Provide support to achieve the aim.
- › Ensure a prosocial, relational approach is taken to managing behaviour, rather a punitive behaviourist approach.

### **Identified barrier and/or need**

- › Difficulty in making and maintaining healthy relationships.

### **Strategies and approaches**

- › Use small group/nurture group activities to support personal social and emotional development.
- › Model appropriate emotional responses to disagreements or difficulties with, for example sharing/turn taking.
- › Think about who the child can maintain a relationship with (adults only, younger children). Try and understand the reasons for this and use this information to build their capacity to maintain relationships.
- › Use and model a conflict resolution approach to help manage upsets and disagreements. Use restorative approaches when relationships break down.
- › Try differentiated opportunities for social and emotional development, for example buddy system/paired learning activities/scaffolding group work.
- › Use a key worker to rehearse and replay more appropriate social communication methods, provide opportunities to practise their social communication skills.

### **Identified barrier and/or need**

- › Difficulties following and accepting adult direction.

### **Strategies and approaches**

- › Look for patterns and triggers to identify what may be causing behaviours, for example use of language.
- › Be aware that these behaviours may indicate an unmet need for safety.
- › Use positive scripts - positive language to re-direct and reinforce expectations, for example use of others as role models.
- › Consider calming scripts to de-escalate including, for example use of sand timers for 'thinking time'.
- › Provide limited choices to give the child a sense of control whilst following adult led activities.
- › Use meaningful positive feedback to reward prosocial behaviours with whatever the child is personally motivated by, for example LEGO, superhero play, jigsaws, technology.
- › Consider creating a visual timetable and using visual cues such as sand timers to support the end of activities and sharing.

# Social, emotional and mental health difficulties continued

## Identified barrier and/or need

- › Presenting as significantly unhappy or stressed.
- 

## Strategies and approaches

- › Identify a key figure within the setting who can provide an emotional support and build upon the child's interests.
- 
- › Establish calm area which is chosen and agreed with the child.
- 
- › Ensure feedback is used to collaborate and plan with parent carers, to ensure consistency between the home and setting.
- 
- › Consider the use of comic strip conversations to identify triggers and identify alternative actions.
- 
- › Provide opportunities to reflect emotional states and use strategies to support self-regulation.
- 

## Identified barrier and/or need

- › Patterns of non-attendance.
- 

## Strategies and approaches

- › Talk to parent carers to identify barriers of non-attendance.
- 
- › In reception classes, consider accessing the West Sussex Emotional Based School Avoidance (EBSA) materials, as these can be useful diagnostic tools for early intervention.
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# Sensory and / or physical needs

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

If there are concerns regarding a child's hearing, vision or mobility, the family should contact their GP.

For children with a diagnosed sensory or physical need, advice should be sought from the Sensory Support Team or Health Professionals via the SENCO, to enable a detailed assessment and appropriate advice to be given. Parent consent is required.

## Identified barrier and/or need

- › Physical sensitivity including hyper and hypo responses and sensory processing differences.
- › Value the positive impact that recognising and planning for a child's sensory differences and needs has on their learning and emotional well-being.

## Strategies and approaches

- › Consult with parent carers to identify potential trigger times and activities.
- › Consider conducting a sensory audit of the setting environment.
- › Share strategies and advice with all members of staff to support the child's sensory diet.

- › Consider referral to the Occupational Therapy Service.
- › Access staff training (such as sensory integration) if needed.
- › Work together with other professionals to share strategies and advice to support the child's sensory diet.
- › Identify activities which help the child regulate. Use these at appropriate times of day to promote access to learning.
- › Consider the impact of break times, lunch time and transitions. Work with the child to develop strategies which help them feel ready to learn.
- › Consider using sensory reduction planning.
- › Consider using individual workstations.
- › Build resilience using timers.



# Sensory and / or physical needs continued

## Identified barrier and/or need

- › **Developmental co-ordination difficulties (previously known as dyspraxia)**  
In addition to the strategies suggested in the Cognition and Learning section, the following may be of help.

## Strategies and approaches

- › Develop the child's core stability, for example wobble cushion, exercises and games.
- › Ensure correct seating position with appropriately sized table and chairs. Practitioners to discuss any specialist equipment needs with the most appropriate professional.
- › Provide physical activities to support development of gross motor skills, for example throwing, catching, hopping, scootering, riding a trike etc. In addition, offer opportunities for a child to cross the mid-line such as waving scarves, ribbons, pom poms etc.
- › Provide a variety of opportunities for mark making, such as water and paint brushes, mud and sticks, wet and dry sand before progressing on to using more formal mark making tools such as pencils/crayons etc. Pencil grips and/or sloping boards may support the use of these more formal tools.
- › Develop fine motor skills, for example hand and arm exercises such as dough disco, specialist scissors, pegboards, threading, play dough, pincher grips activities, such as pegs onto washing line or sorting with tweezers.
- › Provide sequencing and organisational skills, for example now/next boards, visual timetables and clear and consistent routines.

## Identified barrier and/or need

- › **Hearing impairment.**
  - › A child may mishear words or instructions and need reinforcement and reassurance before beginning task.
  - › Fluctuations in attention, may struggle concentrating.
  - › Difficulty in understanding peers in group discussions or in noisier environments.
  - › May have delayed language.

## Strategies and approaches

- › Remove or reduce background noise.
- › Where appropriate, use hanging objects to support sounds to bounce back to child level.
- › Ensure staff work together with other professionals, for example Sensory Support Team.
- › Use appropriate seating and visual materials – see Individual Plan and One Page Profile for requirements.
- › Ensure instructions are specific and delivered clearly and at an appropriate volume.
- › Check instructions have been effectively communicated and understood, particularly when delivering new information and/or using unfamiliar vocabulary. Provide gesture or visual cues to support this such as basic Makaton and re-visit the instruction with the child if not understood.
- › Repeat / rephrase pertinent comments made by other children ensuring the child accesses those comments.

- › Be aware the child may use lip-reading and visual cues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking.

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- › Be aware of non-verbal communication including eye contact, body language and facial expressions.

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- › Use visual reinforcement (pictures and other visual prompts), to support learning as well as pointing and gestures.

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- › Use visual timetables and visual cues, such as sand timers, to support sharing.

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- › Be aware that during physical games and activities, particularly in large open spaces, it will be more difficult to follow instructions. Therefore, planned activities may need to be adapted.

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- › Consider that words spoken on an audio/visual recording may need a person to repeat what is being said.

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- › Consider the environment, for example carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise.

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- › Seat the child away from any source of noise, for example window, corridor, fan heater, projector, the centre of the room etc.

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- › Provide prompts for good listening behaviour: sitting still, looking and listening.

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- › Encourage children to ask when not sure what to do.

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- › Establish quiet spaces within the environment, particularly for specific listening work.

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- › Ensure all staff and visitors who work with a child with hearing impairment are aware how best to support. They should be familiar with the child's One Page Profile or equivalent.

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- › Arrange for adults working directly with children with hearing impairment to have appropriate training i.e. British Sign Language (BSL) / Makaton / Say it, Sign It.

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- › Work together with other professionals to share strategies and advice to support the child.

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- › Employ techniques to monitor and support the child with noise levels.

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- › Give prior warning regarding fire alarms. If appropriate use an alternative exit route.

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# Sensory and / or physical needs continued

## Identified barrier and/or need

### > Visual impairment

- » Deterioration in visual behaviours, for example handwriting, copying, moving text closer to eyes, identifying peers in playground, during low light.

## Strategies and approaches

- > Work together with other professionals, for example Sensory Support Team, mobility officer to share strategies and advice to support the child and access to learning environment, for example use of ICT, alternative visual resources.
- > Gain a good understanding of child's level of vision, seek training through the Sensory Support Team.
- > Provide additional resources available for inclusive play, for example a bell in the ball so all can play together.
- > Ensure time for a child to map the room and allow this to occur daily or when in. Allow re-mapping to occur when furniture and resources change place to reduce confusion and potential injury.
- > Consider lighting and position at group time/lunchtime and how it supports the child's vision.
- > Provide uncluttered space and reduce display backgrounds to help the child focus on the appropriate object.
- > Use auditory reinforcements.
- > Use talking books & literature/books in Braille.

- > Ensure labelling and pictures that denote the content of resources are in a style that is clear to the child.
- > Take account of mobility needs to ensure the child can access the whole environment.
- > Provide access to visual aids at an appropriate height for children.
- > Consider using talking equipment.
- > Provide access to quieter spaces within the environment.

### Identified barrier and/or need

- › Tasting (gustatory) differences.
- › A child may have aversion to certain food tastes and textures.
- › A child may also seek input from foods and food textures.

### Strategies and approaches

- › Use visual supports to help with choices and awareness of what is for lunch, snack, dinner.
- › Have a consistent mealtime routine involving opportunities for positive adult role modelling and positive support for the child.
- › Offer an element of choice, for example peas or carrots.
- › Allow and provide opportunities for the child to explore food texture with their hands.
- › Encourage positive interactions between child and adult to build confidence.
- › Keep pressure to eat low, especially when trying new foods.
- › Ensure that there are alternatives available at mealtimes and foods that suit a sensory preference.
- › Plan carefully how the child will access meals and snacks to reduce stress and any pressure to eat.

### Identified barrier and/or need

- › Smelling (olfactory) differences. A child may have a strong aversion to smells or indeed seek smells out.

### Strategies and approaches

- › Set up a 'no scent' zone, free from air fresheners, flowers, perfumes etc.
- › Staff should consider the perfume/ aftershave and other products that have a smell that they wear.
- › Consider if the cleaning materials have a strong smell.
- › Provide scented playdough, pens and toys to support sensory seeking.
- › Allow the child opportunities to bake and cook to create different smells.
- › Be aware of smells from the outdoor environment, for example refuse collection and mitigate these smells where possible.

# Sensory and / or physical needs continued

## Identified barrier and/or need

- › Touch (tactile) differences.

## Strategies and approaches

- › Consider the proximity of others - would a carpet tile help?
- › Allow the child to be at the front or the back of a line, if helpful.
- › Approach the child within their visual field.
- › Consider the challenges that a child may face with different floor surfaces; they may find it challenging to sit on the carpet.
- › Ensure that there are opportunities for the child to engage in sensory play, for example sand, water, oats, gloop.

## Identified barrier and/or need

- › Proprioceptive differences - A child may seek extra input for their proprioceptive sense.

## Strategies and approaches

- › Offer opportunities for the child to run, jump, join in weight bearing activities such as crawling, pushing and pulling games.
- › Recognise that a child may seek further sensory input via leaning, for example table or wall pushes.
- › Be aware that a child may rock on their chair, or place the chair legs on their feet to seek "grounding": what opportunities are on offer to support this. For example, a child may benefit from move and sit cushions or wedges to give feedback to sit comfortably.
- › Consider table/wall pushes.
- › Ask the child to carry a box or bag (heavy) of toys or work for next activity.
- › Provide pushing/pulling boxes with heavier items in.
- › Offer riding vehicles e.g. tricycles, bicycles & scooters.
- › Offer jumping on trampette.
- › Suggest using a space hopper.
- › Use timers to support the start and finish of the activity.
- › Provide sensory circuits to support children.

## Identified barrier and/or need

- › Vestibular differences.
- 

## Strategies and approaches

- › Give the child daily opportunities to perform gentle stretches, rocking back and forth, slowly marching; consider Yoga activities.
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- › Provide opportunities to work in pairs with another child working on 'rowing' (sitting opposite, legs in a 'V' touching feet with partner, holding hands, gently 'row' forward and back), wheelbarrows etc.
- 
- › A child may need support negotiating space, walking up the stairs and with balancing activities.
- 
- › Vestibular activities can help to raise a child's level of arousal or alertness. Activities may include jumping / working against gravity, crunchy strong-tasting foods, climbing, running, movement breaks, moving furniture.
- 

## Identified barrier and/or need

- › Interoceptive differences.
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## Strategies and approaches

- › Ensure adults regularly talk about internal feelings both physical and emotional.
- 
- › Consider building mindful activities into daily routine.
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# Sensory and / or physical needs continued

## Identified barrier and/or need

- › Physical disability.

## Strategies and approaches

- › Check that the child is under the care of health professionals and has up to date assessment information.
- › Formulate a Health Care Plan and consider a Wiki.
- › Refer to relevant professionals if needed for further assessment and advice. Complete an assessment (Risk Management Plan) of potential hazards for the child in the environment.
- › Consider the adaptations needed to ensure that the child can access learning with their peers as much as possible.
- › Ensure that the provider insurance company is aware that child is attending and how the setting is meeting their needs.
- › Work together with other professionals to share strategies and advice to support the child.
- › Complete a list of all professionals involved on a Multi-Agency Record for the child with contact details of the professionals.

Ensure that transition arrangements have been put into place prior to the child joining the setting. These would include ensuring that necessary adaptations are in place, such as:

- › Undertaking appropriate moving and manual handling training

- › Providing use of support equipment, for example work chairs, walkers, standing frames, hoists.
- › Ensuring that appropriate accessibility plans are in place, for example Personal Emergency Evacuation Plan
- › Undertaking appropriate care training and, where applicable, use of hygiene suites.
- › Procuring and knowing how to use/ maintain (where necessary) operated life-skills / curriculum equipment.
- › Use adapted equipment to facilitate access specific activities throughout the setting's day, for example cutlery, crockery, scissors.
- › Maintain progress. This would include having a detailed handover with the child previous key person/ teacher to have a clear understanding of their strengths, developing coping strategies and any particular areas of need which may relate more broadly to their development or emotional wellbeing (such as opportunities to develop confidence or developing and maintaining friendships).
- › Keep a focus on promoting independence and resilience within planning and differentiation. Provide accessible 'stretch' opportunities.



# Medical needs

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

A pdf of the 'ordinarily available inclusive practice' guide can be downloaded from the 'Tools for Schools' website. For more specialist advice, please see the SEND Toolkit.

## Identified barrier and/or need

- › **Severe and complex medical needs including a life-threatening diagnosis or condition.**

## Strategies and approaches

- › Ensure that you have the equipment that you need, for example support equipment such as lockable medicine cabinets, first aid bags, fridge. Some medications such as inhalers, blood glucose testing and adrenaline pens should be immediately available.

- › Ensure staff know which medicines need to be locked away and which need to be accessible.

- › Ensure staff know where a child's medication is stored, especially if it may be needed urgently. Consider having duplicates at different locations in the setting (eg epi-pen in office/on child/in classroom).

- › Ensure more than one member of staff has the knowledge and skills required to support a child, so that if the member of staff is absent the child's support is not impacted.

- › Ensure parent carers and staff have access to the medication policy to be reviewed and updated regularly.

- › Gain parent carer's permission in writing to administer medication and ensure it is prescribed.

- › Ensure that transition arrangements have been put into place prior to the child's entry to the setting. This would include ensuring that the necessary adaptations are in place.

- › Have a good understanding of any documents related to managing medical needs in the setting.

- › Ensure health care plans and/or other documentation are regularly updated, are shared with and are accessible to appropriate staff.

- › Access training prior to transition, such as rotated medication, care training, or manual handling.

- › Consider how you establish and maintain good communication links with parent carers and how you share information in a timely manner.

- › Identify what additional support may be required in relation to diet, toileting, use of equipment, cooking, mealtimes and taking part in outings.

- › Make sure you feel supported and equipped to support the child, their family and your class through any losses (by discussing with your SENCO/lead professional or having accessed bereavement training or policies for example).

- › Review and update individual support plans (Health & Care Plan and or risk management plan) with your SENCO to ensure that they reflect the level of need being presented and are informative for other members of staff (cover teachers for example).

- › It may also be helpful to discuss use of ICT equipment with your SENCO to support communication and learning.

## Medical needs continued

- › Provide achievable opportunities for the child to experience success and to be as independent as possible. Provide scaffolding to enable the child to take part in paired or small group work, or give the child the opportunity, where appropriate, to be involved in managing their own health needs.

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- › Consider fatigue levels and how these impact on the child's ability to engage. Make plans for rest and sleep as required.

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- › Ensure understanding of how medical conditions can impact on the child's ability to learn.

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- › Consider how you could promote regular contact with the home when/ if a child is not in the setting, to maintain a 'sense of belonging' with peers and the setting community.

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- › Absence from provision due to medical needs may require a reintegration plan to address learning gaps and support the child to feel safe and secure. This should be considered as part of the child's individual plan.

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- › Consider the impact of not being able to achieve attendance rewards/certificates (if used) on children who have various medical appointments. Find ways of ensuring they can be rewarded for attending school whenever possible.

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# Notes



# Notes





If you require this document in another format such as large print, braille, audio or in another language, please email us at [ToolsforSchools@westsussex.gov.uk](mailto:ToolsforSchools@westsussex.gov.uk)



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