RADCLIFFE PRIMARY SCHOOL SEND



QUALITY FIRST TEACHING:

SUPPORT FOR THE FOUR BROAD AREAS OF NEED

INTRODUCTION

High quality teaching that is differentiated and personalised will meet the individual need of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this, i.e. special educational provision. Schools must use their best endeavours to ensure that such provision is made for those who need it. Special educational provision is underpinned by high quality teaching and is compromised by anything less.

SEND Code Of Practice 1:24

This document aims to support:

- good inclusive practice
- early intervention and the graduated approach to meeting children and young people's SEND
- consistent standard of good practice across the school
- school senior management teams and governors, SENDCo support and school colleagues in developing and implementing good practice
- appropriate decision making to ensure effective support
- information for parents and partner agencies on schools' inclusive practice

OUTLINE

The description of inclusive good practice is broken down into the following section:

Communication + Interaction: Speech, Language and Communication needs	Page 3
Communication + Interaction: Autism Spectrum Disorder	Page 4
Cognition + Learning: Specific Learning Difficulties	Page 5
Cognition + Learning: Moderate Learning Difficulties	Page 6
Social, Emotional + Mental Health Needs	Page 7
Physical and Sensory: Hearing Impairment	Page 8
Physical and Sensory: Visual Impairment	Page 9
Physical and Sensory: Multi-Sensory Impairment (MSI)	Page 10
Physical and Sensory: Physical	Page 11

COMMUNICATION + INTERACTION: Speech, Language + Communication Needs (SLCN)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
A child with delated and/or disordered SLCN development that is **not** due to factors such as: ▪ Learning English as an Additional language (EAL) ▪ Social deprivation and impoverished language experiences ▪ Sensory impairment The child presents with greater difficulty than the majority of the children of their age in speech and language communication: ▪ Communicating their basic needs appropriate to their developmental level ▪ Understanding and using vocabular, sentences (grammar + syntax) and concepts as part of curriculum learning ▪ Understanding and participating in group discussions and age appropriate social interaction ▪ Speech impairment (eg/ phonological disorder) that makes their spoken language difficult to understand except for those who are familiar with the child' speech SLCN may also impact upon social + emotional development (and behaviour.)	**<u>HIGH QUALITY TEACHING:</u>** ▪ Cueing and reinforcing children's listening / attention ▪ Differentiation of teacher language ie, use of key vocabulary, short sentences with simple grammar, chunking/sequencing of concepts, etc ▪ Differentiation of tasks, use of task planners/schedules ▪ Differentiated use of questions ▪ Schemes of work are differentiated including content form earlier years as appropriate ▪ Use of peer support ▪ Visual cues to support understanding including objects, pictures, signs, symbols, models, examples etc ▪ Using word webs, concept/topic maps to illustrate/reinforce key language ▪ Modelling, prompting and reinforcing children's language eg/ provide a framework or model for a response ▪ Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration ▪ Giving the child take up time to process language and to respond ▪ Use of schedules and routines, support for transitions including unexpected change ▪ Physical environment that is organised and well-defined and labelled using written and visual cues ▪ Use of appropriate areas of the room to support speaking and listening skills ▪ Opportunities for direct experience and practical activities including use of ICT ▪ Opportunities for pre-teaching, overlearning and reinforcement and generalisation of key language ▪ Opportunities to develop speaking and listening skills, social skills and relationships with other children ▪ Use relevant High Quality Teaching to support learning as per MLD section **ATTAINMENT** ▪ SLCN is likely to impact attainment due to difficulties with speaking and listening, access to learning, literacy attainment and social interaction. Children with SLCN can have stronger attainments in practical and visual based learning. However, SLCN can be more pervasive with levels similar to MLD.

COMMUNICATION + INTERACTION: Autism Spectrum Disorder (ASD)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
The child presents with greater difficulty than the majority of other children of their age in the following areas (the child may or may not have a diagnosis of ASD or is on the assessment pathway): ▪ Understanding social situations, responding to social cues and intuitively sensing other people's feelings and intentions ▪ Inappropriate or limited social initiative and problems with establishing and maintaining reciprocal relationships ▪ Poor or inappropriate eye contact and non-verbal language for social interactions ▪ Impaired expressive or receptive language including unusual intonation, idiosyncratic phrases, limited conversation skills ▪ Rigidity of thinking and a tendency to follow agendas which are not easily amenable to adult direction with an absence of awareness of the needs or emotions of others ▪ Difficulty in open-ended or unstructured situations and with change/transitions ▪ Limitations in expressive or creative ability ▪ Obsessive interests or repetitive activities ▪ High susceptibility to anxiety and stress ▪ High susceptibility to hyper / hypo sensory stimuli	**HIGH QUALITY TEACHING:** ▪ Teacher language is explicit, unambiguous and avoids non-literal language and inferred meaning ▪ Structured and consistent routines reinforced by visual timetable, support for transition and for managing unpredicted changes to the routine ▪ Explicit teaching of comprehension, concepts, inferential understanding, perspective taking, empathetic thinking and generalisation of skills ▪ Explicitly naming emotions and thoughts of others and promoting appropriate social interaction skills ▪ Managing, supporting and differentiating collaborative learning (eg/ opportunities to work alongside / outside of a group as appropriate) ▪ Providing greater structure for open ended / creative activities (eg/ choice from options instead of predictions, writing about actual experiences instead of imaginative writing, etc) ▪ Use reading to support understanding of characters' emotions, thoughts, intentions and social interaction ▪ Opportunities of support to develop relationships and social skills with other children ▪ Manage behaviour difficulties by addressing possible underlying issues in relation to social anxiety and / or difficulties in understanding and / or communication ▪ Use of an individual work station and task planners and schedules ▪ Access to a planned safe haven / time out at times of heightened anxiety ▪ Awareness and planning to manage sensory sensitivities, issues, eg/ light, noise, texture, temperature, etc ▪ Use relevant High Quality Teaching to support learning as per SLCN and MLD sections **ATTAINMENT** Depending on the nature of the communication and interaction difficulties, attainment can be 'spiky' with some good skills for visual / factual memory and precision / accuracy for rote / repetitive learning compared to weaker comprehension and creative skills. Can also be more pervasive with similar levels to MLD.

COGNITION + LEARNING: Moderate Learning Difficulties (MLD)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
A child with greater difficulties than the majority of other children of their age in making progress across all areas of the curriculum despite effective teaching which is **not** due to factors such as: ▪ Learning English as an Additional Language (EAL) ▪ Social deprivation ▪ Sensory impairment ▪ Emotional disturbance The child may present with difficulties in understanding, thinking, problem solving and retaining information, concepts and skills as well as difficulties in: ▪ Attention and listening ▪ Concentration and on task behaviour ▪ Literacy and Numeracy skills ▪ Self-organisation ▪ Making links between different areas of learning and generalising to everyday experience ▪ Visual, practical and spatial / physical learning	**HIGH QUALITY TEACHING:** ▪ Differentiated lesson planning / delivery modified in terms of; o Level (ie, focusing on key learning outcomes and drawing on earlier programmes of study as appropriate with learning targets broken down into smaller steps) o Pace (ie, extra time for responses to questions, contributing to class discussions and to complete activities) o Approach (ie, multi-sensory, related to the child's everyday experience, emphasis on direct experiences and practical activities including appropriate use of ICT) o Output (ie, alternative ways to record learning, eg/ oral, photographic, video, highlighting text, mindmaps, etc) ▪ Cueing and reinforcing children's listening / attention ▪ Checking understanding and reinforcing as required through repetition, rephrasing, explaining and demonstration ▪ Demonstrating tasks (what the finished product looks like) ▪ Opportunities for pre-teaching, overlearning and reinforcement ▪ Use of classroom learning aids (eg/ subject specific word mats, writing frames, number lines, ICT, etc) ▪ Use of topic maps to link current learning to previous learning ▪ Explicit teaching to support generalisation of skills ▪ Use of peer support ▪ Visual cues to support understanding including the use of objects, pictures, signs, symbols, models, examples, ICT ▪ Modelling and teaching study skills (eg/ having a plan to complete the task, problem solving skills, etc) ▪ Supporting personal organisation (eg/ using resources, organising equipment, etc) ▪ Physical environment that is organised and well-defined and labelled using written and visual cues **ATTAINMENT** Children with MLD will be attaining at or below: F1 (3-4 year olds): 9 – 24 months delay F2 (4-5 year olds): 12 – 30 months delay KS1: P6 -P7 KS2: P7 – NCY1 age expectations

COGNITION + LEARNING: Specific Learning Difficulties (SpLD)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions including dyslexia and dyscalculia. Dyslexia affects the skills involved in accurate and fluent word reading and spelling. Dyscalculia affects the skills involved in the use of number. The child presents with greater difficulty than the majority of other children of their age in the following areas: ▪ Phonological awareness and processing ▪ Verbal memory ▪ Verbal processing speed ▪ Word reading and spelling skills with consequent impact on other literacy skills ▪ Number skills Co-occurring difficulties may be seen in aspects of language, motor co-ordination, mental calculation, concentration and personal organisation, but these are not, by themselves, markers of dyslexia. A good indication of the severity and persistence of dyslexia difficulties can be gained by examining how the individual responds, or has responded to well-founded intervention.	**HIGH QUALITY TEACHING:** ▪ Differentiation of literacy and numeracy tasks to support learning outcomes eg/ listening and discussing rather than reading and writing, use of assistive technology, etc ▪ Alternative multi-sensory activities to enhance and support learning eg/ visual and practical ▪ A variety of alternative ways to present and record learning, oral, photographic, video, highlighting / cutting and passing text, flow charts, mindmaps, bullet points, etc ▪ Use of classroom learning aids (eg/ subject specific word mats, word lists colour coded by category, writing frames, spellcheckers, specialist dictionaries, number lines, Dienes apparatus, Numicon, ICT, etc) ▪ Use of reading texts matched to age and interest as well as reading level across the curriculum ▪ Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of fonts, layout, overlays, coloured paper, appropriate use of illustrations etc ▪ Enhance attention skills by reducing background noise and distractions ▪ Support to sequence tasks and instructions within class ▪ Giving extra time for thinking / processing, speaking and listening ▪ Support for homework and arrangements to ensure that tasks are clearly recorded including use of ICT ▪ Use of relevant High Quality Teaching to support learning as per SLCN and MLD sections **ATTAINMENT** SpLD likely to lead to uneven attainment with learning mediated by literacy and / or numeracy skills adversely affected compared to stronger attainment in other curriculum areas.

SOCIAL EMOTIONAL + MENTAL HEALTH NEEDS: (SEMH)

INDENTIFICATION	EXPECTED ARRANGEMENTS TO MEET NEED
Children and young people mat experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect: ▪ Difficulties with learning or communication ▪ Mental health difficulties such as anxiety or depression, hidden behaviours such as self-harming, substance misuse, eating disorders, or physical symptoms that are medically unexplained ▪ Disorders such as attention deficit hyperactive disorder (ADHD), or attachment difficulties ▪ Trauma, domestic violence, abuse and neglect, as well as issues such as housing, family or other domestic circumstances The child may present with the following difficulties: ▪ An inability to communicate their emotional and social needs in a way that is socially appropriate compared to their peers ▪ Difficulty in making and maintaining friendships + relationships with children and adults ▪ Verbal and physical aggression as a result of difficulties in self-regulating emotional responses ▪ Refusal to comply with reasonable requests from adults and whole school expectations ▪ Withdrawn, depressed and uncommunicative ▪ Self-harming (threats or actual) ▪ High levels of anxious / obsessive behaviour ▪ Low self-esteem	**HIGH QUALITY TEACHING:** ▪ Developing a positive relationship and connection with the child ie, knowing them an individual ▪ Effective adult language that is appropriate to the child's developmental stage ▪ Consistency of approach by all staff working with child ▪ managing the immediate environment to reduce distraction and minimise potential for conflict or disruption ▪ Managing inappropriate behaviour through: o Tactical ignoring / Non-verbal signals (eg/ 'the look') / Moving closer o Ask about relevant rule / routine / behaviour expectations o Restate relevant rule / tell child what you want them to do (ie, clear + simple statement of behaviour) o 'Catch' child behaving appropriately and praise o Praise appropriate behaviour of nearby pupil (proximity praise) o Distract onto task / away from inappropriate behaviour o Re-explain and organise task for them / modify or change activity / Informally move or change group setting o Use the language of choice, remind of consequences ('If you choose to… then…) o Take up time, clear choices, schedules and consistent routines and boundaries o Effective adult language, eg/ 'I… when… because', 'I am looking for… ', ' when / then' statements ▪ Modelling, prompting and reinforcing children's positive behaviour and interactions ▪ Supporting personal organisation ie, ensuring pupils have appropriate equipment ▪ Opportunities of support to develop relationships with other children, emotional literacy, social, co-operation and reflection skills, including activities such as: emotional check-ins / talk time / circle time ▪ Nurturing practices eg/ look for opportunities to provide care for child's needs in and outside the classroom ▪ Consistent use of rewards + motivators for pupils (including rewards for positive behaviour choices) ▪ Use relevant High Quality Teaching to support learning (see sections on SLCN, MLD, SpLD as appropriate) ▪ Child's baseline and subsequent progress accurately monitored and provision regularly reviewed and adjusted in line with their progress **ATTAINMENT** SEMH is likely to impact on social interactions, access to learning, attendance and risk of exclusion which will impact attainment and social and emotional maturity, leaving gaps in learning.

PHYSICAL AND SENSORY: Hearing Impairment (HI)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
A HI is an impairment that effects a child's ability to access auditory information. HI can be a uni or bi-lateral and mild, moderate, severe or profound. A permanent, or long-standing HI, would have an impact on a child's attention + listening, language and communication and access to learning. A hearing loss is significant when a child: ▪ Has hearing loss which is not aided ▪ Has a fluctuating hearing loss ▪ Requires audiological equipment to support their listening, eg/ hearing aid/s, cochlear implant, FM systems etc ▪ Has difficulty adapting to environments with high levels of background noise ▪ Misses out on incidental learning ▪ Has a delay in acquiring and maintaining language and communication skills at an age appropriate level ▪ Has difficulty with social interaction A child / young person with a hearing impairment may have difficulties with: ▪ Attention and listening ▪ Language and communication ▪ Literacy and numeracy skills ▪ Making links across areas of learning and generalising learning to every day experiences ▪ Developing reciprocal relationships ▪ Participating in class discussions ▪ Understanding subject specific language ▪ Learning new concepts ▪ Clarity of speech	**HIGH QUALITY TEACHING:** ▪ Use of audiological equipment in the classroom ▪ Differentiated lesson planning / delivery modified in terms of: o Use of visual resources o Modifying language and scaffolding of subject of subject-specific vocabulary o Approach (ie, multi-sensory, related to the child's everyday experiences, ICT etc) o Pace (ie, extra time for responses to questions, contributing to class discussions and activities) ▪ Cueing and reinforcing children's listening / attention ▪ Management of turn taking in classroom discussions with repetition of key points made by others ▪ Checking understanding and reinforcing by repetition, rephrasing, explanation / demonstration ▪ Opportunities for pre-teaching and consolidation of language and social interaction ▪ Good role models of language from adults and other children ▪ Visual aids to support understanding including objects, pictures, gesture, signs, symbols, models, examples, ICT, demonstrations, use of subtitles or transcripts, visual / written instructions for homework etc ▪ Physical environment: background noise is reduced, good room acoustics and seating plan is used to optimise listening and visual access to lip patterns ▪ Use additional support staff and note takers to give equal access to learning if appropriate **ATTAINMENT** Hearing impairment can significantly impact attainment due to difficulties of accessing learning. However, with the right support (including audiology aid) attainment should be age appropriate).

PHYSICAL AND SENSORY: Visual Impairment (VI)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
A Visual Impairment (VI) is an impairment of sight, which cannot be fully corrected, and is likely to have an impact on the child's development and means of access to learning. VI refers to medical conditions that result in reduced vision through to blindness and can be temporary or permanent, occurring from birth, or at any time. Patching or monocular vision is not deemed a visual impairment. The VI is significant when: ▪ Written material needs to be adapted, or inclusive technology is essential to access the curriculum ▪ Independent travel and the immediate environment need active monitoring ▪ Incidental learning does not occur, needs direct teaching and additional pre-teaching, or revision of skills necessary ▪ The child is unable to read facial or body cues ▪ Access to social situations / groupings without a facilitator is difficult for the child A child with VI may have difficulties with: ▪ Accessing learning at the same pace as other children of their age ▪ Linking different areas of learning and generalising learning to everyday experiences ▪ Physical tiredness ▪ Making and maintaining relationships ▪ Managing their equipment and physical safety ▪ Reading and writing skills ▪ General self-confidence and self-advocacy	**HIGH QUALITY TEACHING:** ▪ Class / subject teachers to take responsibility for acting upon personalised educational advice around individual child's needs ▪ A procedure for contact lens wearers, patches pupils and implementing the wearing of glasses ▪ All staff and supply staff, visiting speakers, sport, drama groups etc, are informed of child's VI/ MSI visual and auditory needs at the planning stage of activities ▪ Support for inclusion with extra-curricular activities, modified homework resources and newsletters ▪ A range of multi-sensory tasks, teaching styles and support for the alternative ways of recording work ▪ Provision of recommended generic specialist assistive technology such as: iPad / tablet / laptop / eReader / scanner and specialist software eg/ screen sharing packages and magnification ▪ Clear classroom routines supported by cues, eg/ objects of reference, signs, symbols, gestures, signing to support language, photographs, visual timetables ▪ Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only ▪ Provision of consumables, eg/ specialist paper, matt laminates. Appropriate black fibre tipped pens / dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board. ▪ Teacher verbalising work on the board, recorded in black ink, plain font style on a white uncluttered background ▪ Seating at close proximity to interactive white board / learning facilitator / point of learning ▪ Adaption of teaching and learning environment to take account of sources of light and sound, glare and reverberation, visual and auditory clutter and contrast, as well as the subtleties of the tactile environment ▪ Clear and tidy classroom with good organisation and labelling of resources ▪ Visual fatigue rest breaks built into the school day and a shaded outdoor area as appropriate **ATTAINMENT** ▪ VI can significantly impact attainment due to difficulties of accessing learning. However, with the right support, attainment should eb age appropriate

PHYSICAL AND SENSORY: Multi-Sensory Impairment (MSI)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
Multi-sensory impairment (MSI) refers to combined visual and hearing impairments which cause difficulties with communication, access to information and mobility, A child with MSI may have difficulties with: ▪ Accessing learning at the same pace as other children of their age ▪ Linking different areas of learning and generalising learning to everyday experience ▪ Physical tiredness ▪ Making and maintaining friendship ▪ Reading and writing skills ▪ General self-confidence and self-advocacy	**HIGH QUALITY TEACHING:** ▪ Class / subject teacher to take responsibility for acting upon personalised educational advice around individual child's needs ▪ A procedure for contact lens wearers, patched pupils and implementing the wearer of glasses ▪ All staff and supply staff, visiting speakers, sort, drama groups, etc are informed of child's MSI visual and auditory needs at the planning stage of activities ▪ Support for inclusion with extra-curricular activities, modified homework resources and newsletters ▪ A range of multi-sensory tasks, teaching styles and support for the alternative ways of recording work ▪ Provision of recommended generic specialist assistive technology such as: iPad / tablet / laptop / eReader / scanner and specialist software, eg/ screen sharing packages and magnification ▪ Clear classroom routines supported by cues, eg/ objects of reference, signs, symbols, gestures, signing to support language, photographs, visual timetables ▪ Careful consideration of accessibility of learning materials in terms of readability, density of text, size and choice of font, layout, overlays, coloured paper, appropriate use of illustrations, clutter free diagrams, all modified resources onto A4 paper only ▪ Provision of consumables, eg/ specialist paper, matt laminates. Appropriate black fibre tipped pens / dark leaded pencils, exemption from learning a cursive script. Use of a sloping desk or board. ▪ Teacher verbalising work on the board, recorded in black ink, plain font style on a white uncluttered background ▪ Seating at close proximity to interactive white board / learning facilitator / point of learning ▪ Adaption of teaching and learning environment to take account of sources of light and sound, glare and reverberation, visual and auditory clutter and contrast, as well as the subtleties of the tactile environment ▪ Clear and tidy classroom with good organisation and labelling of resources ▪ Visual fatigue rest breaks built into the school day and a shaded outdoor area as appropriate **ATTAINMENT** MSI can significantly impact attainment due to difficulties of accessing learning. However, with the right support, attainment should eb age appropriate

PHYSICAL AND SENSORY: Physical (Phy)

INDENTIFICATION	**EXPECTED ARRANGEMENTS TO MEET NEED**
Physical impairments may arise from physical, neurological or metabolic causes that only require appropriate access to educational facilities and equipment: others may lead to more complex learning and social needs. Developmental Co-Ordination Disorder / Dyspraxia affects fine and gross motor co-ordination (DCD). The child presents with greater difficulty than the majority of other children of their age in: ▪ Fine motor movements and poor pencil control resulting in slow and or erratic handwriting / drawing skills ▪ Handling tools, eg/ scissors, rulers ▪ Gross motor movement; difficulties planning movement; general body movement - awkward and clumsy ▪ Motor skills and spatial skills leading to problems moving around the class environment ▪ Sitting up / sitting still due to weak core strength, weak proprioception and balance ▪ Running, jumping, skipping, kicking, throwing, catching etc ▪ Spatial awareness resulting in poor layout of work on page ▪ Oral / verbal dyspraxia, eg/ difficulty in eating, dribbling, speech production, organising thought into spoken words and sentences	**HIGH QUALITY TEACHING:** ▪ Reasonable adjustments to the school environment and building adaptions including accessible toilets, rise and fall changing beds, ramps, height adjustable furniture, grab bars, door handles, lifts etc ▪ Class / subject teachers take responsibility for acting upon relevant information around individual students including: o Well-organised classrooms with clear route ways o Appropriate seating arrangements in relation to the teacher / teaching focus o Adapting and modifying classroom tasks that require sustained and / or precise fine and / or gross motor skills o Extra time for completion of tasks o The use of assistive ICT o Access to medical support. If appropriate o Teachers talking to children and young people about their optimum / preferred learning styles o Careful consideration of timetabling and location of rooms ▪ Schools support the use of low-tech aids or equipment (basic word processors, communication passport) ▪ Rest breaks, to take account of fatigue, built into the day and movement breaks ▪ Differentiation for P.E. and all movement based learning, practical activities, use of equipment as appropriate ▪ Pre writing skills – hand / finger / upper body strengthening exercises and preparing for writing, eg/ posture, hand warm ups, etc ▪ Alternative pens / pencils equipment – grips ▪ Enlarged lined paper / frames especially maths for laying out ▪ Optimal seating position including correct size furniture and additional resources such as seating wedges and writing slopes **ATTAINMENT** Physical impairments can significantly impact attainment due to difficulties of accessing and demonstrating learning. In the absence of other SEND and with the right support, attainment should be age appropriate.