



## **SEND Provision in National Curriculum Subjects**

We expect every child to leave Penpol School feeling determined to make a difference to the world and having the skills to do so. In order to do this, we must enable all children to be emotionally intelligent, resilient and courageous so that they will stand up for what is right and be ambassadors of social justice. Every child with (or without) Special Educational Needs (SEND) is unique and learns in their own particular way.

All children with additional needs must be fully challenged, consistently engaged and always enjoying their learning. They must be included with peers and, where working below age related expectations, should be supported to make accelerated progress. Below is a toolkit of adaptations we might make for children with SEND in each broad and specific area of need. When planning we consider ways of overcoming potential barriers to learning so that all learners can make excellent progress. In most activities, children with SEND will be able to take part in the same way as their peers. In others, some modifications or adjustments will need to be made to include everyone. For some activities, we provide a 'parallel' activity for learners with SEND so that they can work towards the same lesson objectives as their peers, but in a different way. Occasionally, and always to meet specific needs, children with SEND work on different activities or towards different objectives, to their peers.

There is no single teaching strategy that meets the needs of all pupils with SEND. However, ensuring that there are adequate structures and sufficient scaffolding in place to support those who need it is crucial. Fundamentally, planning to ensure that every child with SEND makes strong progress is likely to have a positive impact on all pupils. Teachers' expectations should be suitably high for all pupils.

It is essential to ensure that all adaptations and provision are in line with the child's Learning Plan (Assess, Plan, Do, Review cycle) and/or their Education Health Care Plan; are in line with advice from educational and / or medical professionals; have been discussed and agreed with parents and where appropriate the child; and are known by all relevant staff whilst ensuring appropriate levels of confidentiality.

Broad Area of Need	Specific Area of Need
1. Communication and interaction (Com)	<ul style="list-style-type: none"> <li>• Speech, language and communication needs (SLCN)</li> <li>• Autism spectrum conditions including Asperger's syndrome (ASC)</li> </ul>
2. Cognition and learning (C&L)	<ul style="list-style-type: none"> <li>• Moderate learning difficulties (MLD); Severe learning difficulties (SLD); Profound and multiple learning difficulties (PMLD)</li> <li>• Dyslexia</li> <li>• Dyspraxia (Developmental co-ordination disorder DCD)</li> <li>• Dyscalculia</li> </ul>
3. Social, emotional and mental health difficulties (SEMH)	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• ADHD</li> <li>• Anxiety</li> <li>• Tourette's Syndrome</li> <li>• Other mental health difficulties</li> </ul>
4. Sensory and / or physical needs (S&P)	<ul style="list-style-type: none"> <li>• Hearing impairment (HI)</li> <li>• Visual impairment (VI)</li> <li>• Multi-sensory impairment (MSI)</li> <li>• Physical Disability</li> <li>• Toileting / self-care</li> </ul>

## Speech, Language & Communication Needs (SLCN)

This bank of tools may be useful to help support a child with speech, language and communication needs

Every child with SLCN is different. We have provided some strategies to consider.

Always be aware of the specific needs of the child. Take advice from Cornwall salt teams and / or SLCN team as appropriate.

<https://www.cornwallft.nhs.uk/childrens-speech-and-language-therapy/>

<https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/communication-support-salt/>

- All staff to be aware of the level of language the child is using and use a similar level to ensure they understand
- Do not rush or interrupt as they might have to begin processing from the start
- All staff to be aware of the specific communication difficulties - it may not be obvious as it may be a processing
- Slow down adult speech by pausing and give child time to process – wait for answer
- Allow child the time to finish speaking, don't finish speech for the child
- Create a relaxed, friendly environment with opportunities to talk when not noisy
- Simplify language by breaking long sentences into short ideas and ensure language is clear, unambiguous and accessible for the child
- Use signs, symbols and visual timetables to aid communication
- Use visual displays (objects, artefacts and pictures)
- Provide a visual guide to the lesson, eg. check list, visual timetable or pictures
- Provide lots of repetition of activities and particularly vocabulary
- Use non-verbal clues to reinforce spoken word - eg: gesture, facial expression, body language
- Give a clear language model and expand what the child is able to say by repeating words back correctly without pointing out errors
- Provide opportunities to communicate in a small group the child finds comfortable
- Provide good communication role models, adults and other children for child to mirror
- Respond positively to any attempt made at communication – not just speech
- Listen very carefully as the child may be embarrassed to repeat especially in front of a group or class.
- Provide a low distraction / quiet environment so the child can focus in communication when other children are in louder discussion
- Reduce the number of questions asked and give time to answer – typically 10 seconds
- If asking questions in front of the class, consider using closed questions the child can answer
- Ask questions in a variety of ways enabling learners with S&L difficulties to answer open ended questions
- Regularly check understanding
- Key words to be written up with meanings/visual aids
- Instructions are given clearly and reinforced

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|  | <ul style="list-style-type: none"><li>○ Ensure all adults are aware of their role in supporting learners to contribute to lessons.</li><li>○ Use clear, unambiguous language and keep unnecessary information to a minimum to reduce cognitive load. Give at least 7 seconds response time to aural questions.</li></ul> <p><b>PE</b></p> <ul style="list-style-type: none"><li>○ Use peers or video to demonstrate activity visually</li></ul> |
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## Autism Spectrum Conditions (ASC)

This bank of tools may be useful to help support a child with Autism Spectrum Conditions.

Every child with ASC is different. We have provided some strategies to consider.

Always be aware of the needs of the child and take advice from Cornwall ASC team as appropriate:

<https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/autism-spectrum-team/>

- All staff to understand that it may take time to trust someone.
- Make learning accessible - differentiate where necessary.
- Ask the child where they are most comfortable sitting
- Avoid changing seating plans without consulting
- Consider giving instructions using tick lists, break down tasks into chunks.
- Avoid over use of open-ended questions as they may not focused enough to enable the child to give a response
- Provide some vocabulary, structure or starting ideas
- Use visuals and structured tasks, incorporating child's interests where possible
- If helpful and age appropriate provide a clear sequence of lessons in advance
- Give time to process information and avoid putting the child on the spot by asking questions publicly, unless you know they are comfortable
- Prepare child for and staff for what is coming next and what is the focus of learning for the lesson
- Allow use of speech to text technology so there is less writing or allow child to present work in an alternative format, unless this contradicts their learning needs
- Understand that the child is likely to experience sensory processing difficulties where they may be either over-responsive or under-responsive to sensory stimuli
- Allow child to have planned and unplanned sensory breaks in a break out space and / or fiddle toys in class.
- Be aware that the child may have rigid expectations of the structure of a lesson and changes may cause anxiety
- Consider use of Task Management boards
- Understand that the child may struggle to work in a group and on their own due to communication difficulties.
- Be aware that the child uses a lot more energy coping with the day, so completing homework may be a challenge.
- Ensure the child understands how to do homework, support them to do the homework in school or give less homework,
- Make sure it is clear exactly what is expected how long they should spend on the task and provide a clear deadline.

- Pre-warn of any changes to the normal school day – visits, visitors, supply teachers, fire drills etc

### **Maths**

- Learners with ASC may struggle with word problems and need adaptation because of the following difficulties: *Organizing* the order of operations in multiple-step word problems; *Holding* information from one step while manipulating information from another step; *Shifting* from one piece of information to a second piece of information; Attending to the *relevant* information within the word problem; Focussing on *unimportant* information within the word problem.
- Controlling the impulse to solve the first identified operation without understanding all steps involved.

### **Science**

- Ensure that learners with sensory issues are considered in relation to sounds, smells textures etc involved with science experiments.

## Moderate, Severe or Profound & Multiple Learning Difficulties (MLD; SLD; PMLD)

This bank of tools may be useful to help support a child with a Learning Difficulty

Every child with a learning difficulty (LD) is different. We have provided some strategies to consider.

Always be aware of the medical needs of the child. Take advice from the school nursing service / NHS / Cornwall cognition and learning team as appropriate

<https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/>

<https://www.cornwall.gov.uk/cognitionandlearning>

- Provide differentiated work, broken down into small tasks and/ or chunks
- Give time to consider questions, process and formulate answer. Slow down and/or reduce the number of words that used.
- Plan self-checks at each stage of task with use of a tick list.
- Use visual timetables and prompt cards with pictures to remind the child what they need to do to complete the task
- Provide word bank with key vocabulary and check understanding
- Provide key words with pictures/symbols to aid memory
- Provide a writing frame to help structure work.
- Keep Power point slides simple and highlight key information
- Understand that the child may struggle with visual and auditory memory for information, processes and instructions – check understanding of questions and tasks before they begin and re-focus and check understanding during task
- Understand that if off task, it is likely that they do not understand what is expected not because they haven't listened
- Use structured questioning and support by scaffolding a response
- Make a mind map or other visual representation of what they already know and use as a starting point to teach next steps.
- Demonstrate and model tasks physically alongside verbal instructions
- Repeat information in different ways, varying vocabulary, check understanding and if they didn't understand what has been said, rephrase it
- Consider giving the child a work 'buddy'.
- Understand that the child may find personal organisation difficult - support by providing clear instructions for homework, including a submission date and a list of equipment for each lesson, which may need to be visual
- Give a manageable number of instructions to the child - be aware of possible difficulties with sequencing which can often cause confusion if too many instructions are given at once
- Keep instructions simple and provide a (possibly visual) checklist
- Be aware that the child may appear immature and find it difficult to mix with their peer group. Be vigilant for bullying as a result and encourage paired working or group work
- Be aware that the child may appear needy with an over-reliance on adult

support. Promote independence by making the curriculum accessible

- Give specific, targeted praise to the individual and focus around the task
- Split task / learning activity into short chunks to allow for processing and opportunity for embedding the key components of the learning
- Utilise stories adapted to make remembering the learning easier, for example through storyboards
- Provide alternative ways to record their ideas such as audio and / or visual, mind maps, bullet point lists, storyboards
- Re-cap previous learning to enable working memory, possibly using a chart to build up each week's key learning visually
- Consider use of visual aids from previous relevant learning.
- Present information in a visual form with only the key information for the learner to remember
- Scaffolded work through use of writing frames.
- New vocabulary selected for the key words and explicitly taught in pre-teach.
- Give concrete, practical example of what you want the child to do / produce



## Dyslexia

This bank of tools may be useful to help support a child with dyslexia

Every child with Dyslexia is different. We have provided some strategies to consider.

Remember that Dyslexia means difficulties with language and these tools should help all children, not only those with dyslexic traits.

Always be aware of the needs of the child and take advice from Cornwall Cognition and learning team

<https://www.cornwall.gov.uk/cognitionandlearning>

- Check reading confidence and barriers and ensure work is differentiated
- Use pastel shades of paper and matt paper which to reduce 'glare'
- Avoid black text on white background / light text on dark background
- Many dyslexic learners prefer text at font size 12 or above and fonts which are clear and rounded with a space between letters eg: Tahoma, Arial or Verdana
- Use 1.5 or double line spacing and wide margins and lower case rather than capital letters
- Use numbered or bullet points rather than continuous prose
- Keep paragraphs short – dense text blocks can be harder to read
- Understand that the use of background graphics with text over the top can be visually confusing
- Consider using text boxes or borders for headings and to highlight key text
- Know that for some learners, underlining and italics makes words 'run together'
- Use bold text for titles & sub-headings or to draw attention to important information or key vocabulary.
- Colour-code text – for example, information in one colour, questions in another.
- Include flow charts, illustrations and diagrams to break up large sections of text or to demonstrate a particular procedure
- Ensure that the child can understand data, charts and diagrams and are adapted if necessary, with irrelevant information removed
- Ensure written instructions are short and simple to read
- Avoid too much text on the page and avoid clutter
- Leave an appropriate space for response – this may be much larger than peers
- Provide additional support for the child to learn, understand and retain key vocabulary
- Read through questions and check understanding with the child
- Ensure all staff, including supply staff and peripatetic teachers are aware the child be uncomfortable reading aloud or in front of a group
- All staff to be aware that it may help to use a ruler, finger or overlay to track words
- All staff to be aware the child may use a personalised coloured overlay or rule. This may require trial and error to find the right colour for the child.
- All staff to be aware the child may use text to speech technology

**Working Memory:** Re-cap of previous learning to enable working memory; consider use of dual coding; use a chart to build up each week's key learning visually; re-teach main aspects of previously taught lessons with key information; learning presented in small chunks; access visual aids from previous relevant learning; present information in a visual form with only the key information for the learner to remember.

**Processing time:** Time to talk through ideas and concepts; time for recall; repeat instructions using the same language

**New vocabulary:** Word mats with pictorial aids; written prompts; stories presented in alternative styles, for example cartoons, storyboards; Exaggerate new vocabulary by separating syllables; mnemonics;

**New vocabulary:** Talk partners; Dual coding; draw concepts; Coloured overlays (also think about the colours of any IWB presentations); larger font

**Sequencing:** Repeat instructions and information; sequencing frames, written scaffolding

**Recording:** Alternative methods of recording information including audio/visual to ensure key concepts are recorded; paired writing;

## Dyspraxia, or Developmental Coordination Disorder (DCD)

This bank of tools may be useful to help support a child with dyspraxia / DCD.

Every child with Dyspraxia is different. We have provided some strategies to consider. About 5% of children of primary school age are affected by dyspraxia which mainly causes difficulties with coordination.

Always be aware of the needs of the child and take advice from Cornwall physical and medical needs service.

- Consider alternatives to writing – wordprocessors, Dictaphones, speech to text technology
- Understand the child will need a large space to work in
- Understand that the child may need to use special equipment eg: looped scissors, rulers with handles etc and has access to these when needed
- Provide lesson breakdown tick list to help child organise time
- Write instructions out for the child, using different colours for each line
- If the child finds dictation or copying overly challenging, pre-prepare diagrams
- Provide pre- or part-prepared handouts and lists of key concepts or vocabulary
- Give an equipment list and encourage child to only gather necessary equipment
- Clarify rules and expectations, using unambiguous language.
- Inform child if plans are likely to change from the norm including change of staffing, timing, expectations, tests etc
- Allow extra time to complete work, with movement breaks when needed and don't keep child in school at break time.
- Maybe allow child to move around whilst working (ensure all staff and other pupils are aware)
- Allow child time to settle in the classroom and ensure all staff are aware if the child finds transitions can be challenging
- Allow child to stand up when handling equipment.
- Maybe allow child to pack up and leave lessons early (ensure all staff and other pupils are aware)
- Provide child and parents with suitable time limits for homework
- Maybe, allow child to start getting ready before the other students and provide a quiet area for them to change if needed
- In most cases, do not ask the child to go first – many children are likely to pick up cues from peers about what is needed
- Pair up with a peer who is competent at task and with whom the child is comfortable
- Ensure all staff are mindful of signs of stress due to noise and allow time out
- Demonstrate how to handle equipment until internalised and repeat as necessary
- Don't draw attention to any awkwardness of movements or challenges with the task
- Break down activities into components and teach separately, ensuring understanding and competence. Repeat in future lessons as necessary

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|  | <ul style="list-style-type: none"><li>○ All staff to be aware that performance may deteriorate during the lesson due to tiredness</li><li>○ Adapt equipment and expectations when motor skills are being used e.g. recording of information; Adjustable height desks or standing desks can be used; peer buddy within lessons; specialist equipment available; Alternative methods of recording using audio/visual resources; Reduction of requirement to use fine motor skills such as pre-cut resources</li></ul> |
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## Dyscalculia

This bank of tools may be useful to help support a child with dyscalculia

Every child with Dyscalculia is different. We have provided some strategies to consider.

Always be aware of the needs of the child and take advice from Cornwall cognition and learning team

<https://www.cornwall.gov.uk/cognitionandlearning>

All elements below are potential signs of possible dyscalculia:

- Reliance of counting in 1s
- Challenges with counting backwards
- Lack of understanding of place value
- Poor retention of times tables, but better retention of 2, 5 and 10
- Slow working speed
- Weak overall mental arithmetic
- Task avoidance and / or anxiety specific to maths
- Inability to retain procedures and formulae

- All staff to be aware and understand that the child may find it difficult to keep up with peers in many circumstances
- Consider providing the child with verbal and written instructions and personalised worksheets
- Consider showing the lesson on a laptop if the child finds it difficult to track from a whiteboard to paper
- Use concrete manipulatives such as denes, numicon, dice
- All staff to understand that the child may have to repeat the activity many times to internalise and remember – pertinent for number bonds, times tables etc
- All staff to understand that the child may shut down and use avoidance strategies if anxious - scaffold and support to break this cycle
- Use kinaesthetic and visual teaching strategies such as drawing, building, demonstrating and modelling
- Provide hand-on activities with clear instruction around language and vocabulary
- Avoid time pressure by using untimed tests
- Use visual reference aids – 100 square, times table facts, printed vocabulary
- Provide lined paper / graph paper / squared paper as appropriate to the child to help organise thoughts for complex procedures such as long division
- Use highlighters and coloured pens to colour code operations – ie addition = amber, subtraction = sky blue
- All staff to be aware that the child may not know when they have made an error when copying numbers or writing dictated numbers
- Allow or encourage the child to communicate answer in alternative ways such as in a diagram or by using manipulatives
- Ensure that the child has enough time to practice and internalise key knowledge such as number bonds, times tables, place value
- Provide scaffolding and model scaffolding of key ideas if organising of ideas is challenging
- Adapt tables, data etc and support and check understanding, recapping frequently to check understanding is maintained

## Trauma

This bank of tools may be useful to help support a child with trauma

Every child with trauma is different. We have provided some strategies to consider.

Refer to the school Wellbeing Team if appropriate.

Always be aware of the medical needs of the child and take advice from the school nursing service as appropriate

<https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/>

For further information on types of trauma, see the following link:

<https://www.nctsn.org/what-is-child-trauma/trauma-types>

- Ensure all staff (including supply and infrequent staff) understand behaviour in the context of past experiences (without breaching confidentiality / GDPR)
- Provide a non-confrontational, trauma informed approach with a discreet, understanding and reassuring approach which is understood and applied by all adults
- Remember “PACE” Playfulness, Acceptance, Curiosity, Empathy to understand child's behaviour
- If appropriate to the individual child, consider slowing speech to appear non-threatening: talk slower, use a lower pitch, don't use complex sentences, don't use lots of body movements
- Teach and model positive self-talk to encourage self-belief
- Encourage the child to see that making a mistake is a part of learning and that mistakes will not incur anger or punishment from adults or peers
- Utilise opportunities for humour and laughter as appropriate but all staff to be aware that laughter generally reduces the traumatic response in the brain
- Provide a predictable environment with clear expectations for behaviour and structure at all times during the school day – be aware that times outside of the classroom (break, lunch, toilet, library, PE etc) may be harder to manage
- Support and coach the child in ways to calm themselves and manage emotions as well as opportunities to practise de-escalating when needed
- All staff help the child to settle when something triggers an emotional outburst
- When the child is escalating, staff connect with what they are feeling
- Provide an agreed and safe breakout space for when the child is feeling overwhelmed or emotionally dysregulated.
- Ensure all adults are modelling active listening and demonstrating empathy at all times when interacting with the child
- Use the 10:1 rule when interacting with the child - ratio of positive to negative statements for traumatised children
- Actively ignore my negative behaviour if appropriate and not a danger. Ensure all staff are aware and understand aim
- Have consistent expectations and behaviour plans that are based on reward systems rather than punishment but ensure boundaries and sanctions are clear
- Use collaborative problem solving to allow for some control
- Allow access to exercise through regular learning breaks.

- Consider use of visuals to consolidate managing emotional regulation-e.g. Zones of Regulation, 5 point scale, etc.
- Ensure that the child has access to activities that allow for self-regulation/self-soothing
- Enable the child to sit in the room where they feel safe-could be at the side with their desk near a wall, or at the back. Monitor for hypervigilance and the impact of this on their attention and focus

**Ensure all staff understand that all behaviour is communication-what is the child trying to say to us?**

Ensure all staff are aware of needs of the child and are always interacting with empathy and kindness

Ensure confidentiality is maintained as appropriate.

Use Emotion Coaching and PACE/WINE.

**English** Ensure choice of texts does not contain content that will add to the child's trauma and / or remind them of their trauma

## ADHD

This bank of tools may be useful to help support a child with ADHD

Every child with ADHD is different. We have provided some strategies to consider.

Ensure clarity of aims within IEP or EHCP are not in conflict with curriculum adaptations.

- All staff employ a non-confrontational approach, valuing and listening to the child to help reduce heightened arousal leading to better behaviour and helping the child to remain in control.
- Reward immediately upon task completion, with tangible rewards (stickers, certificates) to reinforce positive behaviour – child involved in choice of rewards
- Apply school rules need sensitively but consistently. Rules may need differentiation – ensure all staff are informed and adaptations have been agreed with parents and child
- Sensory circuits could be really useful – both scheduled and as necessary.
- Be aware of possible hands-on (kinaesthetic) learning style and understand that the child may benefit from teaching methods which meet their need for activity
- Use a timer to engage and provide focus for attention; (gel based liquid timers can provide a calming response)
- If using a 'time-out' card, all staff will need to help the child take responsibility
- Ensure instructions are delivered clearly and step by step - ask the child to repeat or have them written on a prompt sheet or task management board
- Encourage the child to take notes or aide memoires
- Encourage the child to use pictures or diagrams for thoughts and ideas
- Use subtle, visual cues agreed in advance to remind the child when they are off task or behaviour is inappropriate
- Consider encouraging or providing music on headphones while engaging with tasks, tests or extended writing may help focus attention
- All staff to be aware that the child may benefit from using a word processor or speech to text APP or device
- Be aware that it may be helpful for the child to sit at the end of a row or the back the classroom to minimise distractions BUT ensure this is never seen as a punishment or a way of isolating the child
- Provide a 'stress ball' or other fiddle object to aid concentration
- Allow a calming-down period on entry to the classroom
- Allow time limited learning breaks to release excess energy – this could include giving an active 'job' to do
- Be aware that the child may be very impulsive, so raise awareness of potential danger when using equipment in practical lessons



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|  | <ul style="list-style-type: none"><li>○ Paired working or support from a role model may help focus</li><li>○ All staff to understand that the child may struggle in group work if they are unable to read signals and cues for successful communication</li><li>○ Consider and trial equipment and strategies including: standing desks; small chunks of information with key concepts in pictorial form; practical activity to remain physically active where possible; re-cap of previous learning to organise thoughts before the lesson; Small, achievable tasks to ensure success with scaffolding</li><li>○ Use of visual timetables with built in reward systems in place, as well as opportunities for breaks or choice activities as required</li><li>○ Consider use of visuals to consolidate managing emotional regulation-e.g. Zones of Regulation, 5 point scale, etc.</li><li>○ Ensure a range of practical tasks to allow the learners to be active when in lesson.</li><li>○ Allow some activities where learners with ADHD are allowed to work alone. People with ADHD often feel group working is a challenge.</li></ul> <p>Standing desks; small chunks of information with key concepts in pictorial form; practical activity to remain physically active where possible; practical activity to remain physically active where possible; re-cap of previous learning to organise thoughts before the lesson; Small tasks to ensure success.</p> |
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## **Anxiety – including - Generalised Anxiety Disorder, School Phobia, Specific Phobias, Social Phobias and Obsessive Compulsive Disorder (OCD).**

This bank of tools may be useful to help support a child with Anxiety

<p>Every child with Anxiety is different. We have provided some strategies to consider.</p> <p>Refer to the school Wellbeing Team if appropriate.</p> <p>Always be aware of the medical needs of the child and take advice from the school nursing service as appropriate  <a href="https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/">https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/</a></p>	<ul style="list-style-type: none"> <li>○ All staff working with the child must be aware that anxiety will often also accompany many SEND and be aware if the individual child has any accompanying SEND</li> <li>○ All staff must get to know the individual child and build up a trusting relationship</li> <li>○ All staff must know what it looks like when the child is in a heightened state of anxiety – they may be particularly quiet, withdrawn, avoid eye contact, be tearful, shaky or they may show no outward signs at all.</li> <li>○ Consider asking the child where they are most comfortable sitting in class</li> <li>○ All staff to understand that child may like to enter the room first, quietly after others and may find some rooms easier than others</li> <li>○ All staff must understand that the child may need a quiet and private place to eat and may not be able to eat in public</li> <li>○ With permission of parents and if appropriate to the needs of the child, staff monitor discreetly what the child has to eat or drink, as blood sugar levels drop, metabolic rate may increase and appetite might be suppressed causing weight loss</li> <li>○ All staff to understand that the child may not feel confident to change in front of others or feel able to perform.</li> <li>○ All staff must know that if the child has a “Help Card” or equivalent, they can use it to go somewhere safe and where they can calm down</li> <li>○ All staff to understand that there may be certain groups of adults or individuals who they find challenging. All staff to be sensitive and aware that this could be for many reasons and staff must not personalise. They may not be able to communicate this for fear of saying something wrong. When this is noticed, staff should adapt behaviour accordingly to make the child comfortable</li> <li>○ All staff are mindful of whether the child can cope with being asked questions in class and that this may vary day to day</li> <li>○ Understand that the child may not be comfortable speaking in front of the class or a group</li> <li>○ If agreed with appropriate staff, allow the child to leave class early so they can go through the corridors when they are quiet</li> <li>○ All staff to be aware that the child may not cope with crowds because of noise,</li> </ul>
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jostling and fear of being pushed over and if so put in alternative procedures

- All staff to be aware that the child may not be able to use the school toilets or they may need to go only when the toilets are empty. Staff to know that having access to toilets at all times may be important and the child may be issued with a toilet pass, Help Card or equivalent
- Know that the child may struggle with new / supply teachers
- Note that the behaviours exhibited may also be very physical and the child may be in fight/flight mode which may be seen as an aggressive response.
- Staff must build a relationship with the child where they can support and redirect...I've noticed that you are doing xxxx, shall we go for a walk / do an activity to help soothe and calm/make you feel happy
- Use of emotional thermometers as a guide to share feelings and anxieties...to know where the child is at with their feelings/anxieties

## Tourette's Syndrome

This bank of tools may be useful to help support a child with Tourette's

Every child with Tourette's is different. We have provided some strategies to consider.

Refer to the school Wellbeing Team if appropriate.

Seek advice from:

<https://www.tourettes-action.org.uk/76-support-in-school.html>

<https://www.tourettes-action.org.uk/>

- All staff to be aware of common vocal tics, including: coughing, grunting, sniffing, throat clearing, shrieking, whistling, spitting, animal sounds and echolalia (repeating others' words or phrases).
- All staff to be aware of common motor tics are, including: eye blinking (excessively or in an unusual pattern), echopraxia (imitating actions of others), self-injurious behaviours involving touching, biting, hitting, pulling out eyelashes/hair, smelling/sniffing things
- All staff to be aware that tics can be triggered, or increased by stress, excitement or relaxation. Staff should therefore filter out personal emotional reaction and instead listen and respond with support and understanding
- If appropriate, staff are aware that ignoring tics avoids drawing any unnecessary attention
- Staff are aware that it is unhelpful to ask child to stop tics. They are involuntary. Being asked to suppress them is stressful and will cause the child to tic more.
- In general, avoid asking the child **not** to do something. It may become the very thing they have to do and turn into a compulsion.
- All staff to be aware that the child may have a poor attention span, fail to complete tasks, be easily distracted, appear unable to listen, fidgety and impulsive.
- Provide a structure (schedule/tick list) to assist with planning, organisation, time management and initiation of tasks.
- All staff to be aware that because Tourette Syndrome can be suggestible, if classmates discover 'the trigger', they may use this to prompt the tic.
- The child is likely to experience sensory processing difficulties where they may be either over- responsive or under responsive to sensory stimuli, eg: noise, clothing, textures.
  
- Motor tics of the eyes, head or neck may interfere with reading and affect handwriting or the ability to write for prolonged periods of time.
- Motor and vocal tics may make the child reluctant to read aloud, ask / answer questions or ask for help.
- Thought tics inhibit auditory processing. Do not assume the child is intentionally not listening.

## Hearing Impairment or Multi-Sensory Impairment

This bank of tools may be useful to help support a child with a hearing/multi-sensory impairment

Every child with a hearing or multi-sensory impairment is different. We have provided some strategies to consider.

Always be aware of the medical needs of the child and take advice from the school nursing service as appropriate

<https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/>

<https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/hearing-support/>

- Teacher to talk to the child privately about where they would like to sit and any other considerations needed
- Staff to be aware that for most children it is advisable to sit toward the front of the classroom with an unobstructed line of vision
- If wearing a hearing aid, staff check discreetly that it is worn
- All staff to be aware of possible hearing loss in one ear only and seat the child with good ear facing outwards into the classroom
- Even if partial hearing loss, staff must be aware that the child may be reliant on lip reading and gesture to understand
- Staff discreetly check in to check hearing and understanding
- Ensure that any background noise is minimised.
- Repeat clearly any questions asked by other students in class before giving a response as they may not have been heard
- All staff including supply / peripatetic know that they do not speak when facing the board.
- All staff to be aware that face masks, moustaches, beards, hands, books or microphones can add to difficulties when lip- reading.
- Adjust the lighting to allow for lip reading in the teaching room
- Staff should assist with lip-reading by having the child sit directly opposite the staff member and ensuring they can see anyone else who is talking
- Videos or films used should be captioned. When impossible, find alternative ways for the child to access the information.
- Staff to be aware that it may be difficult to also take notes from a whiteboard or write whilst others talk; therefore, provide written material to supplement lessons
- If appropriate for the needs of the child, announcements made regarding class wide information – homework, room changes, etc should be given in writing as well as verbally
- Electronically “share” the lesson if child uses a laptop and allow use of headphones to use built-in assistive technology
- Teacher / staff control discussions so that only person speaks at a time
- Staff to read out the child’s work for me if requested
- All staff to be aware that hearing loss early in life may result in additional literacy issues, therefore staff to be aware that they may need to provide support with

reading and interpreting information

**Music**

- Establish the beat and give instructions before any music is played
- Do not work in a room that has an echo
- Take the student's lead on which instruments they are comfortable playing
- Try to teach music as part of a smaller group

**PE**

- When instructions are given ensure that it is quiet. For example, in a dance lesson turn the music off
- Referees to use flags/visuals alongside their whistle during matches
- Consider safety of cochlea implants and hearing aids during physical activity

**PSHE**

- Ensure that disabilities, including deafness, are included in your programme of study if your school teaches personal, social, health and economic education (PSHE) curriculum.
- Ensure access to extra-curricular activities

## Visual Impairment and or Multi-Sensory Impairment

This bank of tools may be useful to help support a child with a visual/multi-sensory impairment

Every child with a visual or multi-sensory impairment is different. We have provided some strategies to consider.

Take advice from the visual impairment / school nursing service as appropriate  
<https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/vision-support/>  
<https://www.cornwall.gov.uk/health-and-social-care/childrens-services/health-visiting-and-school-nursing/school-nursing/>

- Ensure the classroom is uncluttered
- If the child is sensitive to light and glare, control the light in the classroom using blinds and consider sitting the child with back to windows and in a place which reduces the glare on surfaces
- All staff aware that the child may need to wear a hat, visor or sunglasses even when indoors.
- All staff must be aware that the child may need more light and may need to be positioned near natural light
- All staff to be aware that the child may need to use a lamp. This should normally be placed behind shoulder on the opposite side of writing hand and/or the same side as stronger eye or as directed by health professionals
- If of benefit to the child, provide high contrast objects and pictures
- Warn of changes in lighting as this can cause eye strain and headaches.
- Be aware that many children will be able to read their own writing better using a thicker nibbed pen / pencil
- Find the best / correct font size and type-face to allow access and provide written work in this format. The VI team <https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/vision-support/> should have assessed vision and recommended fontsize and typeface
- Staff to be aware that black & white give the highest contrast (but check child does not also have dyslexia). In general, do not use dark colours together; avoid using white & grey with other light colours; avoid pastel colours next to each other
- For many children, avoid the use of red and green pens on the whiteboard.
- Ensure, sensitively and discreetly that the child wears any prescribed glasses to reduce visual fatigue
- Be aware that many children will benefit from work being magnified. Provide enlarged pictures, images, maps and print. The child may have assessed vision and recommended fontsize and typeface
- Staff must be sensitive to possible need to work at close distances – consider moving the child closer to the object, such as sitting closer to the board or the object can be moved closer to the child – for example asking other people to move closer when talking to the child
- Reduce visual clutter in the classroom and reduce the number of objects in the

	<p>immediate working area</p> <ul style="list-style-type: none"><li>○ Allow breaks from work to enable the child to be visually focused for shorter periods of time and to prevent fatigue.</li><li>○ Allow more time when visually exploring a material and when completing visually challenging tasks</li><li>○ If the child has central visual field loss, they may experience incomplete a central “blind spot” when looking and may not appear to make eye contact</li></ul>
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## **Multi-Sensory Impairment – see hearing and vision above**

This bank of tools may be useful to help support a child with a multi-sensory impairment in specific subjects

### **English**

- Carefully selected reading material – clear pictures and good visual contrast
- Access to books written in Braille
- Access to 'screen reading' technology
- Include as many multi-sensory real-life experiences as possible to enable blind and partially sighted children to develop a shared understanding of the world
- Establish clear turn-taking rules and a hands-up or non-interruption rule for class and small group discussions
- Use of electronic texts
- Systematic approach to the learning of spellings

### **Maths**

- Support learning with a range of manipulatives and concrete apparatus
- Use of large print measuring devices – eg protractor
- Talking calculators
- Braille rulers
- Consider use of fonts on IWB – ensure that numbers look distinct from each other
- Access to abacus for early counting activities

### **Science**

- Use of a range of assistive technologies, e.g. talking thermometers, talking timers
- Individual risk assessments for practical science activities

### **DT**

- New tools to be introduced one at a time, 1:1 and with a 'hands on' approach
- Individual risk assessment for practical activities

### **History**

- Include as many multi-sensory real-life experiences as possible to enable blind and partially sighted children to develop a shared understanding of the world
- Opportunities to handle and explore artefacts
- Use drama / role play to explore historical events

- Use of audio description of films used in learning
- Use of magnification technologies

### **Art and Design**

- Use of magnification technologies

### **Music**

- In group work get the players to sit close to each other and start with a game of passing a rhythm around the group so that everybody knows each other by their instruments' sound, not just by sight.
- When playing percussion instruments offer shorter beaters, or one beater instead of two
- Use of modified stave notation or Braille music

### **PE**

- Physical education equipment with auditory signals e.g 'beep balls'
- A programme of PE which is to include a child or young person with sight problems needs to focus on the individual's starting point and adapt and plan activities and teaching techniques that enable the learner to develop their skills and fitness
- Mark boundaries with luminous tape
- Individual risk assessments
- Familiarise the child with the environment they are going to be working in before the lesson begins

### **MFL**

- Include as many multi-sensory real-life experiences as possible to enable blind and partially sighted children to develop a shared understanding of the world
- Use of real objects when introducing new vocabulary

### **PSHE**

- Ensure that disabilities, including vision loss, are included in your programme of study in personal, social, health and economic education (PSHE) curriculum.
- Ensure access to extra-curricular activities

## Physical Disability

This bank of tools may be useful to help support a child with a physical disability

Every child with a physical disability is different. We have provided some strategies to consider.

Always be aware of the medical needs of the child and take advice from the physical disability and medical needs service as appropriate:

<https://www.cornwall.gov.uk/schools-and-education/special-educational-needs/council-support-services/physical-disability-or-medical-needs/>

Below is an overview and specific information on the types and causes of some Physical Disabilities

Physical disability is defined as a “limitation on a person's physical functioning, mobility, dexterity or stamina” that has a 'substantial' and 'long-term' negative effect on an individual's ability to do normal daily activities. (Equality Act,2010). However, the effects of physical disability on a person's experience of life and learning varies **even for children with the same diagnosis or condition.**

For some the influence of their physical impairment may be mild, whilst for others, the effect may be profound **impacting on every aspect of development.** For others, their disability may be hidden, such as arthritis, or very evident necessitating a range of individual equipment and assistance from others. Others may have degenerative conditions or their symptoms may fluctuate across the day. Some children and young people will have additional difficulties which could include visual or hearing impairment, autistic spectrum conditions, epilepsy or additional medical, communication or learning needs.

**Every child or young person with physical disability is unique, but their physical needs are generally likely to come from:**

- physical, metabolic or neurological causes, e.g. Cerebral palsy or achondroplasia
- degenerative conditions, e.g. Duchenne muscular dystrophy
- severe trauma, e.g. as a result of an accident, amputation or serious illness
- chromosomal disorder, e.g. Turner syndrome, TUBB4A or Ehlers-Danlos syndrome
- acquired brain injury (ABI)
- muscular skeletal conditions
- birth trauma and prematurity
- upper limb differences affecting hand function and fine motor movement
- lower limb differences affecting mobility
- complex medical needs which impact on physical function
- persistent symptoms affecting mobility and physical function, although there is no diagnosis

**Whilst every individual is affected by their unique physical needs in a different way children and young people with a physical disability may often have difficulty in:**

- accessing the physical environment
- using equipment and facilities safely
- taking part in learning tasks and assessments
- doing practical tasks and activities, e.g. food technology
- recording ideas and thoughts legibly or to time
- achieving independent work
- developing self-care skills
- communicating with others
- managing fatigue and pain
- interacting socially
- processing and regulating sensory information
- developing positive social emotional mental health (SEMH) & wellbeing

Although out of date, the following quote remains pertinent and useful.

“It will always be a challenge to meet the expectations of parents and the needs of all children and young people, especially in a context of constrained resources. The barriers faced by some children are very significant, and it requires skill and sensitivity from professionals working together to overcome them. However, there is a need for a continuing focus on and the highest expectations for disabled children and young people and those with special educational needs”. Special Educational Needs and Disability Review: A Statement is Not Enough, Ofsted, 2010

## Self-Care Needs

<p>For most children of primary age and above medical professionals will be involved, but if not, gain consent from parents to involve your school nurse.</p> <p>If there is a diagnosed medical condition, there should be an Individual Healthcare Plan – all staff should be familiar with this document.</p> <p>Intimate Care Plan - Please make sure that you are familiar with this document.</p>	<ul style="list-style-type: none"> <li>○ All staff to be aware that toileting issues can be caused by a range of factors including sensory differences, anxiety and other medical conditions including Inflammatory bowel disease (IBD), ulcerative colitis and Crohn's disease</li> <li>○ Agree with staff, parents and the child the best system for allowing the child to leave and return to the classroom discreetly and without having to get permission whenever they need the toilet. This may be via a "Pass" but the system must be known and adhered to by all involved including supply or peripatetic staff</li> <li>○ Consider asking the child to be seated close to the door so that they can leave the classroom discreetly</li> <li>○ All staff to appreciate that the child may arrive late at school for lessons and not to draw attention if this is the case</li> <li>○ Staff to be aware that I may need to take medication during school hours and/or need extra meal breaks.</li> <li>○ Be mindful of other students teasing about lack of stamina or need for rest</li> <li>○ Respect the need for privacy – the pupil and parents should decide how much information is shared with staff and other pupils are told about the condition</li> <li>○ Be alert to psychological needs and relationships with other children. Allow the child to judge whether they are able to join in sport/ PE or after-school activities on a day today basis and maintain dialogue with pupil and parents</li> <li>○ It is important to bear in mind that strenuous physical exercise can trigger an urgent need to go to the toilet or cause joint pains. Even mild activity may be too much at times if the child is feeling exhausted, suffering severe stomach pain, or recovering from surgery.</li> <li>○ Bending and stretching may bring on pain or make pain worse. Team games can be particularly problematic.</li> <li>○ Be aware that the child may push themselves so as not to let anyone down.</li> <li>○ They may need an extended deadline for homework assignments</li> <li>○ When a school trip is coming up, talk to the child and parents about needs and try and arrange to meet these, e.g with an aisle seat at the theatre or cinema and using a coach with a toilet.</li> <li>○ If unwell consider giving the child time to rest rather than sending them home.</li> </ul>
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