

# **Holy Trinity SEN Handbook**

This handbook is designed to help you get a good understanding of the 4 main areas of SEN.

- **Communication and interaction** (SLCN – Speech and language communication needs and ASC –Autistic Spectrum conditions)
- **Cognition and learning** (MLD - moderate learning difficulties and SpLD –specific learning difficulties)
- **Social, emotional and mental health** (ADHD and mental health)
- **Sensory and physical needs** (VI, HI, and PD)

## **The aim is to understand the four areas of needs in order to:**

1. Understand what the difficulty is and to gain empathy with the child.
2. Recognise how it will present in the classroom.
3. Facilitate quality first teaching, SEN provision and be aware of specialist provision.
4. Know assessments and resources available.
5. Understand how parents and carers may be feeling and how best to work with them.

This should be read alongside the INSETS on R: drive. (See details below).

## **Communication and interaction**

When you read or hear something, you first need to detect the words and then to interpret them by determining context and meaning. This complex process involves many brain regions.

These regions work together as a network to process words and word sequences to determine context and meaning. This determines our receptive language abilities, the ability to understand language. Complementary to this is expressive language, which is the ability to produce language.

To speak sensibly, you must think of words to convey an idea or message, formulate them into a sentence according to grammatical rules and then use your lungs, vocal cords and mouth to create sounds. Regions in your frontal, temporal and parietal lobes formulate what you want to say and the motor cortex in your frontal lobe, enables you to speak the words. So there is a lot going on and a lot to go wrong!

## **Language disorders and language delay**

In a language disorder the cause is unknown, with delay the skills will develop but at a slower pace.

Language disorders mean children have difficulties getting their meaning across or make themselves understood. Children with language disorders are able to produce sounds, and their speech can be understood, but their language does not develop in the normal way, they may have some language skills but not others. Language disorders may occur in children with other developmental problems, autism spectrum disorder, hearing loss, and learning disabilities. A language disorder may also be caused by damage to the central nervous system, which is called aphasia. They are rarely caused by a lack of intelligence.

Language delay -For most children, language develops naturally from birth. To develop language, a child must be able to hear, see, understand, remember and physically be able to make the correct sounds. A child with a delay will develop speech and language in the same way but it will be delayed.

## **Receptive language disorder have difficulty understanding language.**

### **What this may look like in class**

- May not understand what has been said.
- Have problems following directions that are spoken to them.
- Problems organizing their thoughts and articulating them.
- Not able to keep up socially

## **Expressive language disorders have problems using language to express what they are thinking or need.**

### **What this may look like in class**

- Find it difficult to formulate a coherent sentence.

- Words are jumbled.
- Wrong words used.
- Very short sentences or single words.
- Have difficulty finding the right words when talking, and often use placeholder words such as "um"
- Have a vocabulary that is below the level of other children the same age
- Leave words out of sentences when talking
- Use certain phrases over and over again, and repeat (echo) parts or all of questions
- Use tenses (past, present, future) improperly

Because of their language problems, these children can have difficulty in social settings. Language disorders may be part of the cause of behavioural, social and emotional problems, as they are often the root of frustration and misunderstanding. Where a delay children can present as immature can be misinterpreted as 'silly'

## **Working with parents**

Unless there is a clear diagnosis and working with a SALT (Speech and language therapist) parents (and we) may not understand what the difficulty is. This will result in frustration, especially if the child is cognitively able in other areas.

Share strategies that do work with the child and relative strengths. Explain that the child will find language skills harder in a busy classroom. Encourage work they can do individually at home such as Listening, turn taking and speaking. Ask them what helps.

## **Communication and interaction. Assessment, resources and how to support.**

- [Universally Speaking](#) – booklets detailing the ages and stages of children's communication development from birth to 18 years.
- [I CAN](#) – Online progress checking tools for 6 months to 11 years.
- [British Picture Vocabulary Scale \(BPVS3\)](#) – receptive vocabulary assessment for 3 to 16 years. (SALT uses this.)
- [The Communication Trust](#) – information about communication friendly environments, and suggested assessment and audit tools.

Area of need	Universal provision – Quality first teaching	Targeted provision – SEN Support	Specialist provision
Access to learning	<p>Differentiation based on language to support learning</p> <p>Collaborative learning opportunities which group pupils of differing language levels</p> <p>Multi-sensory resources for teaching and learning including opportunities to ‘show’ rather than ‘tell’, teaching that uses visual and tactile approaches</p> <p>Classroom materials and resources labelled with key words</p> <p>Visual support systems such as visual timetables, targets on the desk, targets shown on the whiteboard, prompt cards</p> <p>Tasks are modelled and understanding is checked</p> <p>Pupils seated closer to the teacher</p>	<p>Each task is modelled for the pupil individually or as part of a small group</p> <p>An individual visual approach is used</p> <p>Now/next used to structure every transition</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil</p> <p>Classroom support is personalised and individual to meet needs</p> <p>A system of alternative communication needs to be used e.g. PECS, Makaton, BSL</p>
Social interaction and play	<p>Social skills explicitly taught and modelled</p> <p>A peer buddying system is used to model social and play skills</p> <p>Encouragement to take turns, give answers and engage with peers</p>	<p>Adult support is provided during unstructured times to lead games and support peer interactions</p> <p>Small group activities to promote shared attention e.g. Attention Autism</p>	<p>All peer interactions are mediated by an adult so that the pupil does not become distressed</p> <p>All instructions and teaching content needs</p>

Attention and listening	<p>Use the pupils name to gain their attention</p> <p>Visual strategies used to gain the attention of all pupils</p> <p>Good attention and good listening skills are noticed and praised</p>	An individual area for working is provided which provides a lower distraction environment	to be individualised to take into account the language needs of the pupil
	<p>Activities to target attention and listening skills</p> <p>Tasks are reduced to accommodate for difficulties attending Areas with fewer distractions are provided</p>		
Receptive language	<p>Language is reduced by all adults to a level that is understandable for the pupil – chunked, simplified and avoiding ambiguous terms</p> <p>Staff check the pupil's understanding of instructions</p> <p>Instructions repeated and reinforced. A visual plan/checklist for the lesson is provided</p> <p>Pupil is supported to indicate when they have not understood</p> <p>Pupil is given more time to process verbal information</p> <p>Non-verbal cues are used alongside verbal language e.g. visuals, signs, gestures</p> <p>Key words are emphasised, and new vocabulary is explained</p> <p>Pupils encouraged to ask questions and seek clarification</p>	<p>1:1 or small group to promote understanding of vocabulary, concepts or instructions</p> <p>Pre-teaching of key vocabulary and new topic specific words</p> <p>Speech and Language Therapy targets incorporated into lessons e.g. vocabulary taught before lesson and repeated during activities</p>	

## **Autism Spectrum Disorder is part of communication and interaction**

This is a lifelong complex developmental disorder that effect the way an individual interacts with the world and communicates with others around them. There are three areas commonly used to describe autism:

**Social interaction-** how to understand, recognise and communicate how other people are feeling.

**Social communication-** difficulty in understanding verbal and nonverbal language.

**Social imagination-** difficulty in imagining what other people are thinking or alternatives to their own routine.

Also there are often difficulties in sensory regulation making it hard to self-regulate in environments which causes stress and anxiety. These all interact and overlap to make ASC a diverse condition and different in every individual.

### **What this might look like in class:**

- Child perceives its environment by a different set of rules. To them our environment is unpredictable and chaotic. This leads to their perceived rigidity, controlling behaviour and high levels of anxiety with its associated problems.
- Child does not understand and cannot predict social communications or situations. This creates stress, anxiety and difficulty in making and keeping friends.
- New situations are unimaginable so change is stressful and has to be managed well.
- Difficulty generalising rules, patterns and learning; instead will become focused on one thing which they can predict.
- As they cannot understand how another person is feeling they cannot predict the consequences of their behaviour on others.
- Will often take things literally, will interpret generic comments as directed personally to them, or not respond unless their name is used explicitly.
- May have highly developed skills in one area e.g. Maths.
- Due to high levels of anxiety and stress mental health problems may be an issue.

## Working with parents

- Parents will respond to diagnosis in different ways. Some will be in denial and find it very hard, others will use it to legitimise behaviours, others embrace it and will research and support. Whichever it is important to try and understand and support parents in order to give the best support for the child.
- Sometimes the child can conform at school and present with no obvious problems but will have extreme emotional dysregulations at home. This is very tiring and stressful for parents and it must be annoying to hear us say that there is nothing wrong at school. The best we can do is listen and communicate to parents what has happened in the day and see if there are any correlations to the behaviours at home with what has happened at school.
- The reverse can also be true where the child may exhibit challenging behaviour at school but be settled at home. Again it is looking for causes and correlations, adapting our school environment and communicate with parents.
- A child with ASD has a different interpretation of events than the rest of us. Sometimes parents will receive a completely different version or no information. This again leads to frustration and anxiety on both sides, so again - communication is key.

Patience, understanding, professional judgement and communication are key.

### Assessment and identification of need for ASC

- [AET Autism Progression Framework](#) – assessment to support staff in identifying learning priorities and measuring progress
- [NAS Sensory Assessment Checklist](#) – based on Sensory profile checklist (Bogdashina, 2003)
- [NAS Sensory Audit](#) – sensory audit to help staff assess and create enabling environments

Area of need	Universal provision – Quality first teaching	Targeted provision – SEN Support	Specialist provision
<p>Social interaction and social communication</p> <p>(see also Communication and Interaction)</p>	<p>Modelling of appropriate social interaction skills</p> <p>Grouping of children to provide peer role models</p> <p>Adult support to provide structure during break and lunchtimes</p> <p>Reduced verbal language alongside visual and written prompts. Use of simple, direct and unambiguous language</p> <p>Positive language – what you would like them to do, not what they shouldn't do</p> <p>Staff alert to a pupil who has a reduced sense of danger and adapt the environment accordingly e.g. securing the environment, putting equipment out of reach</p>	<p>Small group activities to promote shared attention and spontaneous communication</p> <p>Small group intervention to develop peer relationships e.g. Circle of Friends, structured friendship group</p> <p>1:1 or small group intervention to develop specific social communication skills e.g. turntaking, sharing, interpreting gesture, tone of voice, facial expression e.g. Talkabout, Socially Speaking</p> <p>Adult support is provided during unstructured times to lead games and support peer interactions</p> <p>Time outs to relieve the pressure associated with social situations</p>	<p>Adult support is needed at most times to ensure the safety of the pupil and the safety of other pupils</p> <p>Majority of teaching and learning is adapted to fit around the pupil's interests</p> <p>Frequent and higherlevel interventions e.g. multiple times daily, either individually or with one other peer</p> <p>All instructions and teaching content needs to be individualised to</p>



<p>Flexibility of thought and transition management</p> <p>(see also Cognition and Learning and SEMH)</p>	<p>Visual timetable used for the whole class</p> <p>Preparation and explanation of transitions and changes</p> <p>Structure and routine to much of the school day</p> <p>Learning opportunities using concrete and practical approaches are used to explain abstract concepts e.g. manipulatives</p>	<p>Individual timetable which is used with the child for each point of transition</p> <p><a href="#">Social stories</a> used for transitions and unfamiliar events which may be anxiety inducing</p> <p>Support for planning of all extended written tasks, and tasks that require imaginative thinking</p>	<p>take into account the language needs of the pupil</p>
	<p>Tasks are adapted to take into account the strengths and interests of the pupil</p> <p>Visuals used to help structure longer tasks e.g. checklists, task boards</p> <p>Support to generate ideas for creative tasks</p>	<p>All learning and task instructions are provided in a structured, visual format</p>	

Sensory processing	<p>Pupil supported to develop self-awareness of difficulties and triggers, and to be supported to self-regulate (zones of regulation)</p> <p>Low arousal areas where sensory environment is reduced e.g. visual, auditory information</p> <p>Tools used to minimise sensory information e.g. ear defenders, storage systems for learning materials</p> <p>Pupil allowed to remove themselves from overstimulating environments</p> <p>Alternative ways to meet sensory needs are provided e.g. fidget toy, movement breaks, chew toys, weighted objects</p> <p>Preparation in advance of changes to sensory environment</p>	<p>Provision of low stimulation environments e.g. own workspace, periods of time outside the classroom /sensory room.</p> <p>Regular time spent in an appropriated environment to regulate arousal levels</p> <p>Implementation of a 'sensory diet' or 'sensory breaks (OT groups)</p>	
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Managing stress and anxiety	Visual timetables Reduction of language and visuals Warning about changes in routine Now and next visuals Tracks choices Zones of regulation Communication of changes with parents Quiet/safe place to go in class	I:I or small group work on the zones of regulation. I:I work personalizing zones of regulation I:I/small group work on anxiety management – e.g. size of the problem/social stories Safe place Learning breaks/sensory room	
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## **Cognition and learning.**

- These learning difficulties cover a wide range of needs.
- Moderate learning difficulties (MLD) – low levels in all areas of development and learning.
- Severe learning difficulties (SLD) -where children are likely to need support in all areas of the curriculum and with mobility and communication difficulties,
- Profound and multiple learning difficulties (PMLD) - where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment
- Specific learning difficulties (SpLD), affect one or more specific aspects of learning
- Most children with SLD and PLMD are in specialist provisions.

## **MLD**

### **What this may look like in class**

- In mainstream these children are about an 18 months behind and find it hard to keep up in all areas of the curriculum.
- They have difficulty with listening, remembering, paying attention, comprehension, and developing and retaining basic numeracy and literacy skill.
- They lack the retention skills to be able to build on skills, these results in their characteristic slow progress. □ Inability to link letters to sounds.
- Confusing similar letters, words and numbers.
- Recognises a word on one page but not another.
- Carry on reading even when it does not make sense.
- It will take much longer to learn a new skill or remember information such as basic spelling and number facts. □ They will have to make much more effort to learn and engage so are often tired and need a break □ Weak working memories so they cannot hold a piece of information and manipulate it.
- Low self-esteem around learning and social skills.

### **Working with parents**

- Parents will be concerned anxious and frustrated.
- Make sure homework is appropriate in content and amount.
- Focus on the child's positives and make sure parents are aware of this
- Share clearly what support we are putting in place and adaptations made.
- Encourage them to be positive with their child even though progress may be slow.

## **Specific learning difficulties SpLD**

The main ones are dyslexia, dyscalculia and dyspraxia. There is usually a wide discrepancy in achievement between some areas of the curriculum and others. There can be a co-occurrence of difficulties, due to the same underlying cause, which is usually poor working memory.

### **Dyslexia -**

R://INSET1/dyslexia presentation .

R:SEN info and resources/dyslexia policy Cognus

Children will have difficulty in developing literacy skills, sequencing, processing and remembering information that they see and hear. Dyslexia occurs in a continuum and can be quite mild. In Sutton diagnosis is not given by a single assessment but requires collecting evidence of a lack of progress overtime despite appropriate interventions. There is no single solution or magic wand and involves a long term approach of learning in alternative ways.

## **What this may look like in class**

- Mismatch between verbal and written skills.
- Poor phonological awareness – unable to link sounds to letters, finds segmenting and blending hard.
- Difficulty recognising and spelling high frequency words.
- Confuses similar letters and words when written or spoken and may substitute words. □ Read and write letters in reverse pb, ap □ Tracking words and following a text.
- Copying from the board or even paper next to them.
- Poor handwriting.
- Poor working memory making it hard to sequence, organise and plan.
- Difficulty remembering instructions.

- Difficulties can result in frustration and low self-esteem.

## **Working with parents**

1. Listen but don't use the dyslexia word just for poor spelling.
2. Explain that it is a continuum. (occurs in varying degrees and can present in different ways)
3. It helps parents to support by understanding it is not being behind or stupid, but a different way of learning which they can support with. It usually involves overlearning and takes longer.
4. There will not be a cure but adaptations and helping the child learn in ways that best suit them.
5. Explain adaptations that are being made in class and any interventions being done.
6. Explain that learning will require extra effort and not to overdo it at home adding to more stress. Anything should be done in short chunks and try and make it fun.
7. Show parents the multi -sensory approach of learning spellings.
8. Encourage parents to read TO the child and discuss (not question) the story.
9. To help parents feel that their child is supported and understood, make sure homework especially spelling is differentiated. Make sure effort is recognised as it is hard for the dyslexic child and parent.
10. In Sutton dyslexia is not diagnosed by a one off assessment. It is recognised by carefully monitoring of appropriate interventions and support overtime not showing appropriate progress. R/SEN info and resources/dyslexia policy Cognus.

## **Dyscalculia**

A condition that affects the ability to develop mathematical skills which makes it hard to understand basic number concepts and recognise patterns. Along with a poor working memory pupils will also struggle to recall number fact making longer calculations difficult to perform. Children often lack confidence and have a fear of numbers. It is not often diagnosed. (This has to be diagnosed and is not just finding maths hard).

## **What it looks like in class**

- Difficulty in seeing patterns, number, colour or shape.
- Can't understand place value.
- Find it hard to estimate and compare numbers.
- Difficulty counting backwards.
- Tell the time and understand concepts such as yesterday and tomorrow.
- Understand mathematical language.
- Difficulty using procedures and knowledge to build on known facts such as  $5+3=8$  but not realise that  $3+5=8$  as well.
- Difficulty with learning to tell the time.

## **Working with parents**

- Explain that it is the foundations of mathematical understanding that need support for example looking at, recognising and extending patterns, becoming confident with one to one correspondence, using maths language at home, practical maths at home (measuring, weighing and comparing).
- Encourage overlearning of key bonds and tables.

## **Developmental co-ordination disorder (DCD)**

Difficulties with fine and gross motor skills, co-ordination and planning, organizing and carrying out movements in the right order. This can be very frustrating for pupils as they are often cognitively able but are not able to execute their intentions effectively or in the time given. This needs a medical diagnosis. Children will show traits.

## What it may look like in the classroom

- Poor and slow handwriting and drawing skills.
- Bumping into people and furniture.
- Delayed skills in running, jumping throwing, catching and bilateral activities such as riding a bike and swimming.
- Very slow getting changed for PE.
- Confusion over direction, left, right, up, down.
- Personal organisation of self, time and equipment.
- Following instructions and staying on task.
- Anger, frustration or withdrawal at not being able to do tasks.
- Low self-esteem.

## Working with parents

Parents will be anxious and frustrated and can be very critical of their child, which compounds low self-esteem.

- Suggest bilateral activities such as cycling and swimming.
- Play throwing and catching games.
- Fine motor skills such as lego, threading, using tweezers and pegboards
- Focus on strengths and other skills for example famous people with DCD are David Bailey and Richard Branson.

## Assessment and identification of need for Cognition and learning

- [Phonological Assessment Battery Primary](#) (PhAB2 Primary) – assessment of phonological awareness in pupils aged 5 -11 years. □ Bangor dyslexia assessment



<b>Areas of need</b>	<b>Universal provision – Quality first teaching</b>	<b>Targeted provision – SEN Support</b>	<b>Specialist provision</b>
Access to learning	<p>Differentiation based on task presentation, content and outcome</p> <p>Adaptation to seating arrangements</p> <p>Collaborative learning opportunities which group pupils of differing ability levels</p> <p>Multi-sensory resources for teaching and learning</p> <p>Classroom materials and resources labelled with key words</p> <p>Physical and outdoor learning opportunities incorporated into teaching</p> <p>Tasks are modelled and understanding is checked</p> <p>Alternative ways to demonstrate understanding</p> <p>Visual support, e.g. gesture, diagrams or illustrations</p>	<p>Individual seating arrangements</p> <p>Placement to enable more able pupils act as peer role models</p> <p>Each task is modelled for the pupil individually or as part of a small group</p> <p>Learning chunked into even smaller steps</p> <p>Some focus on life skills</p> <p>Alternative ways of recording provided e.g. laptop, verbally and scribed, dictation programme</p>	<p>Frequent and higher level interventions e.g. multiple times daily, either individually or with one other peer</p> <p>An individualised curriculum linked to the content of whole class work but delivered at a slower rate with an ongoing focus on overlearning</p> <p>Classroom support is personalised and</p>
	<p>Drop-in sessions for pupils who require learning support or support with homework (lunchtime, after school)</p> <p>Support to develop study skills</p>	<p>Teaching to touch type/development of keyboard skills</p> <p>Pupil supported to develop organisation and independence within school</p>	<p>individual to meet needs</p> <p>Individualised programme for reading, spelling, inference, maths</p>

Executive functioning	<p>Teaching strategies to reduce difficulties arising from poor working memory e.g. visual task board, manipulatives. Post it notes, scaffolding.</p> <p>Learning is chunked and pupils are given the next step only once they have completed the previous. Short concise instructions.</p> <p>Find out prior knowledge and misconceptions first. Preteach and make links to prior knowledge.</p> <p>Regular opportunities for low distraction working.</p> <p>Teaching of sequencing skills</p> <p>Teach strategies to plan writing and check.</p> <p>Additional time given to process and respond to information</p> <p>Teaching meta-cognitive skills e.g. what helps them to remember – writing a note, reciting info back to a partner etc. Teach them how to write notes or reminders, use cues.</p>	<p>Adult to note pupil ideas e.g. on a whiteboard</p> <p>Use of games to develop memory recall strategies e.g. Memory Magic</p> <p>Teaching materials printed off and provided as handouts, or accessible by a laptop if possible.</p> <p>Checklist of tasks is provided for the pupil to independently check off</p> <p>Parents to help with teaching memory aids and playing memory games.</p> <p>Precision teaching</p>	<p>Interventions:</p> <ul style="list-style-type: none"> <li>• Fischer Family Trust Wave 3 literacy support</li> <li>• Accelerad</li> <li>• Accelewrite</li> </ul> <p>Ongoing precision teaching</p>
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Literacy	<p>A language rich environment which explicitly teaches new vocabulary and <u>develops speaking and listening skills</u></p> <p>Simplified reading texts , book bands, check reading books are appropriate</p> <p>Writing frames, sentences starters, word banks available</p> <p>Text presented in a larger font, with less information contained on a page. Dyslexia friendly fonts.</p> <p>Teaching of reading and comprehension skills alongside decoding.</p> <p>Access to resources to check spellings (word banks/common words/key words)</p> <p>Support for handwriting difficulties e.g. pencil grips, writing slopes</p> <p>Reduce amount of copying from board where possible</p> <p>Reading tailored to an area of interest</p> <p>Occasional opportunities to have a scribe</p> <p>Coloured overlays/reading rules available. Larger lines for writing.</p> <p>A range of texts reflecting different interests</p> <p>Explicitly teach spelling of new and topic specific words using varied approaches e.g. phonics, analogy, identify 'tricky' parts, visual</p>	<p>1:1 or small group evidence-based interventions' for reading, spelling and writing, Toe by Toe and precision teaching.</p> <p>Daily 1:1 reading</p> <p>Intervention to teach rules of grammar</p> <p>Intervention focused on developing inference skills</p> <p>Trial of a 'whole word', sight vocabulary approach to reading (see dyslexia support)</p> <p>Adult scribing for longer pieces of writing</p> <p>1:1 or small group handwriting intervention</p> <p>Precision teaching intervention for small units of learning</p> <p>Oral language intervention focusing on vocabulary, narrative and complexity of sentences</p> <p>Pre-teaching of vocabulary and concepts</p>	
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	<p>Work towards fluency in writing including handwriting practice</p> <p>Teaching of exception/'tricky' words</p> <p><b><u>Dyslexia strategies and interventions. – Inset</u></b> <b><u>R:drive/ dyslexia INSET 2019</u></b></p> <p><b>R:INSET 22-23/SEN/Difficulties and dyslexia Holy Trinity Inset</b></p> <p>Use off white paper to reduce glare</p> <p>Arial or Comic Sans fonts</p> <p>Reduce copying from board as much as possible</p> <p>Keep Smart/white boards, simple and uncrowded; Use colour and bullets points if possible.</p> <p>Access to word banks and HFW</p> <p>Spelling</p> <p>Teach rules and strategies explicitly.</p> <p>Multi-sensory approach looking at shape or word, using colours, mnemonics and actions.</p> <p>Look cover, write check to over learn spellings</p> <p>Reading</p> <p>RAP – read, ask yourself a question, put it in your own words.</p>	<p>PAT/code x/read write Inc</p> <p>Small spelling groups – using multisensory approaches.</p> <p>Precision teaching of targeted words.</p> <p>Differentiated spelling homework</p> <p>Regular 1:1 reading</p>	
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	Retell the story Use audio books along with text		
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	<p>Encourage parents to read to the child.</p> <p>Concept maps- to see prior knowledge and allow them to see how knowledge is built.</p> <p>Give structure to help with personal organisation /check lists</p> <p>Be aware of self-esteem linked to work – focus on strengths and positives.</p> <p>Dyspraxia</p> <p>Check grip and give pencil grip if needed</p> <p>Check and see if writing slope or wobble cushion helps</p> <p>Learning breaks and shorter tasks (not necessarily easier)</p> <p>Encourage child to stabilize paper with non-writing hand.</p> <p>Handwriting patterns and tracing</p> <p>Each time the pencil comes off the paper it is hard to find hard to find where to make contact with the paper so encourage fluency and joined writing.</p> <p>Consider alternative ways of recording certain pieces of work</p> <p>Teach personal organisation – where to put things in bag, check lists</p>	<p>Handwriting groups – focus on grip, posture and fluency</p> <p>Short daily handwriting intervention</p> <p>Speed up writing programme.</p> <p>OT intervention groups – focus on bilateral movements, gross and fine motor.</p>	
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Numeracy	<p>Use of manipulatives e.g. Numicon, number lines, counters</p> <p>Ensure pupils develop quick retrieval of number facts with daily practise</p> <p>Teaching of factual, conceptual and procedural knowledge</p> <p>Use place value cards to consolidate understanding of place value -</p> <p>Teach in the sequence of language, concrete resources and diagrams before symbols</p> <p>Discuss and compare different solution approaches</p> <p>Use stories and everyday problems to help pupils understand mathematics</p> <p>Link learning to real world and concrete situations</p> <p>Break down multi-step problems into smaller chunks</p>	<p>Good and effective interventions include; providing models of proficient problem solving, verbalization of thought processes, guided practice, corrective feedback, and frequent cumulative review</p> <p>1:1 or small group interventions</p> <p>Precision teaching intervention</p> <p>White Rose – resources sheets</p> <p>Teacher booster</p> <p>Teach a single method for each type of mathematical problem-solving</p> <p>Differentiated homework</p> <p>Opportunity to learn visual patterns using cards, dice and domino</p> <p>Practical opportunities to weigh, measure and solve real life problems ( encourage parents to do at home).</p>	
Retention of learning	<p>Teaching of planning, monitoring and evaluation strategies</p> <p>Modelling and encouraging the use of memory strategies eg. Verbal rehearsal, visualisation, notes</p> <p>A variety of questioning techniques are used</p>	<p>Recap of previously learnt information and new learning is delivered on an individual or small group basis</p>	

	<p>Key learning points reviewed at the end of each lesson</p> <p>New learning is linked to learning the pupil is already secure on</p> <p>Real life examples of the learning are provided e.g. dividing a cake into quarters,</p> <p>Experiential learning experiences provided – Use of IT to reinforce what has been taught e.g timesbables rock stars to reinforce teaching arrays.</p>	<p>I:I sessions to consolidate learning/ AFL</p> <p>Support with homework tasks on a I:I or small group basis</p> <p>Memory magic - School resource for I:I work.</p>	
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## **Social Emotional and Mental Health (SEMH)**

### **R/INSET/Trauma 2019**

Children and young people may experience a wide range of social and emotional difficulties which lead to a special educational need. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder (DfE, 2018).

Challenging behaviour is not always SEN so it is important to ascertain the underlying cause. Only if the behaviour is persistent, severe, long term and the result of an underlying difficulty would it be regarded as SEN. There are associated behaviours with trauma.

### **What this may look like in the classroom**

- Withdrawn.
- Passive.
- Socially isolated.
- Disruptive.
- Aggressive.
- Hyperactive.
- Difficulties making and sustaining friendships.
- Difficulty concentrating.
- More likely to be bullied or target of bullying.
- School refusal.

## **Mental Health**

Can fluctuate like physical health depending on life situations and is not always a SEN. When difficulties become severe and effect everyday life, such as not being able to go outside, unable to socialise or sleep they should be referred for medical support. This is usually the GP, paediatrician, CAMHS or the school nurse.

## **What this may look like in class-**

As above – this is often their only barrier to learning.

## **Working with parents**

- Make time to listen to concerns, each case will be very different.
- Share strategies, adaptations and management and the reasons why. □ Routine, consistency and boundaries are often what is needed.

## **ADHD and ADD**

These are medical conditions which makes it difficult to focus attention and control behaviour. Children are very easily distracted and cannot focus long enough to learn and retain skills (even though they may be cognitively able). They act impulsively and say and do things without considering the impact of their behaviour. Many have sleep problems and the afternoons are particularly hard for them to concentrate.

ADD –is a similar condition without the hyperactivity. Children appear to be day dreaming and there is little disruptive behaviour. We need to be aware of these children as they can be missed and underachieve. It is usually girls. The same strategies around maintaining focus and concentration apply.

## **What this may look like in the classroom**

- Impulsive – will act and speak before think.
- Unable to emotionally regulate easily.

- Appears impatient, irrational and unpredictable.
- High level of playground issues and incidents.
- Very short attention and concentration span.
- Disorganized and forgetful.
- Rushes work.
- Can't wait, take turns or listen.
- Has an underdeveloped sense of danger
- Appears to be day dreaming and not really aware of what is going on.
- Not picking up on social cues around them.

## **Tips for working with parents**

This can be a distressing, demanding and frustrating condition to live with. Parents are likely to be exhausted and sometime defensive if the ADHD is causing significant behavioural problems. If the child has a diagnosis it does explain some of the impulsivity and inattention but does not excuse it. It is important for parents to understand that both school and they need to support the child by using the strategies listed below.

## **Assessment and identification of need for SEMH**

- [Boxall Profile](#) – assessment of social, emotional and behavioural development
- R:INSET/Trauma 2019
- R:INSET/Zones of regulation

Area of need	Universal provision – Quality first teaching	Targeted provision – SEN Support	Specialist provision
Externalising behaviour (behaviour directed	Behaviour policy which prioritises relationships All staff responding to the pupil in a consistent manner	1:1 or small group emotional literacy work to develop understanding and management of emotions including aggression e.g ELSA, 1-5 scale and zones of regulation	Frequent and higherlevel interventions e.g. multiple times daily

outwards towards others)	<p>Modelling and praise for positive behaviour</p> <p>Focus on resilience and growth mind set</p> <p>Use of visuals to support understanding of rules and social expectations</p> <p>Clear and firm boundaries</p> <p>A proactive response which aims to reduce frequency and severity of escalations e.g. time out, positive behaviour management</p> <p>Restorative conversations between pupil and staff or peers</p> <p>Whole class system of emotional regulation (zones of regulation)</p> <p>Ensure the pupil understands how to gain positive attention</p> <p>Teach and model social and emotional skills including skills of self-awareness, self-management, social awareness, relationship skills, responsible decision making</p> <p>Calming strategies modelled and undertaken daily e.g. breathing exercises, strategies from mindfulness</p> <p>Reward charts and extrinsic motivators</p> <p>Safe place to go to calm and regulate - <b>this needs to be discussed with SENco. Is there a safe place to go within class or elsewhere. We</b></p>	<p>ABCC charts used to better understand behaviour and a subsequent behaviour plan in place</p> <p>Regular points during the day for supported calming and reflection</p> <p>Key adult to regulate emotions and behaviour throughout the day through 'check-ins'</p> <p>A 'safe space' which can be used by the pupil to support self-regulation</p> <p>Nature groups</p> <p>Time-limited reduced timetable with a clear point of review</p> <p>Temporary respite move to another mainstream setting</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil</p> <p>Classroom support is personalised and individual to meet needs</p> <p>Key adult to regulate emotions and behaviour at all times during the day</p> <p>Managed move to a new provision</p> <p>Daily social and emotional mentoring and support</p> <p>Dual registered placement at The Limes</p> <p>Multisystemic therapy working with the young person and parent/carer</p>
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	<b>need know children are safe and that safe place are not overcrowded.</b>		Please also refer to <a href="#">‘Sutton Schools Graduated Response - Alternatives to Exclusion’</a> document
Internalising behaviour	<p>All staff responding to the pupil in a consistent way</p> <p>Whole class system of emotional regulation</p> <p>Tasks set to a level that enables the pupil to experience regular success</p> <p>Opportunities for pupils to express how they are feeling e.g. circle time</p> <p>Teach and model social and emotional skills including skills of self-awareness, self-management, social awareness, relationship skills, responsible decision making</p> <p>Safe place to calm and regulate</p> <p>Develop a relationship with a trusted key adult who they can check in with</p> <p>Peer support if appropriate - to provide consistency and stable relationship.</p>	<p>1:1 or small group emotional literacy work to develop understanding and management of emotions e.g. FRIENDS for life (resiliency building), drawing and talking, therapeutic story writing</p> <p>1:1 or small group anxiety management intervention e.g. ELSA, ‘What to do when my worries get too big’, Starving the Anxiety Gremlin, counselling</p> <p>Time-limited reduced timetable with a clear point of review</p> <p>Key adult to regulate emotions and behaviour throughout the day through ‘check-ins’</p> <p>Small nurture group</p> <p>Develop relationship with a trusted key adult</p>	

Motivation and task engagement	<p>Differentiation based on task presentation, content</p> <p>A range of teaching and learning strategies used to increase engagement</p> <p>Individualised targets and rewards</p>	<p>Adapted timetable (e.g. through a RAG approach) which includes more positive lessons</p> <p>Time-limited reduced timetable with a clear point of review</p>	
	<p>Tasks set to a level that enables the pupil to experience regular success</p> <p>'Starter' tasks which enable success before more challenging work is introduced</p>	<p>Vocational and alternative learning opportunities incorporated into teaching.</p> <p>Option to opt-out of some curriculum subjects and be supported to experience study options in vocational subjects.</p> <p>Support arrangements which include appropriate on/off site arrangements for Awards and Alternative/Vocational Courses.</p> <p>Programmes to develop life skills</p> <p>Mentoring from an external agency</p>	

Development of relationships with adults and peers	<p>Implementation of strategies from trauma-informed and attachment-aware approaches (R:drive/INSET/Trauma)</p> <p>All staff responding to the child in a consistent way.</p> <p>Clear and firm boundaries</p> <p>Social stories to teach social awareness and rules</p> <p>Comic strip conversations used to reflect on social interactions and to develop empathy</p> <p>Key adult to check in with</p> <p>Peer support e.g. buddying, lunch clubs</p>	<p>Small nurture groups</p> <p>Key adult to regulate emotions and behaviour throughout the day through 'check-ins' and use of proactive regulation strategies</p> <p>Intervention to develop friendship skills e.g. Circle of Friends, ELSA intervention</p> <p>'Special time'/child-led opportunities for play to develop a positive relationship with a key adult</p> <p>Supported environment during unstructured times in which there is a focus on development of peer relationships</p> <p>'Meet and greet' with a key adult</p>
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Trauma	<p>Trauma informed school (see inset on R:drive/trauma)</p> <p>Time to calm down before dealing with issue</p> <p>Use a no shame or blame approach in mediation (use the 5 questions of RP)</p> <p>Adapt environment to reduce hypervigilance</p> <p>Use zones of regulation</p> <p>Safe place to go in class</p> <p>(Remember it is not always externalising behaviour, can be withdrawn, compliant, quiet)</p> <p>Building self-esteem</p> <p>Build relationships with key trusted adults</p> <p>Keep informed about changes</p>	<p>1:1 support around understanding emotions /building self-esteem/resilience and understanding consequences of actions/ conflict resolution and self-management.</p> <p>Individual behaviour support plan</p> <p>Named key trusted adult to develop relationship with</p> <p>Safe place to go</p>	Specialist support
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Mental health	<p>Positive whole school approach to mental health – positive modelling of resilience and emotional regulation</p> <p>School values and caring Christian ethos</p> <p>Growth mind set – learning from failure.</p> <p>Zones of regulation – regulation of anxiety</p> <p>Develop self-esteem</p>	<p>Small group and 1:1 nature groups on emotional regulation, resilience, problem solving and time to be heard.</p> <p>Small group or individualised support with zones of regulation</p> <p>ELSA 1:1 or small group -</p> <p>Key adult to form relationships with</p> <p>Safe place to go</p>	Referral to CAMHS or GP
	<p>Teach how to solve own minor problems to increase confidence and resilience. Then when and how to ask for help.</p> <p>Worry box in class.</p> <p>Whole class circle time</p>		

<p>ADHD and ADD</p>	<p>Be aware of ADD child and monitor throughout lesson. Same strategies apply to maintain focus.</p> <p>Impulsivity- teach and have cards that show Pause /think/act</p> <p>Consideration of seating plan, away from distraction, near teacher.</p> <p>Short concise tasks (that are manageable but challenging) Class task may need to be broken down. Explain the lesson structure expectations and outcomes and when they can have a break. Use timers/stopwatch to help them monitor their own tasks. Check progress regularly throughout lesson.</p> <p>Need to move frequently (not necessarily a movement break)</p> <p>Zones of regulation</p> <p>Fidget toy (if appropriate) or exercises</p> <p>Small exercises to refocus and calm. Palm stretching, pushing against wall etc.</p>	<p>Managed learning breaks</p> <p>Separate behaviour plan</p> <p>Adult to help child plan break time and adults on duty to be aware of impulsivity. Playground behaviour plan.</p> <p>Separate work area in class</p> <p>Small group or 1:1 work on zones of regulation/Pause/think/act and sensory regulation.</p> <p>Work on self-esteem – sharing work, supporting a younger class</p>	<p>Referral to CAMHS. Medication can be used.</p> <p>Referral to Paving the way – 1:1 behaviour support</p>
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	<p>Jobs that involve moving around the class</p> <p>Practical tasks where possible</p> <p>Be aware of low self-esteem – give jobs and responsibilities. Have high expectations.</p> <p>Teach personal organization explicitly, routines, planners. Peer buddy to help them implement these.</p>		
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## **Sensory and physical needs**

Children and young people may have a physical disability which affects their learning or access to learning. Some may also have issues with processing sensory information (such as sight, hearing sound, touch) (DfE, 2018).

Children may require adaption to the curriculum and or the physical environment. The most common in mainstream are visual (VI) and hearing (HI)

## **Visual impairment (VI)**

Covers a range of difficulties including no sight, some perception of light and dark, peripheral vision, blurring, and difficulty perceiving depth, perspective and colour. They are usually diagnosed by the time they reach junior school. Signs can be children rubbing eyes, rapidly blinking, squinting at work and tilting their heads to see text.

## **What this may look like in class**

- Difficulties linking language to the visual symbol.
- Reading -letter confusion, miss words out, jump in lines, won't be able to skim and scan.
- Handwriting – inconsistent and poorly formed, difficulty keeping on lines and starting at margin.

- Bumping into people and furniture.
- Difficulty with visual spatial conceptions – larger and smaller, darker and lighter.
- Maths – may not see patterns, confusion between numerals, difficulty matching, ordering, comparing and sequencing.
- Will get very tired from visual strain.
- Low self-esteem.

## **Hearing impairment (HI)**

This is the hidden SEN as it can go undetected. Can range from slight to profound. Loss of hearing can be temporary or permanent depending on the cause. For example, glue ear is temporary, but damage to the inner ear is permanent. Even mild hearing loss can have a significant impact on learning. A pupil with HI may find it challenging to hear and understand in a noisy classroom (and they will not know any different), the acquisition on phonic skills may be more challenging.

## **What this may look like in class**

1. May not hear all the words, syllables or sounds.
2. Misinterpret some words.
3. Difficulty making some sounds (will impact spelling and reading.)
4. Poor language development as they will not have heard language modelled or understand all the conversations around them.
5. Find it hard to assimilate verbal information or follow verbal instructions.
6. Need things repeated and time to process information.
7. Struggle with background noise.
8. Find it hard to joint in group discussions.
9. Struggle to regulate the sound of their own voice.
10. Find oral work hard
11. Tired due to extra effort required.

12. Due to conversation skills may find developing friendships hard and become socially isolated

13. Low self-esteem.

This can be confused with EAL and hard to diagnose when English is predominantly a second language.

## **Physical difficulties (PD)**

Encompasses a wide range of conditions. A pupil may face challenges with eye-hand co-ordination, visual perception, motor movement and planning, spatial awareness, sensory processing. It also includes conditions such as epilepsy, cystic fibrosis, haemophilia, sickle cell anaemia and physical disabilities.

## **What this can look like in class**

1. Mobility difficulties around the school and classroom.
2. Poor posture.
3. Gross and fine motor delay causing difficulty in writing, drawing, cutting, running, jumping and throwing.
4. Dislike and avoidance of PE and playtime.
5. Dislike of moving around school and busy transitions.
6. Attention, concentration and memory.
7. Difficult getting changed for PE, eating drinking and personal organisation.
8. Tiredness and fatigue due to extra energy they require performing everyday tasks.

## **Assessment and identification of need for Sensory Needs**

**[‘Here to learn’](#) - videos by National Deaf Children’s Society to support classroom and curriculum support**

- [Royal National Institute of Blind People](#) - teaching and learning guidance
- [National Sensory Impairment Partnership](#) - resources and documents

<b>Areas of need</b>	<b>Universal provision – Quality first teaching</b>	<b>Targeted provision – SEN Support</b>	<b>Specialist provision</b>
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<p>Visual impairment</p>	<p>Seating to provide best view of the teacher and board. Make sure they can hear you.</p> <p>All learning materials produced to be clear (inc. large font size, type, colour), visually uncluttered and with good contrast between page and text. Alternatively, materials to be made available digitally to aid accessibility</p> <p>Multi-sensory teaching approaches to incorporate senses of touch, hearing and smell</p> <p>Extra time to process information and to complete tasks</p> <p>Learning rests to minimise visual fatigue</p> <p>Adaptations to classroom environment to enable greater independence e.g. decluttering, low background noise, appropriate lighting, low levels of glare, resources stored in consistent places</p> <p>Regular checks of the conceptual understanding of the pupil</p> <p>Support for inclusion in extra-curricular activities and during break and lunchtimes</p> <p>Verbal instructions and discussions. Record instructions, where appropriate allow work to be recorded.</p>	<p>Personalised support plan in line with advice from relevant professionals e.g. VI specific curriculum</p> <p>Alternative ways of recording including use of assistive technology</p> <p>Additional time spent on planning for learning tasks and preparing materials</p> <p>Verbal descriptions and cues provided for all information (pictures, text) that is presented visually</p> <p>Recap of previously learnt information and new learning is delivered on an individual or small group basis</p> <p>Pre and post teaching of concepts and new skills</p> <p>Assistive technology used so that the pupil can work at their own pace</p> <p>Direct teaching of touch-typing skills</p> <p>Intervention to develop sense of touch to aid communication skills e.g. manual dexterity, tracking skills and tactile perception</p> <p>Circle of friends to help support around school and in the playground. Extra time in exams</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil</p> <p>Classroom support is personalised and individual to meet needs including a curriculum delivered at the pace appropriate for the learner</p> <p>Alternative ways of reading and recording all work e.g. Braille and touch typing</p>
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	<p>Guides and markers to help keep place when reading.</p> <p>Opportunities for sensory and hands on learning.</p> <p>VI awareness training from SIS</p>		
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<p>Hearing impairment</p>	<p>A good listening environment which includes reduction of background noise and is regularly audited</p> <p>Adaptations to classroom environment to improve acoustics</p> <p>Seating arrangements to eliminate distance from speaker and enable lip-reading or reading of sub-titles. Avoid walking around class if they are lip reading.</p> <p>Cueing in, perception checks, repetition, and where required reduction of language.</p> <p>Use visual prompts and hands on learning where possible to support communication.</p> <p>Provision of quiet areas for group work</p> <p>Learning rests to minimise fatigue</p> <p>Key vocab and concepts presented visually</p> <p>Repetition of pupil's responses and ideas and supporting them to engage in collaborate learning with peers</p>	<p>Use of visual cues to support all language-based activity and content (inc. sub-titles)</p> <p>Personalised support plan in line with advice from relevant professionals e.g. HI specific curriculum</p> <p>Teach reading using a visual approach, otherwise small group or 1:1 phonics teaching</p> <p>Additional time spent on planning for learning tasks and preparing materials</p> <p>Pre and post teaching of vocabulary and concepts</p> <p>Post-teaching which recaps previously learnt information and new learning is delivered on an individual or small group basis</p> <p>Support from a member of staff for note taking and providing accessible notes</p> <p>Support to develop independent note taking and typing skills</p> <p>Structured activities to promote peer interaction during break times</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil</p> <p>Classroom support is personalised and individual to meet needs e.g. a sensory curriculum delivered at the pace appropriate for the learner</p> <p>Alternative method of communication is used e.g. British Sign Language, Makaton, Cued Speech</p> <p>Access to sign supported English</p> <p>Support from specialist TA or Deaf Inclusion worker inc. to access the curriculum</p>
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	<p>Staff awareness of hearing aid devices Make sure hearing aid equipment is working and charged.</p> <p>Support for inclusion in extra-curricular activities and during break and lunchtimes</p> <p>Opportunities for pupils to develop relationships with deaf peers</p> <p>Deaf awareness training from SIS (e.g. radio aids, sound field systems, cochlear implants)</p>	Use of sound field microphones/radio aids if needed	
Gross motor development	<p>Everyday routines are supported by use of visual cues</p> <p>Encourage 'good' seating in optimum position e.g. sitting up right, feet flat, correct table and chair height</p> <p>Key equipment is positioned in an accessible manner</p> <p>Unnecessary movement and travel around the school is reduced</p> <p>Extra time given to complete tasks</p> <p>Tasks broken into shorter chunks</p> <p>Daily gross motor and body strengthening exercises</p> <p>Learning rests to minimise fatigue</p>	<p>Targeted intervention to teach key motor and coordination skills</p> <p>Targeted support to develop self-care and independent skills</p> <p>Alternative ways of recording including use of assistive technology and peer support</p> <p>Equipment to support access to learning e.g. writing slopes, wobble cushions</p> <p>Personalised support plan in line with advice from relevant professionals e.g. OT, Physio</p> <p>Support from a member of staff for note taking and providing accessible notes</p> <p>Support to develop typing skills</p> <p>Support for physical tasks e.g. manipulating items, PE, playground</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil e.g. life skills curriculum</p> <p>Classroom support is personalised and individual to meet needs</p> <p>Scribe to record work</p> <p>Practical assistance throughout the day</p> <p>Moving and handling, and risk assessment plans in place</p>

	<p>Range of pens, pencils, and grips to support writing</p> <p>Larger size writing frames to support presentation of work</p>	Staff trained in moving and handling	
Fine motor development	<p>Preparation in advance of tasks that require movement e.g. hand warm up before writing including play dough, peg/tweezer exercises</p> <p>Encourage 'good' seating in optimum position e.g. sitting up right, feet flat, correct table and chair height</p> <p>Extra time given to complete tasks</p> <p>Daily fine motor exercises</p> <p>Learning rests to minimise fatigue</p> <p>Range of pens, pencils, and grips to support writing</p>	<p>Targeted intervention to teach key skills e.g. letter and number formation, dexterity</p> <p>Personalised support plan in line with advice from relevant professionals e.g. OT, Physio</p> <p>Alternative ways of recording including use of assistive technology and peer support</p> <p>Equipment to support access to learning e.g. writing slopes, wobble cushions</p> <p>Support from a member of staff for note taking and providing accessible notes</p> <p>Support to develop typing skills</p>	<p>An individualised curriculum linking content of whole class work and learning objectives appropriate to the pupil</p> <p>Classroom support is personalised and individual to meet needs</p> <p>Scribe to record work</p> <p>Practical assistance throughout the day</p>

## General points for working with parents

Parents have an insight and perspective on their children that we don't. Their understanding and knowledge of their child can help provide the best support possible. Working with parents can be rewarding and challenging. It is helpful to remember that having a child with SEN will bring on a gambit of emotions and feelings that we may not fully appreciate for example;

- Anxiety – does their child have SEN? what does this mean? what will happen next and in the future?
- Denial – occasionally parents will refuse to accept a diagnosis and find it hard to come to terms with and accept support. □ Shock and grief over a diagnosis.

- Guilt- that it is their fault and that they have not done enough.
- Frustration at the perceived lack of support and the SEN system.
- Lack of knowledge of the needs and how best to address them.
- Fear – from not understanding the system and what will happen to their child in the long term.
- Certain types of SEN such as ASD can be challenging to home life with and cause family difficulties, lack of sleep etc.
- Children may be vulnerable and complex home and family situations which compound the child's difficulties.
- The type of parenting that they are having to do with a child with SEN is not what they want or expected.

## **REMEMBER**

We will get the best results for the children if we have a good working relationship with parents.

- Build positive relationships – take time to listen to concerns, don't feel you have to fix them all straight away. You can say you want to think about/discuss the issue. (Do set time and accessibility boundaries as some parents will monopolise your time. Sometimes just acknowledging a concern can de-escalate a situation. Investing time and developing trust will enable us to manage difficult situations more effectively.
- Communication – is very important. Remember children, especially if they have certain types of SEN are not good at relaying information. Take time to send a quick email or make a call to update or alleviate concerns (or ask the office if appropriate). Try and keep notes of conversations so you can remember what has been said and relay the information to who needs to know.
- Remember to share the positives as much as the problems; remember there are other things you can be good at apart for English and maths!
- Don't take anything personally – remember at the end of the day parents want the best for their child and so do we. Frustrating as it can be at times, we will achieve more working together.

## Trauma and attachment

### A secure attachment

- Develops from before birth as the mother responds to the baby's movements
- Built through emotional connection
- Regulates emotions by comforting and creating joy
- Offers a secure base from which to explore
- 

A baby when it has a need will cry, the caregiver will meet the need, comforts and soothes the child and the child will trust that the adult will meet needs. This provides safety and security. This process repeated for different needs hundreds of times each day (food, warmth, nappy changing, sleep, attention, entertainment). Carer is predictable and attuned. Over time, the child learns that adults will reliably meet needs. Trust of parent generalises to trust of others, a secure attachment and a capacity to wait develops.

If needs are not met, or they are met unpredictably or with variability in attunement, an infant can become anxious (that future needs will not be met), and will develop mistrust and acquire insecurities and feelings of rejection.

The growing infant does not learn to regulate his/her own emotions, as they have not been responded to consistently. This can lead to an over-reaction to environmental stressors. There are different types of attachment the most common are insecure and avoidant.

Area of need	Universal support Quality first teaching	Targetted support <b>SEN</b>	Specialist support
<b>Trauma and attachment</b>  <b>Establishing relationships</b>	<ul style="list-style-type: none"><li>• Awareness of language – Reduce shame and blame. Give processing time limited choices.</li></ul>	1:1 time to build up relationships and work through scenarios and responses as they come occur.	Referral to trauma service

	Prioritise establishing a safe consistent relationship with at least one key adult to develop trust. Ensure responses are constituent	Frequent and regular 1:1 or small group work to build up a relationship with a consistent adult.	
<b>Emotional regulation</b>	<ul style="list-style-type: none"> <li>• Whole class use of zones of regulation</li> <li>• Model use of zones of regulation</li> <li>• Safe quiet area in class/ and or outside class in school.</li> <li>• Learning breaks</li> <li>• <b>All staff have an awareness and understanding of potential triggers</b> – Please let all other staff know esp. those doing PPA</li> <li>• Response – relate/reason /repair</li> <li>• Teach how brain works and the fight/flight response and what we can do to manage this.</li> </ul> <p>For resources and ideas see R:INSET/trauma inset AC</p>	Small group or 1:1 support to re-inforce and teach these.	