



Essex County Council
Special Educational Needs
and Disabilities (SEND)



Ordinarily Available: Targeted Support

The expected additional provision which is ordinarily available in mainstream schools for some children and young people who have been identified as having special educational needs.

Revised version September 2023

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Social, Emotional and Mental Health (SEMH)

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Introduction

Essex County Council (ECC) strongly advocates a whole-school approach to promote good social, emotional and mental health (SEMH). ECC will support schools and settings to create a culture and climate which is accepting and supportive for staff, parents/carers and children and young people (CYP). This will include working with schools/ settings on their vision, systems, structures and practices.

The values of Trauma Perceptive Practice (TPP) can be used as the foundation of this:

- compassion and kindness
- hope
- connection and belonging

Headteachers and the school leadership team need to be active in promoting this positive approach to understand and support social, emotional and mental health.

There will be a strong emphasis on:

- promoting inclusive values, a supportive school culture and ethos
- providing warm, accepting climates
- fostering positive behaviour and emotional well-being

The social, emotional and mental health needs of Children and young people can most often be managed within a whole school setting through the values of compassion and kindness, hope, connection and belonging which are part of a positive and caring ethos. When the level of need is assessed to be above what is ordinarily available at High Quality Teaching (HQT) level, then further intervention can be seen as appropriate.

There is an understanding that the emotional wellbeing and mental health of all Children and young people will fluctuate for short periods of time based on events, changes and challenges in everyday life. Resilience is developed through co-regulation and support when facing adversity.

There will be some children who may well experience greater social, emotional and personal challenges that are different in intensity than everyday stressors.

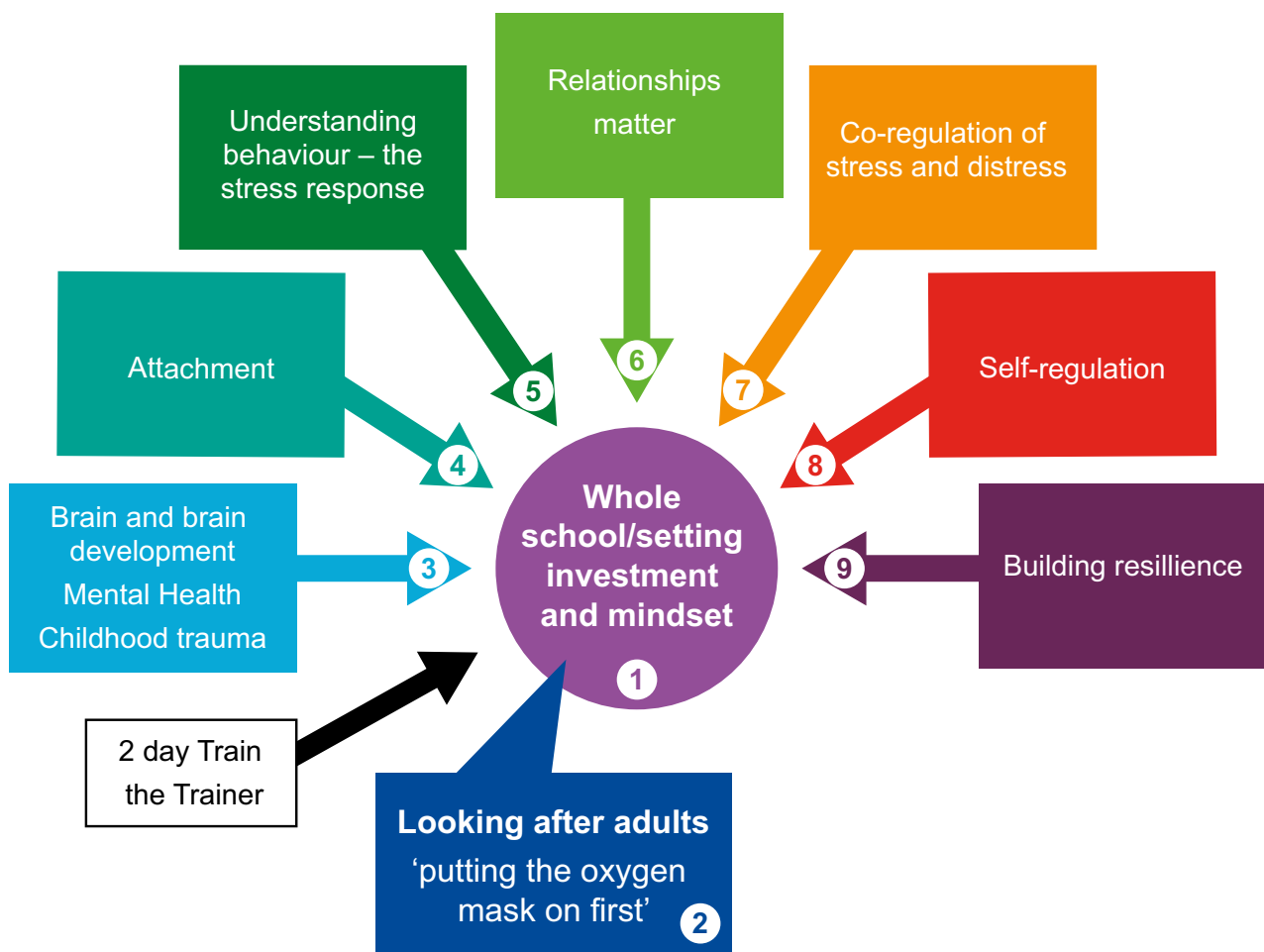
Trauma Perceptive Practice (TPP) is the Essex approach to understanding behaviour and supporting emotional wellbeing. The approach consists of nine elements for all staff.



Some children may well experience emotional, social and personal challenges.



Introduction



TPP helps schools/settings to support children and young people whose emotional wellbeing needs manifest themselves in behaviour that challenges by enabling the adults to recognise and respond supportively to those who have been impacted by trauma or stress. Staff are encouraged to reframe the behaviours they observe to better understand the children and young people and to meet their needs so that the pupil can make progress with their learning.

TPP promotes a school/setting culture of emotional containment through relationships for all and an environment which promotes a sense of belonging. Staff are encouraged to have healthy and helpful conversations with each other using reflective practice, creating an underlying culture of respect and support so that children and young people are provided with clear expectations.

TPP introduces language that is compassionate and hopeful, which is delivered through the use of effective co-regulation in the context of positive relationships, and then self-regulation for the children and young people to guide themselves through stressful situations.

For more information:

[Social, Emotional and Mental Health Portal for Schools, Colleges and Settings - SEMH Training \(essex.gov.uk\)](https://www.essex.gov.uk/social-emotional-and-mental-health-portal-for-schools-colleges-and-settings)

Assessment

In Essex, we promote the need to understand behaviour and a helpful way to do this is for all adults to reframe the behaviour they see. Staff explore what is being communicated by the children and young people. The adults become what is known as a ‘Stress Detective’, asking themselves “Why? Why now?”, understanding that the behaviour that they see is a method of verbal or non-verbal communication.

Stress Detectives will also consider, ‘What is maintaining this behaviour? What need is not being met?’

Staff can use:

- observation to map out and understand the stress responses
- informal assessment through teaching, e.g. are parts of the curriculum easier to manage than others? - these can then be used to develop confidence
- formal assessments, including measures and progress

There is also a need to think more broadly and to assess what is going on for the children and young people in the physical environment, home/social environments or within the context of the classroom, for example, the cognitive demands. It is also vital to consider the impact of transitions within the school/setting.

A guide to all recommended assessments can be found on Essex Schools InfoLink.

This document is updated every year to ensure it provides the most relevant assessments available.

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The adults become what is known as a ‘Stress Detective’, asking themselves “Why? and Why now?”

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Interventions, strategies and provision

It is important to be the ‘stress detective’ and seek out reasons for communicating behaviours. In the table below are ideas of possible interventions for pupils who are displaying behaviours of concern. For specific diagnosed needs, further information follows in the next section.

Communicating behaviour, understood through assessment	Possible interventions
<p>Difficulties participating and presenting as withdrawn or isolated.</p>	<p>Small group work to develop social communication and confidence, e.g. friendship or social skills.</p> <p>Sessions teaching children how to play – including opportunities within the curriculum. Making sure that children and young people have practice and adults who are available to support this in real life situations (for example, on the playground during a break).</p> <p>A planned process of desensitisation to situations of potential tolerable stress in order to increase the children and young people’s window of tolerance. For example, bringing children and young people in at the end of assembly or school day through a small-step, time-limited approach.</p> <p>An adult response plan containing activities to lift and boost mood through co-regulation and self-regulation.</p> <p>Achievement, closeness and enjoyment: listening to the children and young people.</p> <p>Play based activities to build relationships. These should include specific strategies such as:</p> <ul style="list-style-type: none"> • activities that encourage fun, smiling, laughing and singing • focussed play on the playground • use of playleaders • use of creative materials to encourage free play for example ‘Scrap Stores’ • friendship ‘Bus Stop’ • buddying/peer mentoring

Interventions, strategies and provision

Communicating behaviour, understood through assessment	Possible interventions
Continued	<p>Establish interest groups and develop clubs to match the interests for example, chess, art and craft, and drama.</p> <p>Recognise the strengths of the children and young people in the school community.</p> <p>Giving opportunities for autonomy and responsibility, such as by supporting someone else, for example, being a mentor, playleader, reading partner, etc.</p>
<p>Displaying signs of stress, unable to follow instructions, risk of harm to themselves or others, damage to property, etc.</p>	<p>Reasonable adjustments with regard to differentiation for SEMH needs as they are for learning needs. This can be achieved by using an adult response plan, ensuring a consistent but flexible approach.</p> <p>Staff reframe the behaviour and use language that shows supportive helpful language that is kind and compassionate.</p> <p>Staff use co-regulation to support, perhaps with the use of a personalised distress management plan.</p> <p>Helping the children and young people to learn self-regulation through co-regulation and to feel safer with the new skills they are learning.</p> <p>Ensuring there is a clear structure and the children and young people feels safe with the expectations.</p> <p>Communication with home/family and other partners, including regular reviews through One Planning.</p> <p>Preparation and support for transitions.</p> <p>Using restorative approaches to repair and restore relationships following pressure or breakdown.</p> <p>Supporting and building resilience.</p> <p>Access support/advice from specialists/experts, e.g. SEND Inclusion & Psychology Teams.</p>

Interventions, strategies and provision

<p>Communicating behaviour, understood through assessment</p>	<p>Possible interventions</p>
<p>Anxiety, low mood, self-injury, disordered eating, physical symptoms that are medically unexplained e.g. soiling, stomach pains, headaches, etc.</p> <p>What is also important to consider, and which has already been highlighted, is that depression or depressive symptoms can be hidden by communicating behaviour that might be considered disruptive or anti-social.</p>	<p>Key questions to ask are:</p> <ul style="list-style-type: none"> • does the child and young person have a stable friendship group? • does the child and young person have aspirations? • what strengths does the child and young person have? <p>These can be used to complete a 'Competency Profile' or 'One Page Profile'.</p> <p>Plan and provide a structure for regular check-ins for the child and young person. This will help them to feel more emotionally contained. Keep a log and analyse patterns or trends to identify stressors.</p> <p>Adults can ask them to reflect on this. Approach the situation with curiosity using 'WIN'- Wonder, Imagine, Notice.</p> <p>Show empathy, demonstrating compassion and kindness instead of blame or shame.</p> <p>Gathering the views of the child and young person and their family regularly with a trusted adult to be incorporated in their adult response plans and One Plans.</p> <p>Intentionally teach the child and young person about their presenting needs and how this links to their emotional wellbeing. That these feelings are understandable. It is possible to learn ways to manage and to be supported to reflect on their experience of this. This work is known as 'psychoeducation'.</p> <p>Adults need to be willing to provide a narrative to child and young person about their experience and progress. Taking opportunities to notice strengths, when things have improved, when they tried things that may have helped.</p> <p>Making sure that the child and young person has alternative ways to self-regulate when stress is not manageable.</p> <p>Provide opportunities and promote connectedness to enhance their sense of belonging.</p> <p>Monitor mood in order to recognise early signs of feeling low or depressed.</p>

Interventions, strategies and provision

Communicating behaviour, understood through assessment	Possible interventions
<p>Continued</p>	<p>Create an opportunity to express and process their emotions in a safe environment to prevent the ‘bottling up’ of feelings.</p> <p>Co-regulation/self-regulation activities that are stress reducing e.g. games, dance, colouring, gardening, caring for animals, outside activities, etc. These are identified in an adult response plan.</p> <p>For those child and young person with more severe or chronic problems, encourage the family to seek appropriate medical advice from the school nurse, GP or other specialists. Consider when to refer on, with consent, to the appropriate services.</p>
<p>Relationship difficulties.</p> <p>Difficulty making and maintaining healthy and reciprocal relationships.</p> <p>Social interaction and emotional expression or emotional communication.</p>	<p>Staff to be ‘attachment aware’, through the Essex whole school training offer (provided by Virtual School, EP service and TPP).</p> <p>Any concerns around relationship difficulties needs to be very sensitively discussed with parents/carers. A diagnosis of, for example attachment difficulties, can only be provided by a healthcare professional qualified to do so.</p> <p>An awareness that a child and young person may have different attachment styles for different people at different developmental stages. Every relationship is unique and provides hope that relationships can be safe and reliable.</p> <p>Nurturing environment and ethos that enables the child and young person to build relationships with adults and peers, so that they can feel psychologically and emotionally safe within the learning environment.</p> <p>Adults are aware that child and young person with these needs will need to be connected to others, kept in mind and valued.</p> <p>Consider how to maintain relationships through transitions.</p> <p>Small group work/activities to support and explicitly teach personal, social and emotional development. These should be differentiated for social and emotional development e.g. time in with a key person, buddy systems, friendship strategies, circle time, etc.</p> <p>When things go wrong in relationships, intentionally model and teach the importance of repair and restore for example, using restorative practice.</p>

Interventions, strategies and provision

Communicating behaviour, understood through assessment	Possible interventions
Continued	<p>Zones of Regulation: A curriculum designed to foster self-regulation and emotional control (Leah M Kuypers). www.zonesofregulation.com/index.html</p>
Emotionally based school attendance difficulties	<p>School attendance and guidance for all Essex Schools and Academies can be found here</p> <p>Use the Let's Talk... We miss you toolkit - for support and guidance on how to use the toolkit speak to your link Educational Psychologist or Inclusion Partner.</p>
<p>It is important to remember that children may be labelled as having behavioural difficulties when in fact the issue lies further back in the system's failure to meet their needs. Emphasis should always be placed on looking at the underlying causes of behaviour, including whether there are unmet special educational needs or social or emotional difficulties.</p> <p>There exists a significant amount of available research about the impact of bullying on poor behaviour and exclusions</p>	<p>The DfE Behaviour in Schools guidance (2022) acknowledges that behaviour should be a top priority of schools and recognises that when behaviour is poor, bullying can take place. It notes that behaviour policies should include measures to prevent all forms of bullying and that schools should expect the same standard of behaviour of pupils online as they do in school.</p> <p>School culture and diversity – what is expressed implicitly and explicitly within a school; for example, on the wall displays – how is diversity in all its forms shown in the images on display around the school? There is evidence that a focus on restorative approaches rather than a punitive response can help reduce bullying: These methods include where the focus on restoring good relationships rather than punishment. Actions of this kind have been found to be effective in some 70-80% of cases.</p> <p>Antibullying Policy: complimentary to TPP values. Notice, check, share. The Anti-Bullying Alliance is a good place to start.</p> <p>A good place to start for advice, guidance and resource is the Anti-bullying Alliance</p> <p>https://anti-bullyingalliance.org.uk</p> <p>They also provide free online training</p> <p>https://anti-bullyingalliance.org.uk/tools-information/free-cpd-online-training</p>

Interventions, strategies and provision

Communicating behaviour, understood through assessment	Possible interventions
<p>Sexualised behaviours</p> <p>Sexual behaviours which may be deemed inappropriate:</p> <ul style="list-style-type: none"> • occur frequently • involve coercion, manipulation or force • cause distress (e.g. shame, anger, fear, anxiety) • are between child and young person of different ages/abilities/stages • re-occur in secrecy after relevant interventions by caregivers • interfere with child and young person’s social emotional development or learning • are likely to be of concern and in need of attention 	<p>Top tips:</p> <p>Learning and practicing simple rules about personal boundaries and space as a means to enhance empathy for others and to increase safety awareness.</p> <p>Age-appropriate Relationships and Sex Education (RSE). This should include basic information about sex and sexuality set in the context of safe, healthy and respectful relationships.</p> <p>Social skills and communication to help them be able to express their needs and wants appropriately and to practice how to respond to unwanted contact such as the triangle on the body or swimwear metaphor used in NSPCC campaigns on sexual safety.</p> <p>Be aware that some child and young person are victims as well as perpetrators. Avoid responses which will result in feelings of blame or shame as this may affect their self-esteem and self-efficacy.</p> <p>Identifying and recognising the inappropriateness of their sexualised behaviours by increasing the child and young person’s understanding of the effects of their behaviour on others.</p> <p>For advice – you can contact The Harmful Sexual Behaviours Helpline 8am to 8pm Monday to Friday: https://swgfl.org.uk/harmful-sexual-behaviour-support-service</p> <p>ECC Guidance and Resources (essex.gov.uk): Sexualised Behaviour - Harmful Sexual Behaviour / Sexualised Behaviour</p> <p>A good place to start is the national charity Brook www.brook.org.uk</p>

Interventions, strategies and provision

Communicating behaviour, understood through assessment	Possible interventions
<p>Other behaviours that put child and young person at risk are:</p> <ul style="list-style-type: none"> • involvement in crime • radicalisation • exploitation 	<p>General Safeguarding policy and procedure must be followed</p> <p>Safeguarding - Safeguarding (essex.gov.uk)</p> <p>https://schools.essex.gov.uk/pupils/Safeguarding/Preventing_Extremism_and_Radicalisation/Pages/Preventing-Extremism-and-Radicalisation.aspx</p> <p>Notice, check, share via effective communication processes and systems.</p> <p>Be vigilant and take the incidents seriously. Getting to know the children/young people.</p> <p>E-safety training for all staff and children and young people and parents</p> <p>E-Safety - Online Safety (www.essex.gov.uk)</p> <p>All staff to complete the PREVENT training</p> <p>PREVENT Duty / Extremism and Radicalisation (www.essex.gov.uk)</p>

Interventions for identified and/or diagnosed SEMH needs

Some pupil needs will have been identified and diagnosed. The following table provides more information for specific needs.

The aim is not to think about ‘what is wrong and why?’, but ‘what are their needs and how can we help?’

Overview of identified need	Approaches, interventions and further advice
<p>Attachment difficulties</p> <p>A child and young person who has experienced trauma or loss may be able to detach themselves emotionally to protect themselves.</p> <p>Their needs might present as follows:</p> <p>Sense of self</p> <ul style="list-style-type: none"> • poor sense of self and hopeless view of the future • hypervigilance • withdrawn • fidgety or over-stimulated • show unexpected responses to stress • memory difficulties • display age-inappropriate sexualised behaviours • limited emotional literacy skills. <p>Relationships</p> <ul style="list-style-type: none"> • difficulties making and keeping friends • social communication difficulties, including difficulties with eye contact and touch • connection-seeking • unable to trust and follow adults • heightened sense of justice. 	<p>Staff to be ‘attachment aware’, through the Essex whole school training offer (provided by Virtual School).</p> <p>It is important to identify these child and young person when they arrive at school. They may not be in a position to explain their behaviour or responses to particular situations or to make links about why they do what they do.</p> <p>Seek opportunities to nurture them through regulating, relating and reasoning to seek the hidden feeling of fear behind their behaviour.</p> <p>Provide a highly predictable, structured routine. Use visual timetables and instructions and break down tasks into small chunks. Ensure their day starts with a ‘do-able’ and differentiated task to help find ‘safety’ and interest in learning.</p> <p>Provide transitional objects – ‘please look after this for me for a while’ and notice/keep them in mind – ‘I thought of you when...’</p> <p>Increase any separation very slowly and offer extra support for transitions. Ensure you plan beginnings, endings and separations.</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Attachment difficulties</p> <p>In the learning environment:</p> <ul style="list-style-type: none"> • dysregulated by unexpected/unplanned changes in their routine • organisational difficulties • withdrawal • unable to concentrate • speech and language difficulties • have fine and gross motor skill difficulties • difficulties understanding logical cause and effect 	<p>Give them strategies to calm strong emotions and provide a physical space for them to retreat, to mediate and scaffold peer relationships.</p> <p>Help them to feel good about themselves and show them that their tasks are held in mind (I thought about that maths activity at the weekend and...). Always deliver tasks that are appropriate for their developmental level rather than chronological age.</p> <p>Provide access to concrete, mechanical and rhythmic activities which engage left brain function and soothe in highly charged states e.g. counting; colouring; sorting; building structures; sequencing objects/ pictures; copying etc.</p> <p>Helpful resource links:</p> <p>Have you seen me? https://beaconhouse.org.uk/wp-content/uploads/2019/09/Have-you-seen-me-1.pdf</p> <p>Why these kids are different https://beaconhouse.org.uk/wp-content/uploads/2019/09/Why-are-these-kids-different.pdf</p> <p>Supporting transitions https://beaconhouse.org.uk/wp-content/uploads/2019/09/Supporting-Transitions-2.pdf</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Attention Deficit/Hyperactivity Disorder (ADHD)</p> <p>Attention deficit hyperactivity disorder (ADHD) is a diagnosis, typically given by psychiatrists or paediatricians, to children and young people (child and young person) whose behaviour appears to be inappropriately impulsive, overactive and/or inattentive for their age, and which may present barriers to their learning and social functioning.</p> <p>Whilst ADHD is a common developmental disorder currently there is no definitive or consistent understanding of its causes or defining features.</p> <p>NICE (2019) guidelines recommend that a diagnosis of ADHD should be made based on a full clinical and psychosocial assessment.</p> <p>The British Psychological Society (2022) notes that it is vital to consider children’s behaviour in the context of their life experiences to decide if these patterns of behaviour might be adaptive responses to their contexts. Biological, social, environmental and psychological factors should be considered to understand and support each child.</p> <p>Factors associated with behaviours described as ADHD and ADHD diagnosis include: born pre-term, summer-term born, male, social disadvantage, Looked After Child/Adopted, family upheaval and/or emotional wellbeing needs, anxiety, trauma, working memory/speech and language/learning/metacognition/executive functioning difficulties, limited sleep, limited physical exercise, limited friendships and emotional/social skills.</p>	<p>When appropriate support is put in place in school settings, it can make a positive difference for those with difficulties with attention, activity and impulsivity</p> <p>The modifications and interventions outlined below can be implemented prior to, alongside or instead of medication, in line with NICE guidelines</p> <p>Intervention needs to be based on a detailed case-by-case formulation that seeks to unpick the relevant elements in any instance.</p> <p>Developing a personalised plan for each learner following a holistic assessment of their strengths and needs, developmental history and environmental factors is key. Teachers, families and the child and young person themselves should be involved in developing and monitoring the plan, making appropriate adjustments over time based on the evidence.</p> <p>Practical support strategies schools can readily use are given in the</p> <p><u>British Psychological Society Division of Educational and Child Psychology Briefing Paper (2022) on ADHD.</u></p> <p>These include how to consider:</p> <ul style="list-style-type: none"> • the classroom environment • seating arrangements • tools that can support motivation and concentration • ways to actively seek to engage the student throughout the lesson • the social and emotional climate • the pupil’s thinking and learning skills - known as metacognitive skills

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
Continued	<ul style="list-style-type: none"> • positive teacher-pupil relationships • praise • peer role-models and mentors • how to manage unstructured times • how to manage hyperactivity and impulsivity • managing unstructured times • managing hyperactivity/impulsivity • pupil focused and family interventions <p>Further information and advice can be found:</p> <ul style="list-style-type: none"> • in the other sections of this guidance (e.g. Cognition and Learning) • via the Essex SEND Quadrant Team training for schools on ADHD <p>Your link EP can support for child and young person who present with these difficulties by helping with the assessment, planning and implementation of appropriate interventions, reviewing and fine tuning the support in the light of the success of the intervention</p>
	<p>Tourette Syndrome is a condition associated with ADHD</p> <p>www.tourettes-action.org.uk</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Oppositional Defiance Disorder (ODD)</p> <p>Oppositional defiant disorder (ODD) is one of the most common, affecting approximately 5% of boys and 2% girls.</p> <p>To be considered ODD, the observed behaviour must not be caused by another mental health problem, and must cause significant impairment to their functioning at school or in social relationships.</p> <p>Common symptoms include:</p> <ul style="list-style-type: none"> • being unusually angry and irritable • frequently losing their temper • being easily annoyed • arguing with authority figures • questioning or refusing to follow rules • annoying people on purpose • blaming others for mistakes • mean and hateful talking when upset 	<p>Avoid confrontations and be discreet with discussions and disagreements. It is best practice to do this away from peers. Remain calm and composed, look away/walk away if safe to do so.</p> <p>Give time for dysregulation to reduce and always be prepared to give a little ground (compromise). Children and young people experiencing adults modelling how to compromise is an important piece of learning for them. The feeling of being ‘backed into a corner’ will continue to make them feel threatened and unable to regulate.</p> <p>Minimise the impact of impulsive dysregulation by setting and agreeing ground rules in advance, giving them space by suggesting alternatives or just walk away. Let them feel they have a say and listen – they have the right to express themselves.</p> <p>Be on the same team; if there are any gains, be in it with them ‘I’m really proud of you we are working together as a team.’</p> <p>Remember that they do care - don’t be misled by them saying that they don’t care. In addition, they are likely to find it difficult to admit they are wrong and that they need help. You will need to be sensitive to their need for control.</p> <p>Help them to trust - child and young person with ODD believe the world is hostile so they need to see the world can treat them well through repeated and consistent positive experiences and relationships.</p> <p>www.nice.org.uk/guidance/cg158/resources/guidance-antisocial-behaviour-and-conduct-disorders-in-children-and-young-people-recognition-intervention-and-management-pdf</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Social anxiety</p> <p>The effects of social anxiety can include:</p> <ul style="list-style-type: none"> • difficulties in building and maintaining relationships • loneliness • intense self-consciousness • avoidance and withdrawal • difficulty taking the initiative and/or being assertive • feeling anxious, apprehensive, frustrated, unhappy or shame • negative/unhelpful self-talk <p>Their unhelpful self-talk can present as:</p> <ul style="list-style-type: none"> • mind reading • fortune-telling • catastrophising • jumping to conclusions • personalising • over-generalising • focusing only on the bad things 	<p>Well-structured social activities giving opportunities to develop social skills, particularly perspective-taking, and those to do with body language, voice quality, holding conversations, friendship skills and being assertive.</p> <p>Develop communication skills linked to social competence to include: self-expression or sharing information about oneself, questioning or asking others about themselves, and leadership skills such as offering help, invitations and advice.</p> <p>Psychoeducation about anxiety - educate and remind the child and young person that their physiological feelings (for example, 'butterflies in the stomach') are a natural aspect of how the body processes anxiety and are not a reason to be alarmed.</p> <p>Help the child and young person to learn some simple techniques for self-regulation when they get anxious, such as calm breathing and muscle relaxation.</p> <p>Help them to learn to question their negative thoughts and develop brief 'coping statements', phrased in age-appropriate language, that they can say to themselves in difficult social situations, such as 'I can try my best' or 'I did it ok last time'.</p> <p>Awareness by all adults involved that 'over-helping' a child and young person can inhibit them from learning the skills of making friends or experiencing the fun of having them.</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Disordered eating and eating disorders</p> <p>Disordered eating describes a variety of abnormal eating behaviours that do not by themselves warrant a diagnosis of an eating disorder. You might hear this term being used more by clinicians and other support providers to demonstrate difficulties in relationships with food as a preventative approach to the development of eating disorders.</p> <p>Eating disorder is a clinical definition which describes a serious mental health condition characterised by severe disturbances in eating behaviour.</p>	<p>Be sensitive and share the information appropriately with colleagues on a ‘need to know’ basis.</p> <p>Identify your concern to the child and young person but do not be surprised or deterred if the problem is denied – be vigilant and monitor the situation.</p> <p>Be aware of the need for confidentiality and the situations in which it may be overridden. Schools/settings have their own procedures for this.</p> <p>Find out about the nature of the problem, assist in finding appropriate help and check if school work/activities are being affected.</p> <p>Parents/carers should be informed at an early stage. If parents/carers are having difficulty engaging in discussion about the concerns, seek advice from your safeguarding lead.</p> <p>Speak to your school nurse. Consider referral to a Mental Health Support Team (if available) or Children’s Wellbeing Practitioners (Essex Child and Family Wellbeing Service) or CAMHS if high concern.</p> <p>For further information go to the ECC Disordered Eating Guidance. <u>DfE guidance</u></p> <p><u>www.b-eat.co.uk</u> - Understanding Eating disorders and how you can help. 0345 634 1414 (adult line) 0345 634 7650 (youth line).</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Substance misuse</p> <p>The use of both legal and illegal drugs among adolescents and young adults is widespread. They are likely to experiment, test boundaries and take risks. Smoking, drinking and trying drugs are some of the most common ways in which many young people do this.</p> <p>However, substance misuse is also one of the most common risks to a young person's health and development. All drugs have the potential to cause harm, some can be addictive, and using drugs in combination can increase the risks.</p> <p>Legal drugs such as alcohol and tobacco can be very addictive. Illegal drugs include cannabis, cocaine, ecstasy and heroin.</p> <p>A 2021 study of 17-year-olds in the UK suggested:</p> <ul style="list-style-type: none"> • one in 10 will have used hard drugs, such as ketamine and cocaine • nearly a third had tried cannabis • more than half admitted to binge-drinking alcohol 	<p>Discuss with child and young person the facts about legal and illegal drugs and their associated risks, including the link between drug use, and the associated risks, including the link to serious mental health conditions</p> <p>Discuss the law relating to the supply and possession of illegal substances.</p> <p>Ensure child and young person are aware of the physical and psychological consequences of addiction, including alcohol dependency.</p> <p>Promote awareness of the dangers of drugs which are prescribed but still present serious health risks.</p> <p>Make clear the facts about the harms from smoking tobacco (particularly the link to lung cancer), the benefits of quitting and how to access support to do so.</p> <p>These should not be taught in isolation and must be part of the wider curriculum subject areas.</p> <p><u>DfE Advice for schools</u></p> <p>Children and young people can be referred by themselves, parents or professionals to the EYPDAS service:</p> <p>Essex Young People's Drug and Alcohol Service The Children's Society childrenssociety.org.uk</p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Self-injury/Suicide</p> <p>Self-injury (or self-harm) is understood to be a physical response to an emotional pain. It can be seen as an intentional act of damaging or injuring one’s body, irrespective of apparent motivation, though is usually a way of expressing or coping with overwhelming emotional distress.</p> <p>Some more well-known forms of self-injury include cutting, burning or pinching, but there are many forms of self-injury, including drug and alcohol abuse or struggling with an eating disorder. Though some people who have self-injured are at high risk of suicide, many of those who self-injure do not want to end their lives.</p> <p>Papyrus (2020) also report that over 200 school children are lost to suicide every year in the UK. Suicide is the third leading cause of death among 15–19-year-olds.</p> <p>Suicide is no longer considered a criminal offence and therefore is no longer referred to as ‘committed’. Preferred language includes ‘died by suicide’ or ‘took their own life’.</p>	<p>Ask, Listen, Support. Take all expressions of self-injury or suicide seriously and respond to any medical requirements with first aid.</p> <p>Someone close to the child and young person should talk with them in a quiet, private setting to clarify the situation and plan appropriate support.</p> <p>Reassure the child and young person that sharing their thoughts and feelings is ok and that they will be listened to.</p> <p>Decide with the child and young person who information should be shared with (including the Designated Lead or Deputy, if this is a different member of staff) and take immediate action.</p> <p>The Designated Safeguarding Lead (or Deputy) / Mental Health First Aider should be contacted to meet with the child and young person and carry out a conversation that includes specific inquiry as to the existence of a suicide plan.</p> <p>As with all safeguarding concerns, procedures require a completed process of risk management and support before the child and young person leaves the setting.</p> <p>Provide opportunities for relaxation, mindfulness, co-regulation or self-regulation.</p> <p><u>Zero Suicide Alliance online training</u></p> <p><u>Self-harm management toolkit</u> on Infolink</p> <p><u>Let’s talk...reducing the risk of suicide toolkit</u></p> <p><u>Papyrus UK Suicide Prevention Prevention of Young Suicide (papyrus-uk.org)</u></p>

Interventions for identified and/or diagnosed SEMH needs

Overview of identified need	Approaches, interventions and further advice
<p>Selective Mutism</p> <p>The Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) defines Selective Mutism as:</p> <ul style="list-style-type: none"> • consistent failure to speak in specific situations despite being able to speak in other, more familiar situations providing • duration at least one month beyond first month at school or nursery • not due to lack of knowledge of, or comfort with, the language • cannot be better explained by a communication disorder or any other abnormality <p>child and young person with this disorder:</p> <ul style="list-style-type: none"> • sometimes use non-spoken or non-verbal means to communicate and may be willing or eager to perform/engage in social encounters when speech is not required • do not initiate or reciprocally respond when spoken to by others (but they may respond minimally) 	<p>Understand the condition and reassure the child and young person.</p> <p>Make reasonable adjustments - check your setting, routines and expectations - when do you expect verbal communication, how can you alleviate anxiety here?</p> <p>All pressure to speak must be removed by all those with contact with the child and young person.</p> <p>Work closely with the child and young person and their family in order to assist in providing opportunities for social activities, relaxation, fun, building confidence.</p> <p>Use alternative forms of assessment and avoid singling out or calling attention to any difficulties (or their progress in speaking).</p> <p>Place trusted friends in the same activities and consider less conspicuous locations and alternative forms of participation.</p> <p>Training is available. Please speak to your local SEND Quadrant Team.</p> <p>www.selectivemutism.org.uk</p>

Training, resources, advice and consultation available

Key: T = Training, R = Resources, A = Advice, C = Consultation

Where to start	T	R	A	C
<p><u>SEMH Portal, Essex Schools Infolink</u></p> <p>This is the go-to place for anything to do with the ECC SEMH Strategy. Here you will find national and local guidance, policies, resources and helpful links.</p>	✓	✓	✓	
<p><u>Mentally Healthy Schools Resource library</u></p> <p>This resource library has a very simple and effective search function that enables to seek what you need very quickly. Everything on here is of high quality and from a trusted source.</p>	✓	✓	✓	

Who else can help you	T	R	A	C
<p>Essex Child and Family wellbeing service (Schools Nursing Service)</p> <p><u>essexfamilywellbeing.co.uk</u></p>		✓	✓	✓
<p>Early Help Assessment</p> <p><u>Resources for practitioners</u>: Early help resources - Essex County Council</p>		✓	✓	
<p>Virtual School (for looked after children/young people)</p> <p><u>Essex Virtual School</u></p>	✓	✓	✓	
<p>General advice/consultation via the Educational Psychologists in CAMHS consultations for schools consultation line.</p> <p>To <u>book your 30-minute virtual consultation</u> with an Educational Psychologist</p>	✓		✓	✓

Training, resources, advice and consultation available

Who else can help you	T	R	A	C
<p>Southend, Essex and Thurrock (SET) Child and Adolescent Mental Health Service</p> <p>The service is available to children and young people, and their families or carers, across Essex to access mental health and emotional wellbeing care and support.</p> <p>Call SET CAMHS: Freephone 0800 953 0222</p> <p>Email: SET-CAMHS.referrals@nelft.nhs.uk</p> <p><u>CAMHS and Single Point of Access</u></p>	✓		✓	✓
<p>Mental Health Support Teams (MHST) are available to support some schools/settings with emotional wellbeing at a mild-moderate level of intervention. These teams are being rolled out across the county. To find out if your school/college can access this support please refer to the relevant providers:</p> <ul style="list-style-type: none"> • North East Essex: <u>WARMS</u> • <u>Mid & South Essex</u> • <u>West Essex</u>: Harlow Schools, Children and Young People Support - Mind in West Essex 	✓	✓	✓	✓
<p>All schools can access similar support from Essex Child and Family Wellbeing Service Children’s Wellbeing Practitioners: https://schools.essex.gov.uk/pupils/social_emotional_mental_health_portal_for_schools/Documents/CWP%20Leaflet.pdf</p>	✓	✓	✓	✓
<p>Social, emotional and mental wellbeing in primary and secondary education</p> <p>NICE guideline published 6 July 2022</p> <p>www.nice.org.uk/guidance/ng223</p>			✓	

Additional reading

Please note that the following is not an 'approved' list of books nor does this list constitute an endorsement of these books and programmes over others that might be considered.

SEMH Books for child and young person

Age 5-8

www.partnershipforchildren.org.uk/uploads/Files/PDFs/GoodBooksforToughTimes.pdf

Age 9-12

www.partnershipforchildren.org.uk/uploads/Files/PDFs/Good_Books_for_Tough_Times_2.pdf

Attachment

Ainsworth, M (2015) Patterns of Attachment

Bombèr, L. (2007) Inside I'm Hurting: Practical Strategies for Supporting Children with Attachment Difficulties

Bombèr, L. (2010) What about me? Inclusive Strategies to Support Pupils with Attachment Difficulties make it through the school day

Bombèr, L. & Hughes, D. (2013) Settling to Learn

Bombèr, L. (2020) Know Me to Teach Me

Delaney, M. (2009) Teaching the Unteachables

Geddes, H. (2006) Attachment in the Classroom

Howe, D. (2011) Attachment Across the Lifecourse: A Brief Introduction

Marshall, N. (2014) The Teacher's Introduction to Attachment. Practical Essentials for Teachers Carers and School

Support Staff

Perry, A. (edited by) Teenagers and Attachment. Helping Adolescents Engage with Life and Learning

Perry, B. & Szalavitz, M. (2016) The Boy Who Was Raised as a Dog

Understanding behaviour

Csoti, M. (2009) Developing Children's Social, Emotional and Behavioural Development

Dix, P. (2017) When the Adults Change Everything Changes

Dix, P (2021) After the Adults Change: Achievable Behaviour Nirvana

Park, J. & Tew, M. (2007) The Emotional Literacy Pocketbook

Whitaker, D. (2021) The Kindness Principle: Making Relational Behaviour Management Work in Schools

Understanding the brain

Conkbayir, M (2017) Early Childhood and Neuroscience. Theory, Research and Implications for Practice

Deak, J (2010) Your Fantastic Elastic Brain

Gerhardt, S (2014) Why love matters: How affection shapes a baby's brain

Hoopman, K (2008) All Dogs Have ADHD

Peters, S (2015) The Chimp Paradox

Peters, S (2018) The Silent Guides

Porges, S (2017) The Pocket Guide to the Polyvagal Theory: The Transformative Power of Feeling Safe

Siegel, D (1999) The Developing Mind

Siegel, D & Bryson, T (2012) The Whole-

Additional reading

Brained Child

Forming relationships with child and young person

Sunderland, M (2015) Conversations That Matter

Taransaud, D (2011) You Think I'm Evil: Practical Strategies for Working with Rebellious and Aggressive Adolescents

Treisman, K. (2017) Working with Relational and Developmental Trauma in Children and Adolescents

Mindset and Resilience

Cefai, C. (2008) Promoting Resilience in the Classroom

Dweck, C. (1999) Self-theories: Their Role in Motivation, Personality, and Development

Dweck, C. (2006) Mindset: The New Psychology of Success

Self-help for self-regulation

Brukner, L (2014) The Kids Guide to Staying Awesome and In Control Simple Stuff to Help Children Regulate their Emotions and Senses

Brukner, L (2016) Stay Cool and In Control with the Keep-Calm Guru: Wise Ways for Children to Regulate their Emotions and Senses

Earnshaw, L (2020) My Happy Mind. Help your child build lifelong confidence and resilience

Rae, T (2020) A Toolbox of Wellbeing: Helpful strategies & activities for children, teens, their carers & teachers

Rae, T and Smith, J (2020) It's OK Not to Be OK: A Guide to Wellbeing

Rae, T and D'Amario, A (2021) The Recovery Toolbox for Primary-Aged Children: Nurturing & Wellbeing

Activities for Young People Aged 7-11

Rae, T (2021) My Toolbox of Wellbeing Journal: Creative & Inspiring activities and strategies to help manage stress, anxiety and worries

Rae, T and D'Amario, A (2021) Promoting Positive Body Image in Teenagers: Essential Evidence-based Strategies and Resources

Shanker, S. (2016) How to Help your Child (and You) Break the Stress Cycle and Successfully Engage in Life

Steer, J. & Horstman, K. (2009) Helping Kids and Teens with ADHD in School

Wallace, C. & Rae, T. (2002) School Survival: Helping Students Survive and Succeed in Secondary School

CBT

Stallard, P (2018) Thinking Good, Feeling Better: A Cognitive Behavioural Therapy Workbook for Adolescents and Young Adults

Stallard, P (2018) Think Good, Feel Good: A Cognitive Behavioural Therapy Workbook for Children and Young People

General

Burke-Harris, N. (2018) The Deepest Well

Claxton, G. and Lucas, B (2015) Educating Ruby: What Our Children Really Need to Learn

Fox, M., Laverty, T. & Chowdhur, S. (2019) Supporting the Emotional Well-being of Children and Young People with Learning Disabilities: A Whole School Approach

Levine, P. and Kilne, M. (2006) Trauma Through a Child's Eyes

Levine, P (2010) In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness

Metcalfe, L. (1999) Teaching Towards Solutions

Sammons, A (2019) The Compassionate Teacher



Physical and sensory impairments

- Deafness/Hearing impairment
- Vision impairment
- Physical and Neurological Impairment (PNI)

Deafness/hearing impairment

Introduction

The Deafness/Hearing Impairment Specialist Teaching Team consists of Qualified Teachers of the Deaf, British Sign Language (BSL) Tutors, Sensory Support Specialists and an Educational Audiologist.

We aim to enable the achievement of better outcomes for deaf children and young people (birth to 25) in Essex. We provide specialist teaching, support and advice for deaf/hearing impaired children and young people, from the point of diagnosis, in their homes, pre-schools, schools and post-school settings.

We provide:

- specialist teaching, assessment, support, monitoring and reporting on the development of the listening, language, literacy, learning, interaction and social and emotional skills of deaf/hearing impaired children and young people aged 0-25
- support to parents, carers and families of deaf children through home visits and weekly local communication groups for pre-school deaf/hearing impaired children, called CHIPS (Children with Hearing Impairment Play and Stay), staffed by teachers of the deaf and sensory support specialists
- advice to class teachers and other staff in educational settings regarding the full inclusion of deaf/hearing impairment, including advice on specific differentiation
- advice for 'One Planning' and Education, Health and Care Needs Assessments, Plans and reviews
- specialist equipment, such as radio aids, and the training and support required to use them effectively
- acoustic audits of the learning environment and advice regarding the impact of the acoustics of the learning environment on listening and access to the curriculum
- support and advice at the point of transition both into education and from one education setting to another
- advice and guidance regarding public examinations and the access needs of hearing impaired/deaf children and young people
- BSL instruction for families, children/young people and setting staff
- opportunities for deaf/hearing impaired children/young people to meet and socialise together
- signposting to other relevant organisations and activities for deaf/hearing impaired children/young people

We aim to enable the achievement of better outcomes for deaf children and young people (birth to 25) in Essex.

Deafness/hearing impairment

Assessment

Referral criteria for the Deaf/ Hearing Impairment team

Children and young people are accepted onto the caseload of a teacher of the deaf if they have either a diagnosed permanent hearing impairment or a diagnosed temporary hearing impairment alongside an additionally diagnosed SEND.

The service uses a nationally agreed system (the NatSIP eligibility criteria) to guide decision-making regarding the level of teacher of the deaf support allocated for individual children and young people

How to make a request for teacher of the deaf support

For the Deafness/HI specialist teaching team to process referrals, you must include a clinic letter from an audiologist or audiological/ENT physician which includes both the diagnosis of hearing impairment and an audiogram.

If you wish to make a referral to the Deafness/HI specialist teaching team, please complete the online form. Please contact educationpsi@essex.gov.uk if you have difficulty completing the form.

Interventions, strategies and provision

Deaf/Hearing Impaired children and young people are likely to have specific, specialist needs. Please seek the advice and guidance of the allocated teacher of the deaf team for specific advice tailored to the needs of your pupil. Below is some general advice on good practice.

Deafness, even a mild or single sided deafness, is likely to impact on a child in two specific ways. Firstly, it will affect their ability to hear speech. This is likely to mean that they will use personal amplification, such as hearing aids or cochlear implants and additional listening devices, such as, a radio aid. Using amplification in school can be challenging due to the dynamic nature of the environment and nature of the activities undertaken which can cause significant listening challenges.

Secondly, deafness/hearing impairment is also likely to impact on the development of a child's listening, language, thinking, interaction, literacy and learning skills. For this reason, many deaf children will have 'gaps' in their understanding of language and concepts which will impact on the access to a wide range of school activities.

Deafness/hearing impairment

Good practice

Support the child's use of their hearing aids/cochlear implants and any other amplification. Ensure that it is well maintained and working correctly.

Seating - Deaf children/young people should sit in the best spot in any room that ensures access to good listening and watching of both the person speaking and any additional lesson content (e.g. videos). This is likely to be towards the front and on one side of the room. The position used should maximise listening, watching and lip-reading. Please discuss the best seating with the pupil and consider their entire access to learning and well-being when considering any move within the classroom.

Deaf children/young people often use lip-reading to follow what is said and so need a good view of the person/people speaking. Ensure that the environment is always well lit and that you are always visible when talking to a deaf child or a class/group containing a deaf child. Try not to walk around or stand in front of any light source (e.g. window). Ensure that the light is always on your face and not behind you.

Keep background noise to a minimum for any activity being undertaken. Becoming 'noise aware' will benefit all the pupils. Find sources of unwanted noise and minimise them as much as possible.

Deaf children may find it difficult to localise sound quickly and this can affect their ability to follow and join in group discussions. Indicate who is speaking in a discussion and repeat/rephrase contributions made by other pupils.

Where possible, do group work away from other groups as the noise may make it difficult for the deaf child to listen.

Remember that some deaf pupils will need to receive information directly as they may not 'over-hear' and pick up information incidentally.

Ensure that you have the deaf child's attention before asking them a question or giving them instructions.

Where appropriate, check the deaf pupil's understanding by asking open-ended questions, such as, 'What do you have to do?'

Be mindful that deafness and a language delay may cause some difficulties in interacting in social situations.

Be alert to the possibility that the deaf pupil may have gaps in their understanding of subject specific vocabulary and concepts.

Visual aids and writing up key words can be a good way of supporting the giving of instructions, homework as well as learning new vocabulary and concepts.

Where necessary, use pre-tutoring sessions to make a child aware of new concepts and vocabulary before they are introduced into class.

Use developmentally appropriate subtitles when showing any videos in class.

Vision impairment

Introduction

The Vision Impairment Specialist Teaching Service consists of Qualified Teachers of Children and Young People with Vision Impairment (QTVIs), a Qualified Teacher for Children with Multi-Sensory (deaf-blind) Impairment, a Braille Instructor, Habilitation Specialists, a Specialist ICT Technician and Sensory Support Specialists.

We aim to enable the achievement of good outcomes for children and young people (birth to 25) in Essex who have vision impairment or who are deaf/ blind. We provide specialist teaching, support and advice for children and young people with a vision impairment from the point of first diagnosis in homes, pre-schools, schools, and post-school settings.

We provide:

- specialist teaching, assessment, support, monitoring and reporting on the development of all aspects of the development, learning, interaction and social and emotional skills of children and young people with vision impairment or multi-sensory impairment aged 0-25
- support to parents, carers and families of pre-school children with vision impairment via regular home visits and visits to pre-school settings to offer advice, support, stimulation of any possible residual vision, and advice and help with development, play skills and meeting appropriate milestones
- advice to class teachers and other staff in educational settings regarding the full inclusion and participation of children and young people with vision impairment, including advice on specific differentiation and adaption of resources into large print or Braille, with pupil-specific advice on curriculum subjects
- specialist teaching of the Unified English Braille code, and teaching, coaching and support for support staff to learn Braille
- support and advice on the adaptation of tactile resources and modified print materials
- advice for One Plans and statutory advice for Education, Health and Care Needs Assessments, Plans and reviews
- the provision of specialist equipment, such as video magnifiers or Braille resource making equipment, and the training and support required to use them effectively
- assessment of and specialist teaching of ICT skills for pupils with vision impairment
- specialist assessment of mobility and habilitation needs, with specialist teaching as required by the needs of the specific pupil
- environmental access audits
- support and advice at the point of transition both into education and from one education setting to another
- advice and guidance regarding public examinations and the access needs of children and young people with vision impairment

Vision impairment

- opportunities for children and young people with vision impairment to meet and socialise together
- signposting to other relevant organisations and activities for children and young people with vision impairment and their families
- advice on enabling access to specific curriculum areas or topics

Assessment

Referral criteria for the Vision Impairment Specialist Teaching Service

Children and young people are accepted onto the caseload of a QTVI if they have a diagnosed, permanent, bilateral vision impairment.

The service uses a nationally agreed system (the NATSIP eligibility criteria) to guide decision-making regarding the level of QTVI support allocated for individual children and young people.

How to make a request for VI Specialist Teacher Support

In order for the VI specialist teaching team to process referrals, you must include a clinic letter from an ophthalmologist or orthoptist (eye-doctor) which includes the diagnosis of vision impairment.

If you wish to make a referral to the VI/HI/PNI team, please complete the online form. Please contact educationpsi@essex.gov.uk if you have difficulty completing the form, making it clear in the subject line which team you would like to contact.

Interventions, strategies and provision

Children and young people with Vision Impairment are likely to have very specific specialist needs even if their vision impairment could be classed as mild. Please seek the advice and guidance of the QTVI for specific advice tailored to the needs of your pupil.

Vision impairment

Good practice

Accessing the curriculum

Adapted materials. This may be via hard copy large print or using an electronic magnifier or via an ICT route such as a laptop. This may depend on the age and ability level of the child and young personVI. In a very few cases a tactile method such as Braille may be required. Even with adapted materials, the pupil is likely to require extra time to complete lesson activities.

Worksheets and lesson materials must be pre-prepared and modified to meet pupil needs according to the advice given by the QTVI- e.g. 24 point on yellow paper. A plain high contrast background makes resources easier to see.

Work presented on the board may be made accessible if required via hard copy print outs, mini white board, specialist video magnifier or laptop. It can be helpful for the teacher or LSA to read out what is written on the board. Simply sitting in the front row may be sufficient for some children with mild vision impairment to access the board. Writing should be clear, large, in black or blue pen, and the board should be kept clean and well organised. Even with adapted materials, the pupil is likely to require extra time to complete lesson activities.

Lighting: Protect the pupil from glare or sudden bright light. Task lighting may be needed. Do not teach with your back to a window or light source.

Seating: Near class/subject teacher to support non-verbal communication access and close to the focal point of the lesson if a demonstration using equipment is occurring.

Provide planning time to ensure a supporting LSA is prepared about lesson content and has materials in advance of lessons.

Practical equipment: Opportunities to explore practical equipment such as science

or maths equipment in advance of the lesson should be given. Pre-teaching and post teaching to establish concepts may be needed.

Adults should use names rather than gesture to ask pupils questions or take answers. Say the pupil's name to ensure they know you are speaking to them.

Body language and facial expressions:

the child and young personVI is unlikely to be able to clearly see and understand body language, gesture, or facial expression from across the classroom. Please give verbal clues and cues to supplement.

Check if a pupil can see something by asking them discreetly to read out a little to you.

Support the pupil's personal organisation with easy access trays or lockers and pencil pots.

Equipment - resources should be nearby or ensure pupil knows where access equipment is stored.

Ability to move around the school

Adapted school systems to allow for crowded areas, lighting, access to lunch halls, and finding their friends in a playground may be required.

Keep clutter away from the floor and high mark any trip hazards such as changes of depth. Specific advice can be sought from the Habilitation Specialists.

If furniture is rearranged in the classroom, new positions should be explained to the child and young personVI.

Some pupils, depending on their level of need, may require time out of the classroom for assessment by the Habilitation Specialist and may need to be taught to use a long cane.

The Habilitation Specialist can give advice on access to PE for child and young personVI.

Physical and Neurological Impairment (PNI)

Introduction

The Specialist Teaching Team for Physical and Neurological Impairment (PNI) aims to ensure that children and young people (child and young person) with physical difficulties and/or medical needs can attend mainstream settings; be safe, learn, make progress, socialise and join in with all aspects of school life.

We help schools and settings to include children who meet our criteria for involvement from the ages of 0-25. PNI Specialist Teacher support can vary from setting to setting and can be tailored to the unique needs of the child and young person and the staff supporting them.

This support can include some or all of the following, depending on the level of need:

- advice giving in the form of telephone calls/virtual meetings, emails, face to face meetings, visit notes or signposting to useful websites or organisations
- assessment of the physical environment of a setting and advice on adjustments to this if necessary
- close liaison with other professionals involved in the care of the child and young person, including, Occupational Therapists, Speech and Language Therapists, Physiotherapists Social Workers and Specialist Nurses
- information giving and sourcing of specialist equipment, including technology, where necessary. Direct teaching in the use of certain equipment where appropriate

- support for school staff in differentiating the curriculum to meet the child and young person's learning and physical/medical needs. Assessment of the child and young person's learning with a view to informing next steps and maximising progress
- advice giving regarding accessing off-site visits and extracurricular activities
- provision of training to staff in order that they understand the nature of a child and young person's condition or disability, and the implication of these for their education, thus enabling them to support the child and young person effectively and sensitively
- support for the child and young person and staff in terms of developing self-help and independence skills, as well as confidence, self-esteem and self-advocacy (helping the child and young person to express their views and communicate their needs)
- support for the child and young person, their families and settings at times of transition, such as moving to another setting
- provision of strategies and advice around Preparing for Adulthood

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**Be safe, learn, make
progress, socialise and
join in with all aspects of
school life**

.....

Physical and Neurological Impairment (PNI)

Assessment

Referral criteria for the PNI Specialist Teaching Service

For children and young people with some fine and/or gross motor skills needs, schools can use the Essex Recommended Assessments for Identifying Needs resource to inform skills-based assessment and intervention.

We consider referrals for support for child and young person who have a severe (complex) physical and or medical need. Referrals for child and young person with learning delay or difficulties (or Down's Syndrome) will only be considered if there is a severe/complex medical and/or physical need alongside this, otherwise schools and settings should seek advice from their Inclusion Partner in the first instance.

How to make a request for PNI Specialist Teacher Support

When making a referral to the PNI team, please include as much information as you can, and describe the difficulties you are having meeting the child and young person's needs (and/or what type of support you feel you require from a PNI ST), as well as evidence of the child's needs and strategies already being used - in the form of medical letters and One Planning documentation, for example.

If you wish to make a referral to the VI/HI/PNI team, please complete the online form. Please ensure you have parental consent before submitting your referral. Please do not password protect any supporting documents.

Contact educationpsi@essex.gov.uk if you have difficulty completing the form, making it clear in the subject line which team you would like to contact.

Interventions, strategies and provision

Child and young person with a PNI are likely to have very specific and context related needs. Please make a referral to the PNI ST if you are having difficulties meeting their needs.

Do, however, refer to the PNI Protocol and any webinars on the Essex Schools Infolink for general strategies to support them in the first instance, as well as making referrals to Physiotherapy and Occupational Therapy Services as appropriate.

You may wish to consider joining PDNet where you can find useful training and resources.

Please ensure your Accessibility Plan is kept up to date and make any Reasonable Adjustments needed to ensure child and young person with a PNI are fully included in all aspects of school life.

Physical and Neurological Impairment (PNI)

Good practice

Be mindful of fatigue levels and the need for rest and/or changes in positioning.

Keep your classroom and display boards clutter free. Be aware of the hidden difficulties child and young person with a PNI often have, such as memory difficulties and visual perceptual difficulties.

Refer to the government guidance on supporting children with medical needs Supporting pupils at school with medical conditions (publishing.service.gov.uk); drawing up a daily health care plan to cover medication, toileting, eating/drinking and physio needs, for example. Request any specialist training needed.

Develop a good, age-appropriate working relationship with the pupil and agree general principles of how they would like to be helped. Ensure the pupil with physical disabilities has the same access to the teacher and specialist input as all the other pupils in the class.

Communicate regularly as a class team to plan, differentiate, and have the correct materials/equipment available for the child to access learning.

Keep written/photographic evidence of observations over time as these will make a valuable contribution to record keeping.

Treat pupils with dignity and respect, particularly when supporting them with their personal care needs such as toileting. It is not necessary to have 2 members of staff present for 'safeguarding purposes' (it may be necessary from a physical perspective).

Be proactive but discreet about ensuring and maintaining the social inclusion of the pupil with physical disabilities, for example:

- using peer support rather than using adult support to collect equipment and do recording in pair work
- ensuring an inclusive seating position in class
- ensuring furniture is the correct height and size so the pupil with the disability can sit with a friend. Ensure you have a range of accessible playground and P.E equipment
- planning all class trips and social activities well in advance so that adjustments can be made to fully include the pupil with physical disabilities

Providing alternatives to recording when appropriate – this may include exploring ICT.

Individual planning/timetable to ensure that all elements of the child's needs are prioritised throughout the school day.

Developing effective home/school communication so that all concerns and important information is shared. Home/school can then work together to find solutions.

Whole school approach to disability awareness and inclusion e.g., books; stories; assemblies; hold charity events to raise awareness/funding.

Consider exam access and provision in advance so that any arrangements can be the child's normal way of working.

Planning transition carefully, including the child and young person, parents and all professionals in the process and decisions.



Communication and interaction

- Introduction
- Assessment
- Interventions, strategies and provision
- Interventions for identified and/or diagnosed Communication and Interaction needs
- Training, resources, advice and consultation available

Communication and interaction

Introduction

Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication.

The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.’ (SEND Code of Practice, 2015, p.97.)

Speech and language weaknesses may affect social aspects of school life. Pupils are likely to need encouragement to join in class discussions. They may have attention and listening difficulties; speech may be unclear to the listener, particularly where there is no shared context; they may have difficulties in understanding instructions, vocabulary, question words; and/or may have difficulty in structuring sentences and expressing their thoughts, opinions and knowledge. They may not always be able to get their message across clearly.

.....
The profile for every child with SLCN is different

Needs include:

Speech sound difficulties

Children with speech sound difficulties can have a range of difficulties that need on-going support and can be described as follows:

Area of need	Description
Delayed speech	When a child has a speech sound delay, they are following a typical pattern of speech development but are demonstrating developmental speech sound errors that typically should have disappeared 6 or more months earlier.
Consistent speech sound disorder	When a child has a consistent speech sound disorder, they use unusual or non-developmental consonant or vowel sounds in a consistent manner i.e., the same sound errors are made so words sound the same each time.
Inconsistent speech sound disorder	When a child has an inconsistent speech sound disorder, they use unusual or non-developmental consonant or vowel sounds in an inconsistent manner i.e., different sound errors are made so words may sound different each time.

Communication and interaction

Developmental Language Disorder (DLD)

A neurodevelopmental disorder characterised by persistent language difficulties that cannot be explained by another diagnosis and which exist despite adequate language-learning opportunities. DLD affects both language expression (talking and writing), as well as language comprehension (listening and reading comprehension), though one area may be more impacted than another.

The child or young person may:

- have difficulty saying what they want to, even though they have ideas
- struggle to find the words they want to use
- talk in sentences but be difficult to understand
- sound muddled, and it may be difficult to follow what they are saying. A child with DLD won't necessarily sound like a younger child; instead, their speech might sound disorganised or unusual
- find it difficult to understand words and long instructions
- have difficulty remembering the words they want to say

Autism

The Autism Education Trust (www.autismeducationtrust.org.uk) approaches autism as a different way of being rather than a 'deficient' or 'disordered' way of being. Autism affects the way a person communicates, interacts and experiences the world around them. Autistic people have differences in three areas of development. These differences need to be understood, in terms of both the strengths and challenges, that may arise.

Social understanding and communication:

Differences in the areas of social understanding and communication can influence how the child or young person develops relationships.

A child or young person may display strengths such as:

- being very good at communicating their wants and needs by using sounds, pointing, gestures, body language, photos, pictures and symbols - even if they are pre-verbal
- being highly articulate with excellent vocabulary, when speech has developed
- strong and loyal connections to others, particularly family members
- very knowledgeable about a particular topic and be able to talk about their special interest at length

Challenges can include:

- being able to engage in joint and shared attention with others
- communicating their own needs or feelings
- understanding and using facial expressions, body language (such as pointing), and tone of voice
- finding it hard to understand the actions and interventions of other people
- understanding and responding to instructions and explanations
- initiating a conversation or engaging in everyday interactions like small talk and chatting
- perceiving, understanding, and interpreting social behaviour, rules, and conventions
- understanding what other people might be thinking and feeling

Communication and interaction

Flexibility, information processing, and understanding:

Autistic children and young people will have differences in their attention, interests, and how they learn. This can include being very focused on particular interests. They have a different way of being flexible, so often feel safer and more comfortable with routines and structure as this lessens uncertainty.

Strengths can include:

- being highly motivated by their interests
- processing information differently, leading to creative solutions
- being able to keep their attention on something for long periods when motivated
- having a good memory for factual information
- having a good eye for detail
- being analytical thinkers
- having exceptional memory
- focusing in depth on an area of interest and becoming an expert on this

Challenges can include:

- seeing the bigger picture and not focusing on minor details
- organising and planning effectively
- generalising a new skill across a range of environments
- understanding what is happening throughout the day/week
- managing changes to their routine
- managing transitions from one activity or place to the next

Sensory processing and integration:

Autistic children and young people are likely to have differences in sensory processing. This is an automatic process of the brain that organises input from our senses and attributes meaning to what is experienced. Sensory processing and integration forms the foundations for our learning and development and how we understand and respond to the world.

Differences can include:

- being over-sensitive/responsive, for example to smells or noisy environments
- being under-sensitive/responsive, for example to pain, hunger, or thirst
- having difficulty filtering out irrelevant sensory information
- difficulties in taking in and responding to sensory information
- reduced body awareness, for example, difficulty coordinating themselves and planning and may seek out additional movement or heavy work or play activities
- they may not simply have an over-sensitivity or under-sensitivity. They can fluctuate between the two

Assessment

Recommended Assessments

The Essex Recommended Assessments guide, including for Communication and Interaction, can be found on the Essex Schools Infolink.

The Autism Education Trust (AET) Progression Framework

The AET Progression Framework is designed to support staff in identifying learning priorities and measuring progress in areas that relate closely to autism ‘differences’ as identified within other AET materials and the impact of these differences on the child or young person’s social, emotional, independence, and learning needs. The content of the Progression Framework aims to address skills and understanding that children and young people may find difficult as a consequence of their autism but also strives to recognise and build on strengths and interests, and to improve overall wellbeing. Most importantly, it aims to alert the practitioner to the fact that children and young people may need support in these areas and that their progress is dependent on this support. Where possible, the content of the Framework lays emphasis on supporting the child or young person to understand both their own and others’ behaviour, what might be expected within certain situations, and how this might be of benefit. It encourages practitioners to support the young person’s independence through the development of skills such as self-regulation, self-expression, and problem-solving.

www.autismeducationtrust.org.uk/framework-documents

STAR Observation

A STAR Observation is a way of both recording and, most importantly, analysing incidences of distressed behaviours. A STAR Observation works by providing a detailed record of behaviour which is taking place, in relation to:



Setting – where and in what context the behaviour took place.



Trigger – what might have led to the behaviour, including what happened immediately before it.



Action – what did the pupil do in that situation.



Result – what happened as a result – for the child, what happened immediately after.

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Attention and listening</p>	<p>Provide daily listening and attention practice games and support with visuals. For example, objects, photos, pictures and symbols.</p> <p>Attention and Listening in the Early Years (Sharon Garforth). This is an innovative course designed for groups of children aged 2-4.</p> <p>Teaching Children to Listen Early Years (Spooner and Woodcock). This contains a wealth of interventions to teach young children the rules of good listening and why they are important</p> <p>Teaching Children to Listen Primary (Spooner and Woodcock). This contains a wealth of interventions to improve listening skills.</p> <p>Active Listening for Active Learning (Maggie Johnson). A mainstream resource to promote understanding, participation, and personalised learning in the classroom. Both whole-class and individual strategies are provided to support children at the different stages of their journey towards becoming effective listeners and confident communicators.</p> <p>A programme that targets the teaching of attention, communication and social interaction skills which is also suitable for pre-verbal children, such as Attention Autism (Gina Davies). https://ginadavies.co.uk</p>
<p>Speech sound difficulties</p>	<p>Time for Sounds (Black Sheep Press). This intervention is aimed at younger children and targets development of general listening skills, along with the concepts required to understand and progress in phonics acquisition.</p> <p>www.blacksheepress.co.uk/product/time-sounds-reception-sound-awareness</p> <p>Ultimate Guide to Phonological Awareness (Essex County Council, available from your Inclusion Partner or Educational Psychologist).</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Understanding spoken language (receptive language)</p>	<p>Support understanding with personalised visuals appropriate to the lesson. Individualised visual timetables and schedules using/ photos/pictures/symbols.</p> <p>Provide enhanced structure, routine and preparation for changes.</p> <p>Emphasise Information Carrying Words. An Information Carrying Word is any word in a sentence that must be understood to follow an instruction. Videos about information carrying words (one, two and three information carrying words) available here:</p> <p>https://essexfamilywellbeing.co.uk/article/school-age-therapies-toolkit</p> <p>Language Steps (Amanda Armstrong). This resource helps develop comprehension (and expression) of spoken language from a one to a four-word Information Carrying Word level. www.elklan.co.uk/Shop</p> <p>Elklan Early Years Based Information Carrying (EYBIC) Word Pack. Pictures and interesting activities to promote the vocabulary, speaking and listening of a wide range of children through the principle of Information Carrying Words. www.elklan.co.uk/Shop</p> <p>Elklan Curriculum Based Information Carrying (CUBIC) Word Pack. Pictures and interesting activities to promote the vocabulary, speaking and listening of a wide range of children through the principle of Information Carrying Words. www.elklan.co.uk/Shop</p> <p>Develop understanding e.g. using differentiated levels of questioning (Blank's levels). There are four levels of questioning which move from simple, concrete questions to more difficult, abstract questions. Blank's questions encourage development of general language and vocabulary as well as skills in comprehension, reasoning, inferencing, predicting, and problem solving.</p> <p>Language for Thinking (Stephen Parsons and Anna Branagan). A structured approach to develop children's language from the 'here and now' to the 'how and why' (Blank's levels). The resource can be used flexibly with whole classes as the basis of a literacy lesson. With small groups or individual children, it can be used as an oracy or literacy task. http://thinkingtalking.co.uk/language-for-thinking</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
	<p>Barrier Games. A fun and interactive way to practice speech, receptive and expressive communication skills, and social skills. They require a minimum of two players. Each player must have the same set of materials in front of them, and a barrier inbetween them so they cannot see one another.</p> <p>Word Aware (Stephen Parsons and Anna Branagan). A structured whole school or small group approach to promote vocabulary development http://thinkingtalking.co.uk/word-aware</p> <p>Elklan PORIC. This provides a wealth of ideas to assess and develop the linguistic concepts (descriptive vocabulary) needed to access the Foundation and Key Stage 1 curricula. www.elklan.co.uk/Shop</p> <p>Understanding of sequential order e.g., first/next/last. If this is not understood, teach these concepts. In older children check before/after.</p> <p>Colourful Semantics (Alison Bryan). An approach to teaching grammar that aims to help children develop skills when it comes to sentence structure. www.elklan.co.uk/Shop</p> <p>Implementation of Talk Boost Interventions. These are targeted interventions for children with delayed language helping to boost their language skills to narrow the gap between them and their peers. Differentiated for children between the ages of 3-10 years. https://ican.org.uk/talk-boost</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Using spoken language (expressive language)</p>	<p>Targeted support is planned to encourage the development of appropriate vocabulary through a pre-teaching approach.</p> <p>Word Aware (Stephen Parsons and Anna Branagan). A structured whole school or small group approach to promote vocabulary development http://thinkingtalking.co.uk/word-aware</p> <p>Pupils are provided with repeated opportunities to rehearse and develop oral narratives with adult support.</p> <p>Consider narrative intervention approaches (Black Sheep Press). www.blacksheepress.co.uk</p> <p>Use a visual prompt to encourage children to give enough information during narratives. For example, have 1 or 2 tick boxes under each picture so the child can tick a box for each sentence they give.</p> <p>Colourful Stories (Elklan) This is a visual support strategy which helps children to learn about the structure of stories and become more confident about telling and writing stories. www.elklan.co.uk/Shop</p> <p>Colourful Semantics (Alison Bryan). An approach to teaching grammar that aims to help children develop skills when it comes to sentence structure. www.elklan.co.uk/Shop</p> <p>Implementation of Talk Boost Interventions. These are targeted interventions for children with delayed language helping to boost their language skills to narrow the gap between them and their peers. Differentiated for children between the ages of 3-10 years. https://ican.org.uk/talk-boost</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Social understanding and communication</p>	<p>Being With Others and Early Play</p> <p>Support interaction by organising and facilitating simple games at unstructured times such as play breaks. For example, practising how games work and the rules will help a child to play this game when you are not around</p> <p>Direct teaching of play skills using strategies such as Identiplay. Using play scripts, the approach promotes the development of social skills, understanding, imagination and exploration. By learning these skills, the young person can enjoy reciprocal play with an adult or peer.</p> <p>Visual activity schedules and choice boards for playtimes and unstructured free times to support those children and young people who have difficulty with noise, bustle, free-choice and social demands.</p> <p>Use scripts to support a child to become more spontaneous with their social language, for example, asking to have a turn with a toy and saying that they want a game to finish e.g. ‘ball please’. The child should have the phrase represented visually to support them to use this independently in time.</p> <p>Sustaining Friendships and Peer to Peer support</p> <p>Friendship circles: A visual representation of the nature of relationships with a range of people and who the relative ‘closeness’ of the relationship informs this.</p> <p>Practise and rehearse simple conversation skills using everyday events or during play. For example, helping a child to introduce themselves to someone in another class when they take something between classes</p> <p>Lego®-Based Therapy: How to build social competence through Lego®-based clubs for children with autism and related conditions (Daniel B LeGoff, Gina Gómez de la Cuesta, GW Krauss and Simon Baron-Cohen).</p> <p>Conversation starters: An instructional strategy designed to support children and young people to develop a set of basic rules to initiate conversations. It will help a child or young person to create scripts for starting conversations.</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
	<p>Support children and young people to recognise their strengths and interests and provide structured opportunities to engage with peers who have a shared interest. For example, a club or providing a designated time and space for such activities.</p> <p>Approaches to develop the mutual understanding, communication, and support between autistic children and young people, their peers, and staff. For example, teaching peer awareness, buddy systems and peer mentoring schemes.</p> <p>Friendship Terrace (Black Sheep Press). A series of stories relevant for children, aged 5-11 years, with difficulties in forming relationships and children with an autistic spectrum disorder. www.blacksheepress.co.uk</p> <p>Talking About Friends (Black Sheep Press). A pack of materials for developing situational understanding and verbal reasoning focussing on relationships with friends. www.blacksheepress.co.uk</p> <p>Comic Strip Conversations: Illustrated interactions that teach conversation skills to students with autism and related disorders (Carol Gray).</p> <p>Social Interactions and Positive Relationships</p> <p>Time to Talk: A programme to develop oral and social interaction skills for reception and key stage one (Alison Schroeder).</p> <p>Socially Speaking; A pragmatic social skills programme for primary pupils (Alison Schroeder)</p> <p>Talkabout: a social communication skills package (Alex Kelly). http://alexkelly.biz</p> <p>The New Social Story™ book: over 180 Social Stories™ that teach everyday social skills to children and young people with autism or Asperger's Syndrome, and their peers (Carol Gray). https://carolgraysocialstories.com</p> <p>Talking about Conversation (Black Sheep Press). A pack to develop social skills, verbal reasoning skills, situational understanding & inferencing skills in children. www.blacksheepress.co.uk</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
	<p>Power cards: A visual way of helping children and young people to make sense of social situations, routines, the meaning of language, and/or the hidden curriculum.</p> <p>‘Power Cards; Using Special Interests to Motive Children and Youth with Autism’ Elisa Gagnon.</p> <p>Direct teaching to understand common idioms.</p> <p>Emotional Understanding and Self Awareness</p> <p>Explicitly teach feelings vocabulary using a range of material (photos of adults and children in class, books, drawings, and real experiences).</p> <p>Resources available here: http://thinkingtalking.co.uk/lfbe</p> <p>A ‘happy book’: A means of exploring emotion. It can be effectively used as a tool to support a pupil to self-regulate. When used in this way, it draws on the principles of cognitive picture rehearsal, i.e., the idea of using a visual image, in this case one which gives the pleasure/makes him or her feel happy, to support the individual to learn to cope with situations they finds challenging.</p> <p>The stress bucket: A way of supporting children and young people to begin to recognise when they are feeling stressed and identify the factors which might contribute to that before discussing how the bucket could be emptied.</p> <p>Visual imagery for relaxation: A visual image a child or young person finds calming/reassuring, to support them to learn to cope with situations they find challenging. It may be linked to an instructional phrase and/or calming technique such as deep breathing.</p> <p>Zones of Regulation: A curriculum designed to foster self-regulation and emotional control (Leah M Kuypers). www.zonesofregulation.com/index.html</p> <p>The Incredible 5-Point Scale: Assisting students in understanding social interactions and controlling their emotional responses (Kari Dunn Buron and Mitzi Curtis). www.5pointscale.com</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Sensory processing</p>	<p>Consider the effects of potential disturbed and erratic sleeping, eating and drinking on the child or young person.</p> <p>Talk to the child or young person to understand their sensory differences and include sensory adjustments when planning lessons.</p> <p>Recognise the early signs that the child or young person may be beginning to experience sensory overload. For example, fidgeting or agitation. Reduce the sensory information, for example, reducing noise, dimming the lights, avoiding touching them.</p> <p>Support the child or young person to recognise and indicate their need for a sensory break.</p> <p>Provide a time out/break card with an agreed and rehearsed exit strategy.</p> <p>Provide a breakout room/place for the child or young person to go to regulate their sensory experiences.</p> <p>Develop a toolbox of sensory fiddle toys/objects that the child or young person can access within the classroom, supporting them to do so frequently during the day.</p> <p>Allow the child or young person to access group times, for example, assembly or carpet time, for shorter periods of time.</p> <p>Use calming techniques after whole body activity and movement. Some children and young people can find whole body activity and movement very alerting and will need support to modulate this input.</p> <p>Frequent movement breaks.</p> <p>Allow the child or young person to wear ear defenders to accommodate sensory differences</p> <p>Allow the child or young person to leave the class early to avoid crowds and the hustle and bustle.</p> <p>Allow the child or young person to stand at the front or back of the line so unanticipated touch is minimised.</p> <p>A workstation, with minimal distractions, available for the child or young person to work at when needed.</p> <p>Zones of Regulation: A curriculum designed to foster self-regulation and emotional control (Leah M Kuypers).</p>

Interventions, strategies and provision

Communicating behaviour	Possible interventions following assessment and/or screening by school
<p>Routines and Transitions</p>	<p>Individualised visual timetables and schedules using/photos/pictures/symbols.</p> <p>Provide enhanced structure, routine, and preparation for changes</p> <p>Prompt cards: A visual reminder of rules and guidance which children and young people and adult supporter can carry around with them and refer to to support them with problems and challenges they may come across during the school day.</p> <p>Direct teaching of learning to cope with change. This can be done with the introduction of a change card, to be used with the visual timetable. The introduction of a change card will help support the young person with the idea that something unfamiliar or out of routine is going to happen. The change card should initially be associated with something the young person will enjoy and can gradually be used as any activity unfamiliar or unexpected in the young person's usual routine for example change of lesson or activity.</p> <p>Additional visits to a new setting/classroom, with a familiar trusted adult.</p> <p>Transition booklets: Information to support the transition into another year group or school or in preparation for a school trip. This could include Social Stories™ (Carol Gray), https://carolgraysocialstories.com maps and photographs of key staff and areas.</p> <p>Transition visits: Additional visits to a new classroom or school, enabling children and young people to familiarise themselves to the new environment, preferably when its quieter. This will also give opportunity for them to take photographs for their transition booklet.</p>

Training, resources, advice and consultation available

The training offer for aspects linked to communication and interaction can be found on the [Education Essex Booking site](#)

Key: T = Training, R = Resources, A = Advice, C = Consultation

Where to start	T	R	A	C
<p>Information for parents, by parents</p> <p>‘Supporting your neurodiverse child’ is an information pack written by parents for parents. This aims to help families navigate the support that is available and includes practical interventions, resources, hints and tips based on the lived experiences of local families.</p> <p>Please share this link with parents/carers www.essexlocaloffer.org.uk/supporting-your-neurodiverse-child</p>	X	X	✓	X
<p>The Speech Language and Communication Framework (SLCF)</p> <p>Developed by The Communication Trust, the SLCF is a free online professional development tool which sets out the key skills and knowledge needed by the children and young people’s workforce to support the speech, language and communication development of all children and young people.</p> <p>www.slcframework.org.uk</p> <p>www.slcframework.org.uk/app/uploads/2017/01/SLCF_Handbook_FINAL.pdf</p>	✓	✓	X	X

Training, resources, advice and consultation available

Where to start	T	R	A	C
<p>Autism Education Trust (AET) School Competency Framework</p> <p>The Autism Education Trust (AET) School Competency Framework provide guidance that enables school staff to reflect upon and evaluate their practice. The framework can be used by staff in schools (5–16) across a range of settings from mainstream to specialist. It is an ongoing self-reflection tool to enable staff to:</p> <ul style="list-style-type: none"> • Self-assess their skills and competencies • Identify priority areas to work on • Decide which aspects of their practice require further development • Consider their professional development needs. <p>www.autismeducationtrust.org.uk/framework-documents</p>	X	✓	✓	X
<p>Autism Education Trust (AET) School Standards Framework</p> <p>The AET standards framework support leaders to meet Special Educational Needs and Disabilities (SEND) policy and legal requirements and their equality duties whilst complying with the Education Inspection Framework (2019) and the Teacher Standards (2011). They also align with the Head Teacher Standards (2020).</p> <p>Autistic children and young people often face significant barriers to learning within the educational environment. These can be overcome by ensuring we create supportive teaching environments that are structured, consistent and respectful of differences.</p> <p>www.autismeducationtrust.org.uk/framework-documents</p>	X	✓	✓	X



Cognition and learning

- Literacy
- Maths
- Memory
- Metacognition and self-regulated learning

Literacy

Introduction

The document ‘Teaching Pupils with Literacy Difficulties: Practice Guidance for Essex Schools’ explains the Essex approach to literacy difficulties and should be referred to and implemented by schools. This is supported by the regular Essex LA Literacy and Literacy Difficulties course for school/setting senior teacher leaders and SENCOs.

The Essex Literacy Difficulties Practice Guidance outlines:

- Essex County Council’s guidance on teaching reading, spelling and writing to children and young people, including those with literacy difficulties
- up-to-date scientific and professional research in relation to the identification of, and intervention for, children and young people with literacy difficulties
- how literacy needs may be best met in schools

Aim

Essex Local Authority’s aim is for all children and young people in Essex to:

- have high quality literacy teaching
- have their individual needs identified and met early on, if they have literacy difficulties despite appropriate learning opportunities
- get the help they need to make progress in literacy

Principles

We believe that:

- all children and young people in Essex should have high quality literacy teaching
- all teachers need to be informed of the most up-to-date theory, research and practice in order to enable them to meet the needs of all children and young people with literacy difficulties
- any literacy difficulty needs to be identified as early as possible so children and young people can receive the support they need when they need it
- good quality assessment informs good quality, targeted intervention
- all educational interventions should be evidence-based
- children and young people’s response to intervention needs to be evaluated over time before any conclusions are drawn about their long-term educational needs
- all children and young people with literacy difficulties should have fair access to the available resources

Good quality assessment informs good quality, targeted intervention

Literacy

Assessment

Assessment over time

Assessment over time and monitoring of the pupil's response to teaching is now accepted as the most effective way of identifying literacy difficulties or those at risk of literacy difficulties, as well as informing early intervention and determining the rate of progress.

To identify and analyse pupils' needs, teachers and the SENCO use:

In addition to the literacy assessments used with all pupils, school staff should use resources listed below to gather assessment data to investigate and identify potential factors contributing to pupils' literacy needs:

- ✓ The Essex Schools' SEND Flowchart
- ✓ The Essex Recommended Assessments for Identifying Needs
- ✓ The Essex Literacy Difficulties Practice Guidance
- ✓ The Essex Accuracy and Fluency Assessment of Literacy Skills (AFALS) – available through the Essex Literacy and Literacy Difficulties training course – see the Essex Schools Infolink for course details

The following aspects (discussed further in the Literacy Difficulties Practice Guidance and Essex Accuracy and Fluency Assessment of Literacy Skills (AFALS)) should be considered for pupils who have delayed literacy skills or who appear to have literacy difficulties. Information about these aspects of their literacy should be available in schools.

In the early years, have you considered:

- hearing and vision?
- communication skills - language comprehension and use?
- vocabulary - knowledge of words and their meaning?
- access to and interest in books? How frequently adults read to the child?
- phonological awareness, including rhyming, and the ability to hear individual sounds and put them together to make words (synthesis), and hear a word and split it into individual sounds (segmentation)?
- concepts about print (e.g. print has meaning, print can have different purposes, text is read from left to right, the different parts of a book, text is read from top to bottom, page sequencing)?
- fine motor skills?
- parental engagement in oral language communication and early reading skills to support the child?

For reading skills at school and college, have you considered:

- hearing test information?
- vision test information?
- phonological awareness, particularly oral synthesis?
- accuracy and fluency of reading letter sounds of the alphabet, and phonic words?
- accuracy and fluency of reading high frequency sight words?
- pupil views about reading and progress?
- reading book accuracy at least 95%?
- analysis of reading errors?
- reading behaviour information?
- impacting home factors and parental engagement in support for literacy?

Literacy

- learning environment factors e.g. opportunities, differentiation, intervention, support?
- information from Speech and Language Assessments completed (see Essex Recommended Assessments for Identifying Needs), especially oral language skills?
- emotional factors information e.g. motivation, confidence?
- standardised reading assessment (word level and comprehension level)?

For spelling/writing, have you considered:

- hearing test information?
- vision test information?
- phonological awareness, particularly oral segmentation?
- accuracy and fluency of writing letter sounds of the alphabet, and phonic words?
- accuracy and fluency of writing high frequency sight words?
- analysis of spelling and/or writing errors?
- pupil views about writing and progress, e.g. 'What is hard? Thinking what to put/ Spelling/Handwriting?'
- Spelling and writing behaviour information?
- impacting home factors and parental engagement in support for literacy?
- learning environment factors e.g. opportunities, differentiation, intervention, support?
- information from Speech and Language Assessments completed (see Essex Recommended Assessments for Identifying Needs), especially oral language skills?
- emotional factors information, e.g. motivation, confidence?
- standardised spelling test information?

- punctuation?
- grammar?
- writing composition?

For handwriting skills, have you considered:

- established hand dominance?
- right or left-handed?
- fine motor skills difficulties in other activities?
- correct sitting position?
- correct pencil grip?
- correct letter proportions?
- letters correctly placed on lines?
- words spaced correctly?
- pencil pressure too soft/OK/too hard?
- accurate joins?
- handwriting speed?

Where there are concerns about dyslexia

The document 'Literacy Difficulties – Information for Essex Parents' (co-produced with Essex parents) summarises that 'We want to make sure that all pupils get the help they need, rather than subcategorising children and young people, so that some get help and others don't, e.g. depending on whether or not they have certain patterns of difficulties, or certain words are used to describe their needs (such as dyslexia), or their parents have paid for a particular assessment.'

The Essex approach to literacy difficulties is about increasing fair access to support for all pupils who need it.

For more information, please see the Essex Literacy Difficulties Practice Guidance.

The mnemonic P-SAID can be helpful to summarise key points.

Literacy

P: The **Priority** is to work out what the pupil can't do and help them learn it.

S: Scientifically, there is no difference between what some people call 'dyslexia' and other people call 'literacy difficulties' or other terms.

A: Assessment is needed; there is no particular or different 'dyslexia' assessment(s).

I: Intervention is needed; there is no particular or different 'dyslexia' intervention(s).

D: What we are going to **Do** to help this child now (make a plan).



Literacy

Interventions, strategies and provision

Essex Literacy Difficulties Practice Guidance

The Essex Literacy Difficulties Practice Guidance should be implemented by each school. The content of the intervention will depend on the areas of literacy causing concern and the associated pre-requisite skills, as identified by the above detailed assessment.

These are summarised in Appendix 1 of the Essex Literacy Difficulties Practice Guidance.

Area of concern identified	Recommended focus of the intervention
<p>Word reading</p>	<p>Synthesis – this is a phonological skill (i.e. children or young people do not look at print) and refers to a child or young person’s capability to hear individual sounds and put them together to make words</p> <p>Systematic phonic intervention that focuses on the most frequently occurring grapheme-phoneme correspondences (GPCs) in written English</p> <p>Teaching children and young people to correct the pronunciation of words that have been decoded accurately but lead to a non-word pronunciation</p> <p>Sight vocabulary intervention that focuses on the most frequently occurring phonically irregular words</p> <p>Vocabulary knowledge</p> <p>Generalising reading skills to real books</p>
<p>Comprehension</p>	<p>Word reading to accuracy and fluency</p> <p>Oral language skills</p> <p>The following skills: literal, inference, summarising, simplifying syntactic and semantic complexities, critical skills, study skills</p> <p>The following knowledge: vocabulary, facts, reasoning skills, logic, schemata, syntax, specific topic knowledge</p>

Literacy

Area of concern identified	Recommended focus of the intervention
Spelling	<p>Segmentation - this is a phonological skill (i.e. children or young people do not look at print) and refers to a child or young person's capability to hear a word and separate it into the individual sounds.</p> <p>Writing letters to dictation</p> <p>Phonic, whole word, morphemic spelling interventions</p> <p>Generalising spelling skills into independent writing/recording</p>
Writing	<p>Letter and number formation</p> <p>Word formation</p> <p>Writing sentences</p> <p>Oral language skills</p>

These areas of assessment will identify areas of need which will be addressed by the following methods of intervention.

Schools need to ensure that any intervention to be implemented is evidence-based and the effectiveness of the intervention is evaluated after a period of time. If further assessment shows that the child or young person has not made adequate progress, a more personalised bespoke intervention may be needed.

Literacy

Principles

It is important that the teaching methods used within any intervention have been shown to be effective by high-quality, scientific research.

This includes Instructional Psychology principles (e.g. Ward, J., Crawford, S. & Solity, J., 2017) being implemented in shorter and more frequent sessions than is the case for pupils at Universal Level, including:

- distributed Practice
- teaching of skills to fluency as well as accuracy
- teaching of skills to generalisation in order to ensure that pupils can apply their skills, knowledge and concepts to different contexts
- a structured approach that ensures one new skill is taught at a time
- more frequently occurring skills are taught before less useful skills
- tasks that are interleaved (mixing old and new skills) to minimise forgetting
- use of Direct Instruction and Errorless Learning principles, to introduce and practice skills
- ensuring children and young people are informed about the purpose of interventions, their achievements and their rate of progress
- peer-assisted learning

- utilising trained teaching assistants to implement well-founded interventions
- explicit teaching of vocabulary to support pupil's spoken and written language
- access to good quality literature
- regular opportunities for pupils to discover and connect with books of their choice and increase their enjoyment of reading and writing

Assessment Through Teaching (ATT) model

The Assessment Through Teaching model (Ward, Crawford & Solity, 2017) provides a rigorous framework for the Assess, Plan, Do, Review process stipulated by the SEND Code of Practice.

It supports teachers and teaching assistants in monitoring the pupil's access to the curriculum and response to a skill-based intervention. This takes into account assessments over time and emphasises the importance of analysing the teaching when reviewing a pupil's progress.

Appendix 2 of the Essex Literacy Difficulties Practice Guidance illustrates how this model is used to address literacy needs and should be systematically implemented and monitored by school staff, including through observation and monitoring by the Senior Leadership Team and SENCO.

Literacy

Appendix 2. Using the ATT model to address literacy difficulties

Steps of Assessment through Teaching Framework		Practical implications
In line with Code of Practice. See also One Planning Guidance on the Essex Schools Infolink.		
Step One ASSESS	Baseline literacy assessment	Ensure assessment includes a collation of the most recent, including: <ul style="list-style-type: none"> • standardised assessments (e.g. standardised or centile scores, reading ages) • curriculum-based assessments (school assessment) • skill-based assessments (e.g. Essex Accuracy and Fluency Assessment of Literacy Skills)
Step Two PLAN	Instructional content Deciding what to teach	Organise whole class teaching so that: <ul style="list-style-type: none"> • what is being taught is clear and purposeful • content is differentiated in line with all learning and language levels Organise interventions so that: <ul style="list-style-type: none"> • accurate assessment has been completed to identify the areas of literacy that need targeting • the focus is on skills that are most useful and highly generalisable • skills that are readily confused are separated • one skill is being identified to teach • new skills are identified in order of priority and the most useful skills are taught first Teach meta-cognitive skills so that: <ul style="list-style-type: none"> • children understand what is being taught and why • children can think and talk about their own learning and progress

Literacy

Steps of Assessment through Teaching Framework		Practical implications
In line with Code of Practice. See also One Planning Guidance on the Essex Schools Infolink.		
Step Three PLAN/DO	Instructional delivery: Deciding how to teach	<p>Organise whole class teaching so that reasonable adjustments are in place to enable all students to access (read) and produce (write) the written word using alternative methods of reading and recording, as required.</p> <p>Whole class teaching is made explicit across the range of cognitive and linguistic skills through:</p> <ul style="list-style-type: none"> • clear differentiation using relevant teaching aids • modifying the demands of the task to match need • direct instruction • use of questioning and feedback <p>Organise specialist interventions so that:</p> <ul style="list-style-type: none"> • new skills are taught one skill at a time until they are mastered • all skills are taught to high levels of fluency (practice) • new skills are taught directly and explicitly; • skills are taught consistently in a range of contexts • old and new learning are mixed
Step Four DO	Classroom organisation	<p>Organise the learning environment so that:</p> <ul style="list-style-type: none"> • all teaching staff are trained in determining what to teach and how to teach it • alternative methods for reading and recording are accessible • students are grouped amongst peers with a range of skill levels • there are frequent opportunities for practice • teaching assistants and peers are used to the greatest effect

Literacy

Steps of Assessment through Teaching Framework		Practical implications
In line with Code of Practice. See also One Planning Guidance on the Essex Schools Infolink.		
Step Five REVIEW	Assess and evaluate learning	<p>Ensure that the access to the curriculum is evaluated by assessing the effectiveness of the reasonable adjustments.</p> <p>Ensure that evaluation of learning through interventions includes assessment of:</p> <ul style="list-style-type: none"> • accuracy, fluency and generalisation • new and old learning • principles and methods associated with Precision Teaching <p>Ensure that children and young people are aware of their progress and the next steps in moving learning forward and support is given for building resilience in continuing to apply skills.</p>

Literacy

Interventions

Principles

High quality, specifically targeted and evidence-based interventions should be available to all those who need them.

Pupils' responses to more targeted and systematic teaching approaches need to be monitored to establish their progress and effectiveness of the intervention. It is important that interventions utilise a pupil's interests and strengths, and that structured and robust programmes are selected to target identified specific skills.

Evidence-based programmes should be delivered with the stated frequency, pupil to staff ratio, fidelity and quality, and by staff with necessary skills and training.

Parents/carers should be involved in discussions about their child's difficulties and be involved in the reviews of their progress.

Assistive technologies may also be useful to explore.

Systematic reviews of evidence-based interventions such as Lavan & Talcott/ Brooks (2020), and the Education Endowment Foundation (EEF), amongst others, help identify whether an intervention is effective.

What works for literacy difficulties?

The effectiveness of intervention schemes (Lavan & Talcott, 2020; former editions by Prof. Greg Brooks): this research review compares the effectiveness of common intervention schemes for pupils with literacy difficulties. Schools should look up any interventions they are using (or planning to use) in this document to consider how much evidence there is for its effectiveness.

For the full document: [click here](#)

For a summary spreadsheet comparing interventions and effectiveness: [click here](#)

Targeted interventions

Evidence-based targeted interventions such as the following should be implemented (no-cost training for Essex schools is provided by the Educational Psychology Service; see the Essex Schools Infolink for more information about each of these).

Targeted Intervention	Main skills focus
Cued Spelling	Spelling accuracy and fluency
Paired Reading	Reading accuracy, fluency (also improves comprehension)
Paired Writing	Writing composition and metacognitive strategies
Precision Teaching	Accuracy and fluency of skills (e.g. reading/ spelling of letter sounds and words, maths skills)
Reciprocal Teaching	Reading comprehension and metacomprehension
Self-Regulated Strategy Development	Writing composition and metacognitive strategies

Literacy

Early Letter Sound knowledge

For early letter sound and phonic knowledge, the **Cambugs App** is helpful. This has been developed by Cambridgeshire Educational Psychologists and Cambridge University, and is evidence-informed, using Instructional Psychology principles.

Reading Comprehension

Reading comprehension difficulties are often caused by oral language comprehension difficulties (e.g. Muter et al, 2004). Interventions to support reading comprehension should include those which develop the following skills (see also the Speech and Language section of the Ordinarily Available):

- vocabulary development
- listening comprehension
- figurative language
- spoken narrative (telling stories from pictures)
- metacognitive strategies

Handwriting practice and touch-typing

Pupils with handwriting difficulties should be taught to accurately and fluently print letters before joining them. Teaching cursive from the start is not a statutory requirement and can be a barrier for some pupils. All teachers should follow the statutory handwriting requirements.

For information and resources about teaching handwriting see **Handwriting – What to teach and when**, and the National Handwriting Association website:

<https://nha-handwriting.org.uk>

Resources such as the following should be used for short sessions each day in Primary Schools and at least 3 times per week in Secondary Schools:

- The Teodorescu Perceptuo-motor Programme: Write from the Start (Teodorescu & Addy, 1996)
- Speed Up!: a Kinaesthetic Programme to Develop Fluent Handwriting (Addy, 2004)
- Online, age-appropriate touch-typing programmes

Literacy Metacomprehension and Metacognition Strategies

Metacomprehension questions to use before during and after reading should be explicitly taught: **click here** for example questions.

Metacognition strategies to use before, during and after reading and writing activities should be explicitly taught (e.g. through the implementation of evidence-based interventions such as Reciprocal Teaching, Paired Writing, Self-Regulated Strategy Development – see Essex intervention training above), and other metacognitive teaching approaches (covered in the Essex LA ‘Boosting Attainment using Metacognition and Memory’ course - please see the Essex Schools Infolink for more information).

Literacy

Training, resources, advice and consultation available

Please see the Essex Schools Infolink for information about training courses, including:

- specific areas of need: Literacy and Literacy Difficulties
- targeted Interventions: evidence-based intervention packages

Evidence-based targeted interventions such as the following are available at no-cost training for Essex schools, provided by the Educational Psychology Service.

Targeted intervention	Main skills focus
Precision Teaching	Accuracy and fluency of skills (e.g. reading/spelling of letter sounds and words)
Cued Spelling	Spelling accuracy and fluency
Paired Reading*	Reading accuracy, fluency (also improves comprehension)
Reciprocal Teaching*	Reading comprehension and metacomprehension
Paired Writing*	Writing composition
Self Regulated Strategy Development*	Writing composition and metacognitive strategies

*also designed and appropriate for all pupils.

What works for literacy difficulties? The effectiveness of intervention schemes

(Lavan & Talcott, 2020; former editions by Prof. Greg Brooks): this research review compares the effectiveness of common intervention schemes for pupils with literacy difficulties. Schools should look up any interventions they are using (or planning to use) in this document to consider how much evidence there is for its effectiveness.

For the full document: [click here](#)

For a summary spreadsheet comparing interventions and effectiveness: [click here](#)

Maths

Introduction

Maths is a very broad area and not always synonymous with numbers. It includes counting, addition, subtraction, multiplication, division, logic, algebra, shape and space, geometry, patterns and predictions as well as rules and special relationships.

According to Kilpatrick (2001, p116), the following five strands, which are equal and not hierarchical, are necessary for anyone to learn mathematics successfully:

Conceptual understanding - comprehension of mathematical concepts, operations, and relations

Procedural fluency - skill in carrying out procedures flexibly, accurately, efficiently and appropriately

Strategic competence - ability to formulate, represent, and solve mathematical problems

Adaptive reasoning - capacity for logical thought, reflection, explanation, and justification

Productive disposition - habitual inclination to see mathematics as sensible, useful, and worthwhile, coupled with a belief in diligence and one's own efficacy.

Education Endowment Foundation (2020) describes how a substantial amount of research on how children learn mathematical concepts has revealed the complexity of mathematical development. Developing a secure grasp of mathematical concepts takes time. A child might appear to be successfully engaging in maths activities like counting by rote but may not have a full grasp of underlying concepts. Gaps in understanding number and place value have the biggest impact on all other areas of mathematics.

Developmental progressions are a helpful way of looking at how children may follow a possible pathway when developing an understanding of a particular mathematical topic. There is some order in which skills may emerge, but development does not take place in clearly defined, linear steps. Indeed, several skills may be developed in parallel, and children can move through different skills in different orders. However, to reach full understanding, children need to master each of these skills. Developmental progressions can therefore be seen as 'approximate paths of the development of thinking, but not a clear linear progression for all.' (EEF, 2020, p9).

The rate of mathematical development does not only rely on specific mathematical knowledge and skills, but also on executive functions, such as long-term and working memory; spatial skills (e.g. Dowker, 2009); language skills (e.g. Dooley et al, 2014); motor skills (e.g. Cameron et al, 2014); previous experiences with mathematical materials and activities and attitudes towards mathematics (e.g. Dowker, 2009).

Maths

Research from six longitudinal data sets has found that children's early maths skills are the greatest predictor of later school achievement (e.g. Duncan et al, 2007). However, disadvantaged pupils in England are much less likely than their advantaged peers to achieve grade 4 at GCSE, or to make expected standards at EYFS, KS1 and KS2 (e.g. Nye & Thompson, 2019 and Knowles, 2017). People who struggle with number are twice as likely to be excluded from school (e.g. Paterson, Stringer & Vernon, 2010) and poor mathematics skills have been found to have a bigger impact on life chances than poor literacy skills (e.g. Parson & Bynner, 2005).

Examples of possible difficulties that may be a barrier to inclusion

For pupils who are experiencing maths difficulties, their progress with learning and development is at a very slow rate and additional support is needed to achieve this. Pupils are attaining at a level significantly below age-related expectations and expected outcomes and there is evidence of an increasing gap between them and their peers. The current SEND Code of Practice suggests that when a child does not make sufficient progress through the usual approaches to teaching and learning, staff should decide on 'additional to' or 'different from' interventions.

Maths anxiety is a type of anxiety that specifically interferes with maths and is not the same as general anxiety, so anxiety may not be seen in other contexts. It describes feelings of apprehension, tension or discomfort experienced by many individuals when performing mathematics or in a mathematical context. Thomas and Dowker (2000) have found that children as young as six can experience maths anxiety. Research conducted by Carey et al (2019) found that maths anxiety is evident in primary school and gets worse at secondary school. Devine et al (2018) report that many individuals show maths anxiety without necessarily experiencing maths difficulties. Other researchers, such as Wu et al (2012) and Carey et al (2019) have found that those with higher maths anxiety have poorer maths performance. Carey et al conclude that this is likely to relate to anxiety interfering with performance and poorer performance increasing anxiety, acting as a vicious circle. Researchers have suggested that maths anxiety can hinder performance by limiting working memory resources. More recent research suggests that student perceptions of their teacher's competence is associated negatively associated with maths anxiety whereas parental homework involvement is positively related with maths anxiety (Lau et al, 2022). However, it is noted that maths anxiety is not a simple construct and that it can emerge as a result of multiple predisposing factors including gender, cognitive abilities and general predisposition to anxiety.

Maths

Assessment

To identify and analyse pupils' needs, teachers and the SENCO use:

- the Essex Schools SEND Flowchart
- the Essex Educational Psychology Service Maths Intervention Assessment (basic version)
- the Essex Recommended Assessments for Identifying Needs which includes other assessments available to schools:
 - Sandwell Early Numeracy Test – Revised (SENT-R)
 - Sandwell Early Numeracy – KS2-3
 - the Basic Number Screening Test
 - Progress Test in Maths
 - Wide Range Achievement Test 5th Edition (WRAT5) – additional qualifications are needed to use this particular assessment.

Other factors to assess, and to inform intervention as appropriate are environment, learning opportunities, emotional well-being experience of intervention and the quality of support in place (both at school and home). In addition, rote learning can sometimes mask underlying procedural or conceptual difficulties in children's calculation skills. Therefore, assessment should consider children's understanding of procedures and principles as well as their ability to recall number facts.

Where there are concerns about dyscalculia

'There is little evidence at present that children with specific mathematical difficulties are fundamentally different, or need to be taught in different ways, from children whose mathematical difficulties are linked more to other problems. In all cases of mathematical difficulties, children show considerable diversity of strengths and weaknesses within mathematics, and it is

arguable that the nature of these specific strengths and weaknesses should be the main determining factor in the types of intervention that they receive.' (Dowker, 2009, p6).

Dowker (2009) and Gillum (2012) note in their research reviews that:

- there is still much debate as to what dyscalculia is; whether and when the term should be used; and whether it should be seen as a separate disorder or the lower end of a continuum of ability or achievement in mathematics
- the most valid intervention approach regarding concerns about maths difficulties is to use ongoing detailed skills-based formative assessment across the whole maths curriculum which then informs appropriate intervention – there should be an ongoing process of assessment and monitoring, through teaching
- appropriate intervention therefore currently focuses not on 'dyscalculia' as such, but on each child's specific maths difficulties.

The mnemonic P-SAID can be helpful to summarise key points.

P: The **Priority** is to work out what the pupil can't do and help them learn it.

S: **Scientifically**, there is no difference between what some people call 'dyscalculia' and other people call 'maths difficulties' or other terms.

A: **Assessment** is needed; there is no particular or different 'dyscalculia' assessment(s).

I: **Intervention** is needed; there is no particular or different 'dyscalculia' intervention(s).

D: What we are going to **Do** to help this child now (make a plan).

Maths

Interventions, strategies and provision

Principles

According to the Education Endowment Foundation (2017), who draw on the work of Dr Anne Dowker (2009), schools should focus on improvements in core classroom teaching that support all pupils in the class (see Universal Level section).

Teaching should be based on continuing detailed analysis of a child or young person's current maths skill levels and learning, and specifically aim to fill any gaps in current learning needs. Teaching must then be planned and delivered at the child or young person's rate of learning to fluency/automaticity, rather than a plan being written to cover several weeks of what he/she will be taught each week.

With this in place, the need for structured intervention should decrease. However, some high-quality structured intervention may still be required for pupils to make progress. The selection of intervention should be guided by effective assessment of pupils' individual strengths and weaknesses.

The following features are common to successful interventions:

Interventions should happen early – mathematical difficulties can affect performance in other areas of the curriculum and in order to reduce the risk of children developing negative attitudes and anxiety about mathematics.

The intervention should be informed by the evidence base regarding effective teaching and the typical development of mathematical capabilities.

Interventions should include explicit and systematic teaching. This should include providing models of proficient problem solving, verbalisation of thought processes, guided practice, corrective feedback and frequent cumulative review.

Interventions require careful planning and use of school resources, including staff

Connections need to be made between intervention and whole-class teaching and the intervention needs to be more effective than the instruction pupils would otherwise receive.

The intervention should motivate pupils in order to prevent or counteract an association of mathematics with boredom or anxiety as well as avoiding 'intervention fatigue.'

Maths

Interventions

Evidence-Based Intervention	Main skills focus
<p>Essex Educational Psychology Service Maths Intervention</p>	<p>Numeracy skills – to develop fluency in number identification, reading numbers, matching numerals and sets, recognising symbols, addition, subtraction, multiplication and division sums.</p> <p>Shown to double the rate of children’s progress in numerical skills, and improve maths reasoning skills. For lower achieving pupils of any age who need to learn KS1 level number skills.</p> <p>A research-based intervention developed in Essex to address the identified gap in maths interventions noted by Dowker (2004/2009). Published in a peer-reviewed research journal: Somerville, R., Ayre, K., Tunbridge, D., Cole, K., Stollery, R. & Sanders, M. (2015). Firm foundations: the effectiveness of an educational psychologist developed intervention targeting early numeracy skills, Educational Psychology in Practice, 31:3, 265-278.</p> <p>https://schools.essex.gov.uk/pupils/SEND/Pages/SEND-Training---Targeted-Interventions.aspx</p>
<p>Precision Teaching</p>	<p>Accuracy and fluency of skills (e.g. for Early Years – colours and shapes and later, numeral knowledge and number facts).</p> <p>https://schools.essex.gov.uk/pupils/SEND/Pages/SEND-Training---Targeted-Interventions.aspx</p>
<p>Numbers Count 1 for Years 1 to 3</p> <p>Numbers Count 2 for Years 4 to 9</p> <p>Every Child Counts, Edge Hill University</p>	<p>Counting, number and calculation.</p> <p>Pupils made an average number age gain of 17.5 months in four months – over four times the expected progress.</p> <p>96% of pupils showed more confidence and interest in learning mathematics in class after Numbers Count.</p> <p>74% of pupils went on to achieve national expectations at the end of Key Stages 1 and 2, despite not being originally predicted to do so.</p> <p>https://everychildcounts.edgehill.ac.uk/mathematics/numbers-count/</p>

Maths

Class-based strategies

For those pupils who are identified as having maths difficulties, the following evidence-based principles of effective teaching and learning are applied in shorter and more frequent sessions than is the case for pupils at universal level, including:

- distributed practice (little and often, e.g. daily short practice sessions rather than longer weekly sessions) to enhance acquisition and retention of learning
- instructional hierarchy followed (structured systematic teaching of increasingly complex skills)
- teach one skill at a time
- teach generalisable skills (teaching most useful and widely applicable skills first, and explicitly how to generalise them to different contexts)
- direct instruction (includes clear success criteria explicit to pupil, a 'model, lead, test', or 'my turn, together, your turn') method, guided practice, checking for understanding, and independent practice
- mastery learning/learning to automaticity
- interleaved or cumulative learning to improve retention (small amount of material is learnt to fluency, then a small amount of new material to learn is added and practised alongside the previous material – new material is always combined with the old)
- worked examples used (pupils given problem statement and appropriate steps to solution)
- specific feedback is given – self-evaluation and teacher/peer evaluation.
- ongoing teaching through assessment is used
- regular and explicit teaching of metacognitive strategies (learning how to learn)
- there is increased differentiation of activities and materials at group/individual level
- teaching approaches involve visual and practical resources
- pre-teaching of vocabulary and key concepts is used
- regular group or individual intervention support is provided by the teacher/other adult
- any support provided by an additional adult must continue to be planned and monitored by the teacher
- pupils are provided with planned, regular opportunities to develop independent working skills
- timetable planning allows for required interventions to be implemented consistently
- individual programmes to address specific targets may be delivered in small group/individual sessions but also explicitly reinforced in whole class activities to aid transfer of skills
- uneven pupil performance from day to day and from task to task is understood by staff to indicate that increased skill practice at developing automaticity/fluency is required, and after this, increased practice at generalising skills to different contexts (cf Haring's Hierarchy of Learning)
- there is increased use of appropriate technology to support learning

Maths

Training, resources, advice and consultation

Please see the Essex Schools Infolink for information about training courses including:

- specific areas of need: maths and maths difficulties
- targeted interventions: evidence-based intervention packages

Targeted intervention	Main skills focus
Precision teaching	Accuracy and fluency of skills (colours, shapes, numeral knowledge and number facts).
EPS maths intervention	Numeracy skills – to develop fluency in number identification, reading numbers, matching numerals and sets, recognising symbols, addition, subtraction, multiplication and division sums.

Memory

Introduction

Memory is the ability to encode, process and retrieve information that one has been exposed to.

Detailed practical information about how to effectively use memory to boost attainment is available via the Essex 'Boosting Attainment Using Metacognition and Memory' course. (Details available on the Essex Schools Infolink.)

There are many different types of memory and memory systems, including:

- **Working memory** - the ability to store and manipulate information (verbal, visual and spatial) in the mind for short periods. Working memory is a better predictor of attainment than IQ scores
- **Long-term memory** - involves remembering significant personal events, storing skills that have been mastered and can be used automatically, and also for storing facts, word meanings and general knowledge. Long-term memory requires effective storage and retrieval of information
- **Metamemory** is knowledge about your own memory and an ability to regulate its functioning.

Some pupils present with difficulties remembering information, events and skills.

Assessment

Key factors to investigate and support pupil's memory include:

- pupil views
- attention and memory

- use of instructional psychology principles and Haring's Hierarchy
- working memory
- other types of memory

Pupil views

Staff should ask a pupil (using age-appropriate approaches) what they find easier to remember, and what they find more difficult. Pupils often have key helpful insights to share.

Attention and memory

Undivided attention is crucial for effective memory storage/encoding. If a pupil presents with attention and/or memory difficulties, investigate:

- adequate differentiation of teaching/the task
- current knowledge base
- language skills
- hearing and vision
- number of environmental distractions
- sleep
- memory difficulties (see below)
- emotional factors
- motivation
- personal interest
- whether early and current emotional attention needs met
- attachment/security
- early modelling of exploration and problem-solving skills
- diet
- other individual differences
- other environmental factors

Memory

Instructional Psychology principles and Haring's Hierarchy

If a pupil is finding it hard to remember and apply learning, adults should systematically investigate, review and ensure that the Instructional Psychology principles (e.g. Ward, J., Crawford, S. & Solity, J., 2017) outlined in the Literacy intervention section are applied to each teaching session and the skills being taught.

Please [see here](#) for appropriate assessment procedures at each level of Haring's Hierarchy, which should be used by school staff.

These should be used to establish which level of learning the pupil is currently working at for discrete skills that are to be learnt and remembered. This enables detailed skill analysis and shows how well the pupil has learnt and is currently remembering a skill.

A recording key relating to this skills analysis should be used when carrying out detailed assessment of skills, such as the following:

● = Not Known/incorrect;

A = Acquisition/Accuracy level (correct but slow/hesitates/self-corrects);

F = Fluency level (correct and fluent/automatic virtually every time/'finger click quick')

M = Maintenance level (if skill marked F over time);

G = Generalisation level (regular observation and monitoring shows the skill to be used in other contexts, e.g. reading a book, writing).

Working Memory

Pupils with poor working memory are rarely described by their teachers as having memory problems. Typically, they present as pupils who have attentional difficulties (who 'zone out') or behavioural difficulties (Gathercole & Alloway, 2007).

All teachers and support staff should be aware that working memory difficulties may be indicated by pupils who:

- are well-adjusted socially
- are reserved in group activities, rarely volunteering answers and sometimes not answering direct questions
- behave as though they have not paid attention, for example forgetting part or all of instructions or messages, or not seeing tasks through to completion
- make poor academic progress during the school years, particularly in the areas of reading and mathematics
- struggle to cope with learning activities that require both storage and processing demands (frequently imposed in structured learning activities)
- have place-keeping difficulties (errors such as missing out letters/ words in sentences) or frequently lose their place in complicated tasks that they may eventually abandon
- appear to have a short attention span/ daydreaming/lacking motivation/ distractible
- have difficulty copying from the board

and should use observation of these difficulties to identify possible working memory difficulties.

Other types of memory

Schools should refer to [this document](#) to consider other types of memory and possible presenting difficulties.

Memory is the ability to encode, process and retrieve information that one has been exposed to

Memory

Interventions, strategies and provision

Pupil views

Once potential factors relating to memory difficulties have been investigated by discussion with a pupil, appropriate support and intervention should be put in place.

Attention and memory

Once potential factors affecting attention and/or memory have been investigated (as above, Memory Assessment section), appropriate support and intervention should be put in place.

Use of Instructional Psychology principles and Haring's Hierarchy

Instructional Psychology principles

Once the use of these has been investigated (as above, Memory Assessment section), staff should discuss and implement these in an even more planned, systematic, frequent and consistent way. For example, if Distributed Practice of a skill is happening three times per week, the tasks should be 'sliced' (reduced demand) and it should be implemented on a daily basis, or twice daily. (In Essex training, this is sometimes called the 'littler and oftener' approach.)

Haring's Hierarchy

Assessment of which level the pupil is working at for a discrete skill should inform targeted intervention work using approaches which include the following as part of intentional and explicit teaching.

Current level of Haring's Hierarchy	Teaching and intervention approaches
Acquisition/Accuracy	Focus on learning one skill at a time.
Fluency	Fluency training, e.g. practice at increasing speed; fun fluency games where the pupil tries to beat their previous time and attainment.
Maintenance	Ongoing Retrieval Practice.
Generalisation	Choose one skill to practice generalising into different activities. Pupil to draw/write it on a post-it and have it in front of them when they do different activities, then give themselves a tick on the post-it each time they remember to use it. Use different teaching materials (differentiation). Use different contexts (discrimination).
Adaptation	Prompt and encourage the pupil to think: is this a bit like something else I know how to do? How can that help me work out what to do here?

Memory

Working memory

It is not possible to improve and increase working memory capacity. Careful lesson/task planning is needed. Monitoring of working memory demands on pupils is needed.

The aim is to minimise the chances that the child will be unable to complete the intended learning activity successfully due to working memory failures.

Strategies to support WM will boost the memory and achievement of all pupils and should include:

From Gathercole & Alloway (2007). *Working Memory: A classroom guide*

Principles	Working Memory support strategies
Recognise working memory failures	Notice warning signs, which include incomplete recall, failure to follow instructions, place-keeping errors and task abandonment.
Monitor the child	Look out for warning signs and ask the child about difficulties, breakdown tasks and instructions, repeat instructions, encourage the child to request information when required.
Evaluate working memory loads	Remain vigilant to heavy loads caused by: <ul style="list-style-type: none"> lengthy sequences of instructions unfamiliar content demanding mental processing activities
Reduce working memory loads	Reduce the amount of material to be remembered, increase the familiarity and meaningfulness of material, simplify mental processing, restructure complex tasks, separate steps of a task, use memory aids and external devices (e.g. spellings on boards/cards, printed notes, dictaphone devices).
Be aware that processing demands increase working memory loads	Storing information in working memory, plus being asked to use it to answer a difficult question, leads to working memory failure/overload for some pupils.
Frequently repeat important information	Repetition can be supplied by teachers or fellow pupils nominated as memory guides. Encourage pupils to recognise they have forgotten and ask for repetition.

Memory

Principles	Working Memory support strategies
Encourage the use of memory aids	<p>Common classroom tools e.g. notes on whiteboard, spelling walls, wall charts/posters, useful spellings, cubes, counters, number lines, calculators, memory cards, personalised dictionaries, audio recorders, computer software, alarms on devices, acronyms.</p> <p>Reduce processing demands of the activity (e.g. provide useful spellings, Unifix blocks).</p> <p>Reduce storage load of the task and help the pupil keep their place (e.g. number line).</p> <p>Practice using these tools to fluency using 'easy', low working memory demand tasks first.</p>
Develop the child's own strategies	These include asking for help, rehearsal, note-taking, use of long-term memory, place-keeping and organisational strategies.

Other types of memory strategies

Principles	Support strategies
Storage/encoding strategies	<p>Ensure attention is not divided (divided attention dramatically reducing memory encoding). See Attention and Memory factors above.</p> <p>Sleep improves and consolidates learning (work with parents to ensure pupil is getting enough sleep, as far as possible): See Sleep Tips resource.</p> <p>Distributed Practice and a smaller amount of material taught at a time (not just 'little and often', but 'littler and oftener').</p> <p>Rehearsal: Repeating information to maintain it in working memory, e.g. 'Before I leave the house I need lunch, bag, book for X. Lunch, bag, book for X.'</p> <p>Elaborative Rehearsal: Adds meaning - items are not simply kept in mind but are processed either more deeply or elaborately by conscious thinking about the material, deepening understanding of the meaning and how it relates to other memorised material. E.g. 'I usually have lunch with X so I will remember to give them their book which is in my bag next to the fridge with my lunch in.'</p> <p>Integration: linking new information to pre-existing knowledge and structures, such as schemas (mental maps), concepts and events.</p> <p>Organisation: new material is effectively organised using visual hierarchies, matrices/grids, diagrams, mind-maps.</p>

Memory

Principles	Support strategies
Storage/encoding strategies	<p>Intrinsic motivation and curiosity: creates a powerful state favourable to encoding new information, e.g. link to personal experience, it is unusual/unexpected</p> <p>Extrinsic motivation of a reward: this also creates a special brain state that makes you more likely to remember things later on</p> <p>Intentional learning: learning when the learner knows that there will be a test of retention (this can be a fun ‘quick question’, it does not mean a formal test)</p> <p>Concept maps: enhance the organisation and integration of information about concepts.</p>
<p>Retrieval</p> <p>(the process of recovering a target memory based on one or more cues, subsequently bringing that target into awareness)</p>	<p>Distributed Practice (‘littler and oftener’).</p> <p>Explicit discussion of the storage/encoding strategies used to remember the information.</p> <p>Retrieval practice/testing effect: long-term memory is enhanced when much of the learning period is devoted to retrieving the to-be-remembered information. This does not mean just giving pupils formal tests. This does not mean just giving pupils formal tests, it includes strategies such as:</p> <ul style="list-style-type: none"> • Think-pair-share (recall prior learning, tell partner, tell each other’s recall to another pair) • ‘Quick-fire’ verbal questions (to the class, for volunteers/small teams to answer) and ‘no stakes quizzes’ (fun not marked) • Quizzes that are self- or partner-scored • ‘Brain Dump’ - short period of time to jot down everything they know about a topic (notes/mind-map), exchange/build in to whole-class and identify what they can add to their own <p>See www.retrievalpractice.org for more information.</p> <p>Feedback: greatly improves retrieval-based learning – studying the right answer immediately after a retrieval test improves memory far more than exactly the same amount of study time when it is not conducted after a retrieval test.</p>
Different types of memory	Strategies that should be used to support pupils with difficulties for different types of memory, and further mnemonics (memory strategies) are here .

Memory

Principles	Support strategies
<p>Metamemory</p> <p>(knowledge about your own memory and an ability to regulate its functioning)</p>	<p>Teaching explicitly addresses:</p> <ul style="list-style-type: none">• how memory works (see Essex ‘Boosting Attainment using Metacognition and Memory’ course)• what is helpful: see Working Memory, Long Term Memory and ‘Other types of memory strategies’ above• what isn’t really helpful: highlighting and underlining, re-reading information, summarisation alone, ‘memory training’ games/apps

Metacognition and self-regulated learning

Introduction

Metacognition is:

- is a person's conscious awareness of their own thinking processes, knowledge, skills and attitudes ('thinking about thinking')
- is knowing which thinking processes to use when tackling a task
- is being able to plan, monitor, direct and review your learning

Self-regulation:

- is consciously saying and doing the right things while you're using the thinking processes to tackle a task
- self-regulation strategies help to set goals, plan, monitor, and evaluate their behaviour
- involves metacognition – 'thinking about thinking', which includes prompts and mnemonics

Some pupils may have had more opportunities than others to see adults model effective metacognition and self-regulation skills in everyday life. If pupils present with difficulties in planning, monitoring and evaluating their learning, or in working independently, school staff should put in place more targeted support to teach them metacognitive and self-regulation skills.

Detailed information about assessment and teaching/intervention around metacognition and self-regulated learning is available via the Essex LA 'Boosting Attainment using Metacognition and Memory course' (see the Essex Schools Infolink for more information).

Metacognition and self-regulated learning

Interventions, strategies and provision

How to teach metacognition

Additional coaching and support is provided for pupils who are finding learning difficult, on the ‘what’, ‘why’ and ‘how’ of metacognition and self-regulated learning, at a level appropriate for their age and development.

Adults always teach metacognitive skills in context. It is necessary to combine the study skills with the content (i.e. subject/task-specific) to have an effect on the deeper levels of understanding.

Adults make increased, targeted use of the Education Endowment Foundation (2019) 7 step model for explicitly teaching metacognitive strategies to pupils who find learning difficult. This can be applied to learning different subject content at different phases and ages (see the Education Endowment Foundation 2019 Review on Metacognition and Self-Regulated Learning):

1. Activating prior knowledge
2. Explicit strategy instruction
3. Modelling of learned strategy
4. Memorisation of strategy
5. Guided practice
6. Independent practice
7. Structured reflection

Motivation for learning, and independent learning

Additional support and coaching is provided to teach pupils to create an optimum learning environment (as far as possible), e.g. quiet, no distractions (devices away), learning materials organised/to hand, physically comfortable – provide support for pupils for whom this may be difficult at home.

Additional support and coaching is provided on developing a ‘Growth Mindset’ approach (Carol Dweck).

Executive Function and Cognitive Learning Science

Executive Function and Cognitive Learning Science

There is increasing use in schools/settings of the terms Executive Function and Cognitive Learning Science. These aspects of cognition and learning have been researched, used and applied for many years in psychology.

Executive Function

This is an umbrella term used to describe a range of executive function components, which are considered to be higher-level cognitive processes that often interact with lower-level cognitive processes, and work in a goal-directed way to allow us to adapt to novel situations or circumstances (Fry, Langley & Shelton, 2019).

The terms used for different executive functions vary somewhat in the relevant research, but often involve skills in:

- working memory
- metacognition – which includes initiating, planning, organising, task-monitoring
- attention/inhibition
- cognitive flexibility/shifting – skills to move freely between activities or aspects of a problem
- inhibition – skills to inhibit, resist or not act on impulse; cognitive and emotional control

For ways to investigate and support pupils' executive function skills, please see the sections of the Ordinarily Available document relevant to these particular skills.

Cognitive Learning Science

Relevant terms/fields include:

- cognition = the mental action or process of acquiring knowledge and understanding through thought, experience, and the senses ('thinking')
- cognitive psychology = the scientific study of mental processes such as attention, language acquisition and use, memory, perception, problem solving, creativity, reasoning and learning

Cognitive Learning Science is a general term that covers the science of how we think and learn. Ways to apply 'cognitive learning science' to support pupils are given in specific relevant sections throughout the Ordinarily Available document, particularly in the Cognition and Learning sections, and the Instruction Psychology principles outlined.



Early Years

- Introduction
- Universal for all children
- Targeted
- Communication and interaction
- Cognition and learning
- Social, Emotional and Mental Health Needs (SEMH)
- Physical and sensory

Early Years

Introduction

This Early Years section of the Ordinarily Available has been devised through collaboration. It has been produced to support practitioners delivering the Early Years Foundation Stage (EYFS).

Every child is unique and has different needs. Some children may have an identified SEND when they start in a setting. Other children may have emerging needs that will be identified through observations after they start in a setting. These needs may be temporary, or they may indicate a Special Educational Need that will require long term additional support.

Early intervention is very important.

This guidance is to support positive outcomes for all children in the Early Years through management teams, SENCOs and practitioners developing and implementing:

- high quality inclusive practice
- high aspirations for every child
- a child-centred approach
- an effective and respectful partnership with parent/carers
- early intervention and the graduated approach to meeting children's SEND
- decision making that ensures effective and timely support including, where appropriate, additional funding

Universal for all children

Introduction

The Early Years Ordinarily Available is designed to be used alongside the Early Years Foundation Stage (EYFS) materials published by the Government. These materials provide extensive information about high quality provision for all children, including children with additional needs.

We have made the deliberate decision to signpost EY settings directly to the documents and the wealth of information they contain rather than duplicate the key messages within this Ordinarily Available document.

Practitioners are directed towards three documents:

The Early Years Foundation Stage

www.gov.uk/government/publications/early-years-foundation-stage-framework--2

For children in the early years of their education, the Early Years Foundation Stage (EYFS) and associated documents provide the key sources of guidance regarding good provision. High-quality teaching describes the inclusive provision and support that is available for all children regardless of their needs. It can be adjusted to meet the needs of children with SEND. There is an expectation that all practitioners will put the strategies and provision in place described in high-quality teaching. Where children have emerging needs, strategies from this section must be implemented and the

effectiveness and impact of them reviewed; this information will then be used to inform future planning and provision.

Development Matters

www.gov.uk/government/publications/development-matters--2

Birth to 5 Matters

<https://birthto5matters.org.uk>

These are two non-statutory documents to support the EYFS.

Both documents are invaluable and should be used alongside the EYFS materials to:

- understand what children will usually be learning at different ages, and how to support their learning
- embed characteristics of effective learning. These principles of how a child learns are important for all children
- identify suitable provision that meets a child's current level of development. It is important to look at what the child is doing now, and what they will need to learn to do next

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High-quality teaching describes the inclusive provision and support that is available for all children regardless of their needs.

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Targeted

For some children, the examples of high-quality provision given in the EYFS documents will not meet all of their needs. They will require provision that is different from, or additional to, the provision required by the majority of children of their age.

The targeted section of the Ordinarily Available sets out the:

- targeted provision that can be provided by a setting.
- targeted provision that can be provided by a setting with support from the Local Authority

The targeted provision will be in addition to the universal expectations for all children. The strategies described will increase in frequency and intensity as the graduated approach (Assess, Plan, Do, Review) is followed.

This document does not include examples of high-needs provision. It does not give examples of support that cannot be provided by a setting independently (for example, PECS or Braille).

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It is imperative that everyone knows the child as an individual

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How is the targeted section organised?

The targeted section of the Ordinarily Available is divided into the 4 areas of need described in the SEND Code of Practice 0-25 years (2015):

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Sensory and/or Physical, including medical needs

Some children will have needs across more than one area, so ensure all relevant sections are referred to.

One Planning

It is imperative that everyone knows the child as an individual and that all practitioners are aware of their likes and dislikes, their individual needs and how best to support and motivate them. This should be recorded in the form of a One Plan

<https://eycp.essex.gov.uk/special-educational-needs-and-disabilities/one-planning>

Practitioners should attend relevant SEND training to develop further their understanding of children's needs and to be able to put support in place.

Communication and interaction

What it might look like	Strategies to support
<p>The child presents with greater difficulty than the majority of other children of their age in:</p> <p>Interacting</p> <ul style="list-style-type: none"> interacting and playing with adults and with other children (the child may play alongside but show little awareness or interest in others or may actively avoid social contact) taking turns and sharing toys 	<p>Interacting</p> <p>Get down to the child's level so the child can see your face and facial expression.</p> <p>Follow the child's lead. Play alongside the child, observing their play and join in by copying their actions and sounds. The aim initially is for the child to accept you playing alongside and then joining in their play.</p> <p>Regularly involve the child in people play games, e.g., chasing games, copying games.</p> <p>Use an individual intervention, such as interaction through play.</p> <p>Play anticipation games.</p> <p>Use objects of reference to support the language being used.</p> <p>Sing songs during familiar routines such as nappy changing times, washing hands or getting dressed. This can build connection and can offer you time for good modelling of non-verbal communication.</p> <p>Support the child to play with another child (who has good social interaction skills) using familiar people play games, e.g., Ready, steady, go and simple turn-taking games.</p> <p>Include the child in a small group intervention to extend their skills in interacting and taking turns within a group.</p> <p>Provide an environment with minimal distractions for individual and small group interactions.</p> <p>Help the child to notice, understand and respond to other people's non-verbal communication, including facial expression, body language, tone of voice.</p> <p>Act as a good role model in responding to other people, modelling good listening and communication skills.</p> <p>Offer the child time to process the information being shared.</p> <p>Staff should praise appropriate interaction skills, in line with their usual good practice, which will help guide the child.</p>

Communication and interaction

What it might look like	Strategies to support
<p>The child presents with greater difficulty than the majority of other children of their age in:</p> <p>Social communication including:</p> <ul style="list-style-type: none"> • using language and non-verbal communication to interact with adults and other children • understanding social situations, following social rules and responding to social cues • understanding other people's feelings and intentions • managing transitions and changes in routine • insisting on 'sameness', e.g., rigid routines, repetitive play 	<p>Social communication</p> <p>Staff should understand that all behaviour is communication and communicates something important and relevant about how such children are experiencing the world.</p> <p>Staff should be aware a child with social communication difficulties (SCD) may suppress aspects of their condition in the setting, in order to belong, and demonstrate them more at home.</p> <p>Teach social rules through a more individualised approach, e.g., demonstrate, use puppets.</p> <p>Use Social Stories™ and model to teach and reinforce appropriate social behaviour in specific situations, e.g., taking turns on the trikes, asking another child for a toy, putting your hand up at carpet-time.</p> <p>Explore sensations and explicitly name emotions and help the child to recognise and begin to understand the feelings and thoughts of others for example 'I can see you are feeling sad. Let's sit together'. Model and exaggerate non-verbal communication such as gestures and use visuals to help a child's understanding.</p> <p>Daily use of an emotional regulation support tool such as 'The Colour Monster' by Anna Llenas to help children understand their core emotions.</p> <p>Small world play and large doll play can offer a good opportunity to role model/practice social skills in a safe play-based situation.</p> <p>Structured approaches should be used to develop children's social skills. These could include activities to improve their joint attention, imitating of behaviour, turn-taking, sharing and role-taking.</p> <p>Staff should provide a visual environment which minimises distraction and over stimulation.</p> <p>Staff should understand that many children with social communication difficulties or autism have sensory issues, and that this can particularly dominate the behaviour and needs of such children in their early years.</p> <p>Staff should be aware that the child may have some (mild) sensory issues, involving one or more senses, including the vestibular sense (sense of balance) and/ or the proprioceptive sense (conscious and unconscious awareness of body position).</p>

Communication and interaction

What it might look like	Strategies to support
	<p>Sensory needs should be accurately identified but not suppressed altogether, unless it is clearly inappropriate, in which case the child should be provided with a more appropriate sensory activity which also meets their sensory needs (for instance, punching another child as both a social greeting and providing some needed tactile stimulation should be replaced by greeting the other child with a high five, and not by simply banning the punching.</p> <p>Often children may (attempt to) self-regulate by ‘stimming’ – engaging in sensory activity which for them is very stimulating or soothing, such as hand-flapping, tearing paper into pieces and dropping it before their eyes, and so on.</p> <p>The child may benefit from some time to co-regulate or self-regulate, especially from over stimulating situations. This can be providing them with a quiet space, sensory resources, outdoor activities etc. This should be offered before the child feels overloaded with experiences.</p> <p>Staff should be aware of the value of preparing the child for change – coping with sudden changes can be hard for them.</p> <p>Use ‘first-then’ boards, e.g., to encourage a child to attempt and/or attend to a new or less preferred part of the daily routine; motivate them by using the words ‘first x (less preferred activity) ...then y’ (preferred activity). Use objects, photos or symbols to illustrate this. Use the same language every time you use the board.</p> <p>Staff should understand the difference between:</p> <ul style="list-style-type: none"> • a visual timetable, which communicates visually the sequence of activities of the session (typically for all children), such as: Free Play; Wash Hands, Snack Time; Toilet; and so on; and • a First, Then (or Task, Reward) schedule, which gains compliance and motivates the child by visually setting out a ‘contract’ in which the adult-chosen activity will be rewarded by a child-chosen activity

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Staff should be aware of the value of preparing the child for change – coping with sudden changes can be hard for them

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Communication and interaction

What it might look like	Strategies to support
<p>Attending and listening such as:</p> <ul style="list-style-type: none"> • paying attention and listening in a 1:1 situation and in groups 	<p>Attention and listening</p> <p>Create a good listening environment, e.g., provide appropriate areas in the room to support speaking and listening skills, e.g., a quiet area with minimal distraction.</p> <p>Make the activity visually pleasing for the children.</p> <p>Consider the noise level in the environment; are there quieter areas?</p> <p>When giving an instruction, staff should ensure that they use the child's name first to gain attention.</p> <p>Prompt them to look and listen and use 'good looking' and 'good listening' cue cards to reinforce this.</p> <p>Ensure that an adult is available to support, remind and redirect the child when it is time to listen.</p> <p>Keep listening times short and interactive.</p> <p>Teach good attention and listening skills.</p> <p>Practise attention and listening skills by playing looking and listening games, e.g., Kim's game, What's that noise? in a small group.</p> <p>Provide paired and small group story times.</p>
<p>Understanding (receptive language) such as:</p> <ul style="list-style-type: none"> • difficulties with comprehension and ability to follow instructions 	<p>Understanding</p> <p>The adult needs to model good non-verbal communication skills.</p> <p>Exaggerating facial expressions, using gestures and pointing will help develop a child's understanding of new words.</p> <p>Comment on what you are doing and what the child is doing, this helps the child's understanding and allows them to make a connection between the action and the word.</p> <p>When sharing stories and singing songs try to exaggerate your gestures, facial expressions and tone of voice to support the child to understand new words.</p> <p>Staff should check the child has understood language used and modify it if necessary.</p> <p>The child should be provided with a visual environment which enables them to cue into meaning through pictures and/or symbols and gesture and demonstration as well as the spoken word.</p>

Communication and interaction

What it might look like	Strategies to support
	<p>A visual timetable should be provided, which will set out the schedule for the current session. The child should be alerted to changes on the way by these being pointed out on the visual timetable.</p> <p>Ensure that the child is given time to respond to verbal requests or instructions (10 second rule).</p>
<p>Communicating and talking (expressive language) such as:</p> <ul style="list-style-type: none"> • communicating their basic needs, e.g., requesting, using words or non-verbal communication • joining words together into phrases and sentences • expressing their ideas and feelings • asking and answering questions • telling a simple narrative 	<p>Communicating and talking</p> <p>Make sure the child has reasons and opportunities to communicate, e.g., offer choices of activities/songs/snacks; avoid anticipating needs so that the child must ask for a favourite toy or for a drink.</p> <p>Teach vocabulary (nouns first, then verbs, then describing words/concepts). Make sure the child has opportunities to hear new words many times and to use them.</p> <p>Use a vocabulary programme, e.g. Word Aware 2 or concept checklists, to identify the language you need to teach.</p> <p>Give a good language model when commenting on what the child is doing so the child can make a connection between your words and their actions.</p> <p>Teach the child to join words together by expanding on what s/he says. Repeat the child's words and add 1-2 words, e.g., if the child says 'car', you could model 'Mummy's car'.</p> <p>Use pictures to begin simple storytelling/narrative and model the sequential language such as 'first', 'then'.</p> <p>The child will benefit from involved adults frequently just commenting on what she/he is doing, with the comments at the level of understanding of the child. This will provide good models of language for the child to process, without the requirement of she/he having to respond or to repeat these back.</p> <p>Ensure that adults use the '4 comments to one question' rule in interactions with children.</p>

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Give a good language model when commenting on what the child is doing so the child can make a connection between your words and their actions

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Communication and interaction

What it might look like	Strategies to support
<p>Speech including:</p> <ul style="list-style-type: none"> • using speech sounds, e.g., their spoken language is unclear • echolalia - which means they are repeating noises, words and phrases that they have heard without understanding what they are saying 	<p>Speech</p> <p>Value and respond to the child's attempts to speak. Focus on what the child is saying not how they say it.</p> <p>Adults should provide a good speech sound model by repeating back clearly what the child has said. Do not correct a child if they cannot say a word properly.</p> <p>Use a speech sound development chart to identify sounds the child can make and sounds they are having difficulty making. Remember that the sound may not be in the child's home language.</p> <p>Play games which encourage playful sounds, e.g., transport or animal noises.</p> <p>Play listening and auditory discrimination games.</p> <p>Play phonological awareness games.</p> <p>Allow the child time to share their ideas.</p>

Cognition and learning

What it might look like	Strategies to support
<p>A child who presents with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite high-quality provision. The extent of learning difficulty can range from mild to moderate. These difficulties are not due to factors such as:</p> <ul style="list-style-type: none"> • learning English as an Additional Language (EAL) • social deprivation (lack of opportunity) • sensory impairment • emotional difficulties <p>The child may present with delays in all areas of the EYFS including understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in:</p> <ul style="list-style-type: none"> • attention and listening • understanding • speaking • self-help skills 	<p>Have daily opportunities for adult supported paired or shared play and turn-taking activities e.g., joint construction modelling, painting together, taking turns to press a pop-up toy etc. Model how to play together and use clear language to support e.g., ‘my turn... your turn’.</p> <p>Use a small steps approach; rather than expect the child to complete the whole activity, break it down into smaller parts and teach each part of the activity and practise it before moving on to the next part.</p> <p>Ensure that your environment is visually calm and that noise levels are kept to a level that allow for maintained focus and attention. For example, use soft furnishing to reduce noise levels, reduce background noise and have times when there is no music playing.</p> <p>Consider whether the environment is over-stimulating, and could visual clutter be minimised such as providing ‘cosy corners’ / communication friendly spaces where children can take a break from the wider environment and which they can access freely. As far as possible, provide natural lighting in preference to fluorescent lighting.</p> <p>Differentiate expectations e.g., of how long the child is expected to sit and attend for. Respect children’s levels of development and recognise that younger children may not yet be able to join the group for story time and other group times. Reflect on ways to make group time inviting and engaging to hold the children’s attention. For example, act out a story using prompts, visual, story sacks or read it outside. Adjust routines to ensure that they are working for all children.</p> <p>Provide a range of resources to ensure that all children can access the EYFS curriculum at their own developmental level. For example, provide thinner and chunkier paintbrushes so that all children can manipulate them and take part in painting.</p> <p>Give the child sufficient thinking time before response is expected and use visual prompts to support communication.</p> <p>Support children to develop attention skills by providing activities with a clear start and finish e.g., inset puzzles, building a tower with a limited number of bricks, threading with a limited number of beads.</p>

Cognition and learning

What it might look like	Strategies to support
	<p>Make use of timers so the child knows how long before it is their turn.</p> <p>Plan from the child's particular interests to enhance motivation to participate in activities in the setting.</p> <p>Extend the child's play, initially by joining them at play and copying their actions (see 'Communication and Interaction'). Then, model new actions and ways of playing for the child to add.</p> <p>Give support to generalise speech and language skills taught as part of individual/small group programmes- see strategies in communication and interaction section.</p> <p>Use clear and simple instructions breaking down longer instructions and giving one at a time. Use 'first...then' boards to reinforce this.</p>

Social, Emotional and Mental Health Needs (SEMH)

What it might look like	Strategies to support
<p>A child who presents with greater social and emotional difficulties than most other children of their age which show themselves in ways such as:</p> <ul style="list-style-type: none"> • being withdrawn or isolated • being dysregulated or at risk of causing harm to themselves or others • being unable to express emotions appropriate to their age • difficulties in interacting with children and/or adults • difficulties in attending to activities/tasks appropriate to their age 	<p>Have a consistent, familiar adult available to ‘meet and greet’ the child and their family. Spend time with the child at key times throughout the session such as coming into setting from home, coming into setting from playtimes and during activities known to be challenging.</p> <p>Provide a comforting, quiet space to take the child to at times when they feel dysregulated. Help the child to know where this place is so that they learn to go there themselves.</p> <p>Use individual and small group interventions to explicitly teach social skills (sharing, turn-taking, listening, waiting, playing, talking, etc.) and how to respond to feelings appropriately, e.g., Fun Time, small group story sharing times.</p> <p>Use individualised ‘Social Stories™’ to help children learn about expected behaviour in social situations, for example, sharing.</p> <p>Use photos and pictures to talk to the child about and label feelings and sensations and to check in with the child e.g., asking ‘How do you feel today?’</p> <p>Label emotions and sensations explicitly ‘I can see that you look cross Suki, how can I help?’</p> <p>Spend extra time observing the child to identify stressors and patterns of particular communicating behaviours as well as times when the child is demonstrating expected behaviours, such as kindness, sharing, listening, etc. Use timed observations (e.g., observing the child at regular intervals) and tools to enable staff understanding, such as STAR Analysis, Distress Mapping or A(antecedent) B(behaviour) C(consequence) charts.</p> <p>Use praise and recognition, adapted to the child’s age and developmental level, and based on their likes and interests. Ensure praise is clearly attributed to their success in demonstrating expected behaviours, and that these positives are shared with the family. For example, ‘Tilly made us proud today as she showed kindness when Jenny fell over. We gave her a dinosaur sticker to celebrate’.</p>

What it might look like	Strategies to support
	<p>Use calming language to co-regulate, keeping language as consistent and simple as possible. We must regulate first, before we can reason with the child – remember, ‘Connection before Correction.’</p> <p>Use ‘first and then’ language to manage expectations, set limits and encourage rules to be followed. For example, ‘First wash hands, then have your snack’.</p> <p>Ensure that all staff are aware of the effects of childhood adversity and attachment needs and receive regular training in order to develop their knowledge, attitudes, skills, and habits.</p> <p>Use comfort object from home to help the child feel secure, particularly going from one activity or place to another.</p> <p>Provide opportunities for sensory movement or brain breaks, such as a change of scene and/or activity for the child, a walk, a bounce on a trampoline, rolling a ball, riding a scooter/bike, etc. to enable self-regulation.</p> <p>Draw up, implement and review individualised support plan such as a One Page Profile or One Plan which outlines all agreed approaches and interventions in agreement with the family.</p> <p>Seek advice, consultation, training and support from your link Early Years Education Partner or SEND Teams.</p>

Physical and sensory: Hearing Impairment (HI)

What it might look like	Strategies to support
<p>Deafness (also called hearing impairment (HI) affects a child's ability to access auditory information (speech and sounds around them) as a result of physical damage to the peripheral organ of hearing – the outer, middle, inner ear or the auditory nerve.</p> <p>Deafness can be in one or both ears and can be mild, moderate, severe or profound, which are specific medical terms with clearly defined meanings related to the level of hearing impairment/hearing thresholds.</p> <p>Deafness can be permanent or temporary. A permanent or long-standing deafness will have an impact on a child's listening, attention, language and communication and access to learning.</p>	<p>The nursery environment should be arranged and furnished to be as good a listening space as possible for all children including a deaf child. Provide quiet areas and a suitable listening environment for 1-1 listening activities. Advice to the setting from the Physical and Sensory Impairment Specialist Teaching Service (PSISTS) Hearing Impairment Team on room acoustics in accordance with the child's listening audiological needs.</p> <p>Use relevant audiological (hearing) equipment e.g., hearing aids, cochlear implants, radio systems effectively, following the advice provided by the Teacher of the Deaf (ToD).</p> <p>Implement the child's educational advice provided by the ToD e.g., strategies to support attention, listening and language development e.g., checking equipment, being near to the child when speaking to them, modelling language by rephrasing, carrying out listening/language activities planned in collaboration with the teacher of the deaf and/or specialist speech and language therapist.</p> <p>Liaise with the ToD and, where appropriate, (PSISTS) Sensory Support Specialists (SSS) to support nursery staff to understand the impact of the child's deafness on communication, language, learning and social interaction skills.</p> <p>Liaise with ToD and SSS to support the child to become independent in their use of audiological (hearing) equipment through training, regular checks and monitoring.</p> <p>All children with permanent deafness or temporary deafness with a diagnosed additional SEND are allocated a PSISTS ToD. Support will be offered to settings by the ToD and any SSS in the form of training, planned group work and 1:1 support at intervals appropriate to the level of need (ranging from weekly through to annually). The PSISTS HI Team use the nationally published NATSIP Eligibility Criteria to determine the level/frequency of support offered by a ToD/SSS.</p>

Deafness can be in one or both ears and can be mild, moderate, severe or profound

What it might look like	Strategies to support
<p>Permanent deafness will usually cause a child to:</p> <ul style="list-style-type: none"> • require audiological equipment to support their listening e.g., hearing aid/s, cochlear implant, FM radio systems, etc. • experience difficulty being in environments with moderate or higher levels of background noise • miss out on incidental learning • experience some difficulty developing language and communication skills • experience some difficulty with social interaction • mishear or misunderstand what is said or written. • have needs related to social and emotional wellbeing 	<p>Use individual and small group interventions as recommended, e.g., attention and listening skills, understanding, speaking, social interaction skills, alternative communication skills, such as signing (Makaton/BSL).</p> <p>Give the child opportunities to generalise speech and language skills taught as part of individual/small group programmes.</p> <p>Ensure that staff attend relevant training e.g., ‘Supporting deaf children’ run by the PSISTS HI Team.</p> <p>Adults’ knowledge and understanding</p> <p>Key adults will be invited to and should attend Essex training (click here for further information) which is delivered by a PSISTS Qualified Teacher of the Deaf (TOD).</p> <p>Support and monitoring will be provided by a PSISTS TOD to support adults in the setting for all children on caseload.</p> <p>Adults’ knowledge and learning should involve understanding the impact of deafness on the development of the individual child as well as the day-to-day difficulties posed by having a hearing impairment. It may also include strategies for the use, management and care of hearing aids and other technology as well as creating a positive listening environment.</p> <p>Training should include:</p> <ul style="list-style-type: none"> • deaf awareness • communication strategies • environmental factors, for example acoustics and lighting • implications of any hearing impairment • classroom management strategies and group and individual interventions • creating a ‘One Page Profile’ for children on the caseload of a PSISTS ToD <p>Assessment, planning and review</p> <p>The setting ethos and policies should reflect the needs of deaf children.</p> <p>The frequency of support and monitoring visits from the TOD is kept under review and will be changed according to need.</p>

What it might look like	Strategies to support
	<p>PSISTS TOD/SSS will conduct specialist assessments of listening, language and other appropriate areas for all deaf children on caseload and contribute to/attend planning meetings as appropriate.</p> <p>Expected interventions to support learning</p> <p>Teaching environment and groupings</p> <p>All activities should be accessible to deaf children, with adaptation where necessary. Adults should manage the setting environment to produce the best possible listening conditions for all children. This should include:</p> <ul style="list-style-type: none"> • room and activity positioning to have a line of sight to the speaker • consideration of seating and grouping so that any children with hearing and listening difficulties can be near the focus of any discussion about the task or during carpet/story time and can see whoever is speaking • an environment as free from noise as possible, closed windows and doors and if necessary, create a ‘quiet’ area • think about social interactions and be sensitive to potential difficulties arising from missing verbal interactions • children should be enabled to communicate their knowledge and understanding accurately, using a variety of approaches as appropriate. This should inform grouping and remove barriers to their learning • use of visual/object/written cues and context to aid understanding <p>Many deaf children will still be able to access appropriately differentiated auditory information in a good listening environment, using personal amplification (hearing aids/cochlear implant) and, where appropriate, a radio aid system provided by the PSISTS HI Team as well as adult support (from SEN budget).</p> <p>Advice should be sought on developing literacy and language skills from the PSISTS ToD.</p>

What it might look like	Strategies to support
	<p>Support (resources, parent, child, training)</p> <p>The child may have one or two hearing aids, bone anchored hearing aids (BAHAs) or cochlear implants. These are issued by the hospital but will need monitoring by setting adults for:</p> <ul style="list-style-type: none"> • correct usage • cleanliness and damage to moulds • battery function • cleanliness and damage to tubing • distortion of sound quality <p>Use real life examples, objects, and visual images to support learning wherever possible.</p> <p>All pre-school aged, bilaterally deaf children on the PSISTS caseload are invited to attend a local, weekly parent and child listening and language group run by ToDs/SSS known as CHIPS (Children with Hearing Impairment Play and Stay).</p> <p>The child may have a radio aid provided by the PSISTS ToD which should be used, managed and maintained by adults working with the child.</p> <p>Where appropriate speech therapy may be offered.</p> <p>Differentiation of tasks and activities through the adults modifying their language to help the child understand the task.</p> <p>Curriculum and teaching methods</p> <p>Adults need to gain the attention of the child before speaking and speak clearly, naturally and at a normal rate. They should not cover their face or walk around the room whilst talking and should use short sentences rather than long complex ones.</p> <p>Adults should be aware of their position in class and avoid having a light source behind them (for example a window or interactive whiteboard) as this creates a shadow and makes it difficult for the child to lip read or see facial expressions.</p> <p>Adults should sensitively reflect what other children are saying and encourage other children to speak one at a time. Adults should repeat what other children say in group discussions.</p>

What it might look like	Strategies to support
	<p>Children should be given time to think and process what is being said before they make a response, and a range of responses should be used.</p> <p>Children should be allowed time to read or look at pictures or visual aids before they are required to give a verbal response.</p> <p>New vocabulary should be explained and concrete objects and pictures which give the words meaning should be provided to support verbal information.</p> <p>The child's name should be used before asking a question or giving an instruction and they should be provided with a visual indication as to the location or the identity of the person speaking.</p> <p>Allow extra time for the child to complete tasks and be aware of the fatigue the child may experience because of the amount of effort they have put into listening and lip reading.</p> <p>Core vocabulary will need to be reinforced. Instructions may need to be repeated or modified to match learning needs.</p> <p>Programmes to develop spoken language and communication skills may need to be followed through and incorporated naturally into all aspects of the day.</p> <p>Adults should take time to check understanding. Context will give a hearing-impaired child more opportunity to understand concepts.</p> <p>Some additional support may be necessary from time to time to check for understanding and clarify concepts in certain topics. This should be provided by the setting.</p> <p>Deafness is not a cognitive difficulty and care must be taken to ensure that expectations are appropriate, and that the child has every opportunity to learn at an appropriate level for their ability. However, hearing impairment is a major impairment to the development of language and thus can cause significant difficulties in language, social/emotional and/or learning skills. The degree of impact will be child dependent.</p> <p>Comprehensive additional advice and effective strategies for working with young children with hearing loss can be found here (click here – Supporting the achievement of deaf children in the early years).</p>

What it might look like	Strategies to support
	<p>Settings should consider the advice on creating a good listening environment through providing acoustic treatment and controlling background noise where possible.</p> <p>‘Quiet zones’ should be provided, where lower levels of noise are encouraged and established. Deaf children and other children can take part in quieter activities, such as sharing books, completing puzzles or talking.</p> <p>Visual support should be provided for tasks with concrete objects for reference where possible.</p> <p>Expected interventions to support emotional wellbeing for learning</p> <p>Adults should be aware of the possible need for additional support due to vulnerability resulting from the impact of deafness on social interactions with peers and the wider environment.</p> <p>Adults should be aware that a deaf child may find it challenging to talk in a group. There should be many opportunities to socialise but there must be recognition that:</p> <ul style="list-style-type: none">• social situations often take place in the noisiest parts of the setting• some children may be bullied because of their deafness• social acceptance requires an understanding of social norms but hearing children acquire these through incidental learning experiences, which deaf children are more likely to miss• a deaf child may worry that they will not understand what is being said or that their peers will misunderstand them which may cause them to ‘give up’ on communication• a deaf child may become over-dependent on support from adults and lose confidence when support is not available. Adult support should be regularly reviewed to ensure that the deaf child does not become dependent on that person for social support and that they can develop resilience• a deaf child may be unaware of current social language, slang and ‘street talk’

What it might look like	Strategies to support
	<p>Adults should promote deaf awareness in the setting using resources from the PSISTS ToD/SSS and the NDCS. They should provide opportunities for the child to practise social strategies related to their deafness, for example, identifying why a conversation is becoming difficult and how to improve the situation</p> <p>Opportunities should be provided to meet other deaf children – the ToD, parents, local deaf groups or charities may be able to help. It can be helpful for deaf children to meet deaf adults who have successfully managed issues arising from their deafness and may act as role models to younger deaf people</p> <p>There should be access to positive role modelling through books and teddies and dolls with a hearing impairment/using hearing aids and cochlear implants</p> <p>Children should be encouraged to ask for support and develop skills in talking with adults</p> <p>Adults should support communication between the deaf child and their peers. They should help the other children to understand what difficulties the deaf child faces and what they can do to make them feel included</p> <p>Adults can support boosting the deaf child’s confidence by praising them when they contribute to group activities and particularly when they have made their own friendships</p> <p>Health and safety needs to be thought through, for example additional adults may be needed to ensure the safety of the child during initial stages of cochlear implant and the greater use of free flow activities in Early Years, leading to the child being more mobile in the environment</p> <p>Health and Safety considerations should also apply to children with unilateral hearing impairment due difficulties in localisation (directional sound recognition) and listening in noise</p> <p>The deaf child should be taught aspects of social interaction, such as modelling appropriate behaviours, praising interaction and playing games that require turn taking and cooperation.</p>

Physical and sensory: Visual Impairment (VI)

What it looks like	Strategies to support
<p>Vision/visual Impairment (VI) is a bilateral (both eyes) impairment of eyesight. The impairment is likely to have an impact on the child's general development and means of access to learning. A child with VI may wear glasses, but this will not fully correct their vision</p> <p>(If a child is patched to improve a squint this is not classed as a vision impairment).</p> <p>The VI is significant when the child needs:</p> <ul style="list-style-type: none"> • enlarged text on trays, displays, board work etc. • a curriculum that is provided via touch • increased supervision for health and safety <p>In these cases, advice should be sought from the Essex VI Service</p>	<p>Adapt the nursery/classroom environment to take account of sources of light, to avoid glare and visual clutter etc. Blinds at windows may be necessary.</p> <p>Hep the child to find the best place in circle or group activities in order to maximise their use of their vision.</p> <p>The environment should be free of clutter.</p> <p>Consideration should be given to 'demarcation' (marking boundaries) of key areas through changes in floor surface or the use of furniture.</p> <p>The child should be shown around the setting at each session from table to table to let them know what is available and where it is in the setting.</p> <p>When in a free flow activity make sure that any changes in depth or steps are high marked.</p> <p>Show the child around if any changes are made at any time to usually fixed furniture or equipment.</p> <p>Keep mobile toys e.g., scooters, bikes etc. in a clearly demarked area.</p> <p>Support during outdoor play should be provided where needed or where activities are specifically related to vision. More specific adult support will be needed in certain areas in free flow e.g., going up steps or down slides. Outdoor play equipment or climbing frames should be bright high marked (advice on this may be sought from the Essex Vi Service).</p> <p>Provide a range of picture books, some with tactile features such as the That's not my series, and a range of resources and materials with visually simple pictures and interesting textures.</p> <p>Provide a range of toys and resources for learning made from a variety of plastic, wooden and metal materials, including home corners, treasure baskets, and items for exploration and pretend play.</p> <p>High contrast table coverings should be used for tabletop activities such as snack and activities.</p> <p>Specific teaching of ICT skills should be included as part of children's learning and accessibility settings should be used where necessary.</p>

What it looks like	Strategies to support
	<p>Children should be taught active scanning techniques for busy pictures. Books such as Usborne 'Hundred Words' books or the 'Can you find....' series are useful for this.</p> <p>Mark-making activities should be carried out with dark pens e.g., felt pens, 4B pencils and high contrast backgrounds. Blackboard and chalk and whiteboards with dark marker pens work well. Support from a key adult to help complete craft or tabletop activities with adult support to develop mark-making e.g., grasping pencils.</p> <p>Glue for sticking should be coloured to aid contrast.</p> <p>Visually simplified pictures and high contrast materials should be provided for colouring in along with adult support for where to colour (e.g., inside or outside the lines etc.).</p> <p>Pictures may need to be cut out and placed on a contrasting background.</p> <p>Specific teaching of concepts such as scissor skills will be required and should include allowing opportunities to generalise the skill.</p> <p>Encourage lots of 'pouring play' activities e.g. sand and water to help develop strategies to help overcome difficulties with 3D vision and gauging depth of field.</p> <p>Adults should make sure they do not stand with their backs to the windows so that their face is thrown into shadow.</p> <p>If a child has one eye better than the other, make sure the adults are aware of this and always stand or work on the child's good eye side.</p> <p>Cue children into attention by using their name.</p> <p>Children should be provided with lots of verbal cues with lots of extra verbal commentary where needed.</p> <p>Precise locational language should be used to help locate and identify items being used e.g., 'the water jug is on the snack table by the window' rather than 'the jug is over there'.</p> <p>Children with VI will not be able to achieve incidental learning and will need to be provided with extra opportunities to help fill the gaps. There may be gaps in learning through not being able to see well enough to be able to distinguish between a picture of a horse or a cow for example.</p>

What it looks like	Strategies to support
	<p>When considering social and other activities it is important to be aware of the distance the children can see faces from.</p> <p>You might need to tell children what the facial expressions of the children around them are and what they mean.</p> <p>Adults should always say the names of the other children in groups the child is working in.</p> <p>There should be positive role toys such as teddies wearing glasses and books that include children with glasses. There may be children who are patched during the early years, and it is important that staff are not reflecting negative images of patching e.g., pirates.</p> <p>There should be support given for the children to understand themselves as visually impaired through books and role play.</p> <p>Displays of the child's work should always be placed at eye level.</p>

Physical and sensory: Physical and Neurological Impairment (PNI)

Introduction

There are many different kinds of physical and neurological difficulty and children with this kind of difficulty will benefit from different kinds of support.

A child may have a physical condition that directly affects their learning outcomes. For example:

- a child who finds it hard to control their arm and finger movements will have trouble with activities like mark-making and puzzles, or
- A child who finds it hard to control their body and eye movements will find it hard to look at or handle a book, picture or object, and move around the room

A child may have a (hidden) physical condition where it is not so obvious how it makes learning more difficult, such as epilepsy. Also, a neurological impairment can impact on types of thinking and learning such as thinking skills, attention, memory and processing.

Some children will need to have support to get around the setting and to take part in some activities. These children may not have a learning difficulty – they just need support to access the learning activities.

A child may have a specific medical need that requires regular specific nursing or medical /paramedical intervention to benefit from early education.

So, children may need some or all of the following:

- changes to how they show what they are learning (for example pointing to letters they recognise when they cannot write them)
- changes to what and how they are taught, for example, some children may need a sensory curriculum or may need more time to process instructions
- Support to become more independent in their learning
- help to get around the setting and take part in all the activities
- specialist equipment and appropriately trained staff to focus primarily on health care needs

Adults will need to understand what a child is interested in and how they are learning in all areas of the EYFS rather than attending only to their physical difficulties.

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Some children may need a sensory curriculum or may need more time to process instructions

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What it looks like	Strategies to support
<p>Physical impairments in a young child may need adaptations to the EYFS curriculum: The young child with physical impairment may have more difficulty than the majority of other children of their age in:</p> <ul style="list-style-type: none"> • motor skills and spatial skills leading to problems moving around the setting • gross motor movement; difficulties in 'planning' movement resulting in awkward and clumsy body movements • difficulty accessing play equipment e.g., climbing frames, balance boards, trikes • sitting up/sitting still due to weak core strength; delayed / immature body awareness and balance • making transitions from one position to another. 	<p>Follow advice from professionals such as occupational therapist (OT) and physiotherapist on making reasonable adjustments to the nursery environment, such as rise and fall changing beds, ramps, height adjustable furniture, grab bars, door handles and more availability for floor play space.</p> <p>Make sure areas are well-organised with clear routes and, ensuring the safe movement around the setting e.g., by reducing/moving obstacles. The child may need to be taught the layout and where activities are located/accessed.</p> <p>Adapt and simplify activities to support the development of fine and/or gross motor skills such as the use of alternative equipment e.g., training scissors, range of sizes of pens, crayons and brushes, smaller bikes and trikes and accessible outdoor equipment.</p> <p>Provide significantly more time for completing tasks if needed, e.g., staff to be flexible with how and when activities are completed.</p> <p>Think carefully about timetabling activities and the location of rooms e.g., downstairs rooms for groups of children where there is a child with physical needs.</p> <p>Support the use of low-tech aids and equipment recommended by health professionals, e.g., a range of seating positions such as side sitting and back support and additional resources such as correctly sized furniture and seating wedges according to the child's needs.</p> <p>Take account of tiredness and muscle fatigue and make time for free play or rest breaks after focused activities.</p> <p>Promote exercises and activities to strengthen upper body, hands and fingers e.g., posture, warm-ups, dough disco, hand exercises and massages, including those recommended by relevant specialists – enhanced opportunities, differentiated for the child.</p>

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Make sure areas are well-organised with clear routes and, ensuring the safe movement around the setting

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What it looks like	Strategies to support
<ul style="list-style-type: none"> • running, jumping, skipping, kicking, throwing, catching, etc. • fine motor movements shown by e.g., delayed pincer grip and poor manipulation of items due to delayed hand strength. • handling tools, e.g., scissors, tongs, paint brush pens. • spatial awareness resulting in positioning mark making on paper and difficulties forming letter shapes • oral/verbal dyspraxia e.g., difficulty in eating, dribbling, sounds and speech production, organising thought into spoken words phrases and sentences • processing verbal, visual and auditory information • self-help skills, such as dressing and undressing and feeding themselves 	<p>Assess the child’s learning and physical needs (e.g., observations, play-based assessment, checklists) leading to an appropriately targeted intervention programme; this should be planned in partnership with the child and their family and as advised by an outside agency where involved. The child may need increased opportunities planned as they may have limited experiences in some learning areas.</p> <p>Follow individual programmes of physical and self-help skills as advised by relevant specialists, such as an Occupational Therapist to access training and medical support for children with complex care needs, if appropriate.</p> <p>Make sure staff are trained in manual handling (which is a legal requirement for all staff) and position changes, e.g., from chair to standing frame, if relevant health professional will advise such as physio or OT.</p> <p>Staff may need to create an Intimate Care plan to detail any individualised toileting processes – these would need to be agreed with relevant health professionals and parents/carers.</p> <p>Activities and opportunities to be planned that promote disability awareness. This should include picture books and toys; also raising awareness of conditions.</p> <p>Support the child to express their needs and feelings through use of visuals and feelings cards, body awareness songs, looking at pictures of facial expressions and talking about feelings in stories, with puppets, etc.</p> <p>Staff knowledge and understanding</p> <p>Adults should:</p> <ul style="list-style-type: none"> • be aware of key disability legislation such as Disability Discrimination Act and Disability Equality Scheme; Reasonable Adjustments • understand that children may require more time to complete tasks and might need to approach some activities in a different way • make sure children are working on learning outcomes that are suitable for their development and change the activities when needed to make sure they can achieve them <p>Keep up effective communication with parents/carers so that they know if a child’s condition changes and if they need further advice.</p>

What it looks like	Strategies to support
<ul style="list-style-type: none"> • toileting difficulties, including lack of awareness, difficulties with using the toilet and cleaning themselves • tiredness due to poor sleep (often disrupted) and fatigue due to their condition • emotional regulation and/or resilience 	<p>Adults supporting children know about their physical disabilities and the support they need to learn or take part in activities.</p> <p>Adults know how to adjust learning activities for children with moderate physical and neurological impairments.</p> <p>Adults communicate with each other so that information is shared about the child’s individual needs in relation to their physical disability or neurological impairment.</p> <p>Assessment, planning and review</p> <p>Children’s progress should be assessed using the EYFS so that their next stage can be identified, and they can be given activities to help them reach it, making sure that their physical difficulties do not stop them from taking part.</p> <p>Adults should keep a check on the following:</p> <ul style="list-style-type: none"> • make sure children can get around the setting, both inside and outside • make sure there are plans for things the children need, such as being given medication • make sure they have any extra resources they need to take part in the activities <p>Regular communication with parents to:</p> <ul style="list-style-type: none"> • check the children can get round the setting and take part in the activities • talk about how parents can help the children at home with their learning (bearing in mind the children may be tired after going to the setting) • Share any updates on daily care/access/mobility/external agency advice <p>A personalised approach to learning detailing:</p> <ul style="list-style-type: none"> • learning outcomes • approaches to reach them • resources and adaptations needed to reach them <p>Assessment should be done over time to ensure a real understanding of the progress and needs of children with physical and neurological impairment.</p>

What it looks like	Strategies to support
	<p>Expected access arrangements to support learning</p> <p>Make sure the children can take part in all activities. Think about:</p> <ul style="list-style-type: none"> • how they show they have learned something • getting around the setting • their seating • their ability to access the resources/equipment <p>Make sure children can see the adult at carpet time and are not getting distracted. Use of visual cues and props.</p> <p>Sit child with drawing/writing arm on the outside edge of a shared table.</p> <p>Colour code words and pictures around the room if child also has visual needs.</p> <p>Think about when the children are getting tired as they might not tell you.</p> <p>For trips, plan and make changes to make sure:</p> <ul style="list-style-type: none"> • the children can get around • can access all of the activities and • they don't get too tired <p>Give extra help for putting on coats as needed.</p> <p>Quieter as well as busier play areas outside.</p> <p>Extra support for writing and mark-making activities.</p> <p>Opportunities to play alongside and with more coordinated friends to help them take part in physical activities and so they can share things like writing and drawing.</p> <p>Resources that are easy to pick up and use or which don't need to be picked up.</p> <p>Use visual and practical resources.</p> <p>Less writing expected or alternative means of recording ideas provided (although this is mentioned below). Match the objective to the recording tool used.</p> <p>Reduce processing for activities to ensure the child focuses energy on the main objective.</p> <p>Regular rest breaks.</p> <p>Children may need special seats - for accessing table-top activities and/or carpet/floor sessions.</p>

What it looks like	Strategies to support
	<p>Extra support/planning and possibly timetabling for self-care.</p> <p>Use low-tech resources such as modified scissors or a slope on the table.</p> <p>Children are helped to be independent learners. When adults give children extra help, they should help the child to actively take part in the activity so they can develop their language and thinking – avoid simply doing things for them.</p> <p>Some reminders or pictures to bring children back to a task.</p> <p>Give children extra time to answer questions.</p> <p>Make sure children know when they have done something well so that they see themselves as good learners.</p> <p>Make sure children have opportunities to learn to organise themselves appropriately and learn to ask for help as needed.</p> <p>Adult support to take part in some activities.</p> <p>Increased use of alternative methods for children to show their learning.</p> <p>Expected arrangements to support emotional wellbeing for learning</p> <p>Watch that the children are well and emotionally regulated in the setting and help with medication when needed.</p> <p>Help the children to play with other children and take part in group activities.</p> <p>Make sure the children can take part in activities and are also challenged so they can learn.</p> <p>Give praise for how they approach a learning task. For example:</p> <ul style="list-style-type: none"> • how they went about doing something • their effort • sticking at a task • when they look for a challenge • when they get better at something

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Make sure children know when they have done something well so that they see themselves as good learners

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This information is issued by:
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