

# Supporting Children and Young People with Special educational needs and disabilities (SEND) without an Education Health and Care Plan



# Contents

|   |    |
|---|----|
| Introduction  | 3  |
| Vision  | 3  |
| What we have a policy?  | 4  |
| What are special educational needs?   | 5  |
| How is special educational needs provision funded in Greenwich?                                 | 5  |
| What is Quality First Teaching?   | 6  |
| Royal Greenwich's expectation of local SEND provision through Quality First Teaching approaches | 7  |
| Greenwich Parent Top Fives  | 8  |
| Greenwich Children Top Fives  | 10 |
| High quality inclusive teaching in Royal Greenwich  | 12 |
| What is SEN support?  | 14 |
| Planning for the four main areas of need of SEN support:  | 15 |
| Four broad areas of need:   | 15 |
| cognition and learning  | 18 |
| communication and interaction   | 20 |
| social, emotional and mental health   | 26 |
| sensory and/or physical needs   | 30 |



## Introduction

The Royal Borough of Greenwich originally put this guidance together through a series of workshops with groups of families, Special Educational Needs Coordinators (SENCOs), specialist teachers, and health and social care colleagues.

In order to make the information more accessible to families, young people and education or childcare settings, this guidance was reviewed between August 2019 and March 2020. This was carried out in line with changes and developments resulting from the special educational needs and disabilities (SEND) reforms, and our implementation of this into everyday practice in Greenwich.

For details of services and support available locally, please visit:

[royalgreenwich.gov.uk/LocalOffer](https://royalgreenwich.gov.uk/LocalOffer)

## The Royal Borough of Greenwich Vision

*All children and young people with SEND in Greenwich, regardless of their background or circumstances, should have a happy and fulfilled childhood where they belong, grow and succeed so that they enter adulthood ready, willing and able to achieve their highest potential.*



### Why have a policy?

This document has been produced to ensure there is:

- Support, clarity and consistency across all mainstream schools in Royal Greenwich in their approaches to include pupils with SEND into mainstream school.
- A focus on the early identification of needs so that professionals can intervene early with the most appropriate support for a child and their family.
- Support is available at the earliest opportunity, and not dependent on a diagnosis but driven by needs.
- An emphasis on the highest expectations and aspirations for children and young people with SEND.

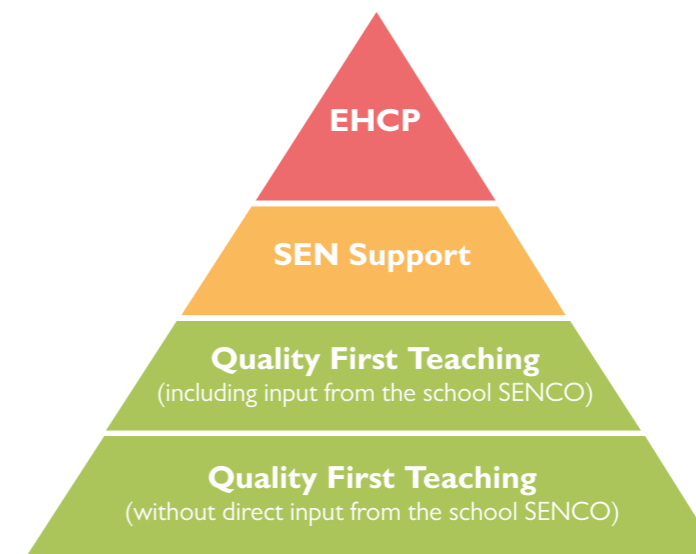
- A rapid response to putting appropriate interventions in place from the earliest opportunity.
- Transparency in SEND processes, so parents and young people know what to expect and when it will happen.
- Choice and control for young people and parents over the support they/their children receive.

The advice also relates to pupils with an Education, Health and Care plan (EHCP) and should be read in conjunction with this.

### What are special educational needs?

The definition of 'special educational needs' (SEN) in the SEND Code of Practice (2014) is that, "A pupil has SEN where their learning difficulty, or disability, calls for special educational provision, that is different from or additional to that normally available to pupils of the same age."

### How is special educational needs provision funded in Greenwich?



#### Quality first teaching and SEND

All schools receive around £4,000 for every pupil in their funding allocation, which is allocated to be used for a range of support including SEND. This is through the Dedicated Schools Grant (DSG).

#### SEND Support

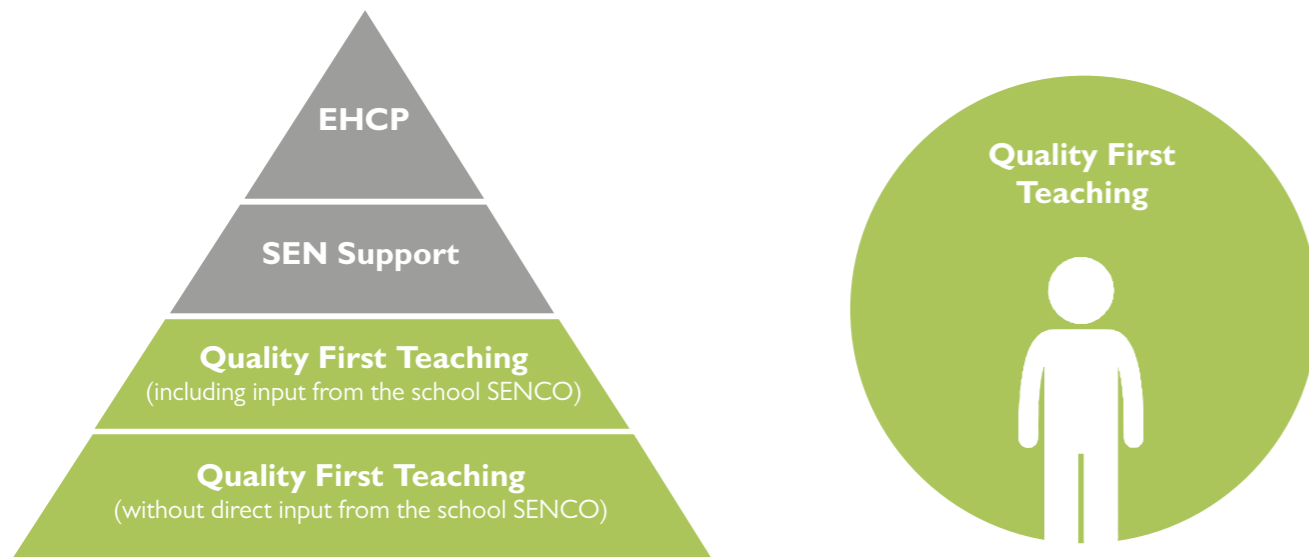
In addition to the DSG, all schools have a notional SEND budget, through the school's block, which is to meet the needs of students with SEND in their school. This amount changes according to the size of the school and other demographic factors, but is expected to fund up to £6,000 of special educational provision for a pupil with SEN. In Greenwich, this is 'topped up' with an additional amount of delegated SEN funding, with the expectation the school will fund up to £10,000 special educational provision when needed.

#### EHC Plan

When a child has an EHC Plan, Royal Greenwich determines an additional level of funding to meet the special educational needs of the child as specified and quantified their EHC Plan. The school must use their notional SEND budget to fund the first £6,000 and will receive a 'top up' from Royal Greenwich, according to the additional level of funding agreed. The level of funding is reviewed through the annual review process.



## What is Quality First Teaching?



This is the first step towards meeting the needs of children who have, or may have a SEND, and includes inclusive, quality teaching. Once the need for SEN support has been identified, the first step in responding to a pupil's identified needs is to ensure high quality teaching, which is differentiated for individual pupils, is in place. This may be largely teacher led or have a significant level of input from the SENCO, or other specialists within the school setting.

## Royal Greenwich's expectation of local SEND provision through Quality First Teaching approaches





## Greenwich Parent Top Fives

We asked a range of parents in different groups some questions about what works best in school for them and their child.

### A. How do schools support me as a parent best?

**1** Provide regular training and support meetings to help me understand my child's needs as well as possible.

**2** Communicate with me in as many ways as possible about my child's day and learning.

**3** Work with me, valuing my input so my child's learning is supported at home and school.

**4** Help me to understand my child's strengths, weaknesses and diagnosis.

**5** Help me to know where I can find other support and services.

### B. What are the most important things to support my child's learning in school?

**1** Staff in school that my child trusts, who are highly trained and know how to support them.

**2** Specialist provision that my child needs is in place.

**3** Making sure my child can access everything on offer in school, including after school activities.

**4** Making sure learning is fun!

**5** Quiet safe spaces in school, where my child can learn when they need to be out of the classroom.

## Greenwich Children Top Fives

We asked SENCO's to talk with children in their school to find out what helps them most with learning and then analyse their responses into themes.

### What does my teacher do to help me best?

Makes school fun and interesting

Year 10 student: "Being funny, which makes whatever we are learning easier to learn."

Year 1 student: "Letting me have [activity] 'choosing time' when I've done my special work."

Makes sure that I understand what I'm learning and checks in during lessons to see if I'm OK.

Year 7 student: "By explaining it; not doing it for me but helping me to do it."

Makes time to answer my questions when I ask for help.

Year 6 student: "My teacher helps me learn by making me feel like I can ask her a question if I am not sure."

Makes me believe I can do it.

Year 7 student: "Teaching me, letting me take my time, being inspirational, being kind, helping me deal with my past life, and not giving up on me."

Keeps me calm and steady and makes sure every day is a new day.

Year 7 student:  
Year 10 student: "Knowing how to de-stress me when I get too stressed out."



**High quality inclusive teaching in Royal Greenwich (Quality First) will include:**

**Planning and assessment**

- Set realistic time for completing work
- Planning is sequential and incremental
- Task and the child are matched carefully, including tasks that challenge
- Time for peer and self-assessment are planned
- When planning teachers are aware of different starting points
- Clear feedback is provided to pupils as soon as possible: live marking
- Assessment information is used to identify barriers to learning and inform adjustments to teaching for improved outcomes

**Groupings are not fixed and promote a growth mindset**

- Nearability
- Groups
- Pairs
- Mixed ability
- Grouping by need for a intervention
- Seating/position is considered for children with specific needs

**Resources**

- Visual prompts/support where appropriate
- Resources are accessible and promote independence
- Learning walls provide visual support of the learning sequence and are referred to
- Key vocabulary displayed

**Learning is shared clearly with pupils**

- Pupils have a clear understanding of how the learning sits within a sequence of learning
- Use language accessible to all pupils
- Refer back to learning throughout the lesson
- Meta-cognition strategies to reflect on their own learning
- Co-construct success criteria with all pupils and groups of pupils
- Children know where they are heading

**Teaching staff**

- Take responsibility for all pupils' progress including SEND
- Ensure that additional adults maximise impact on learning
- Are able to adapt whole class teaching to meet individual needs
- Are knowledgeable and well informed about supporting individual needs

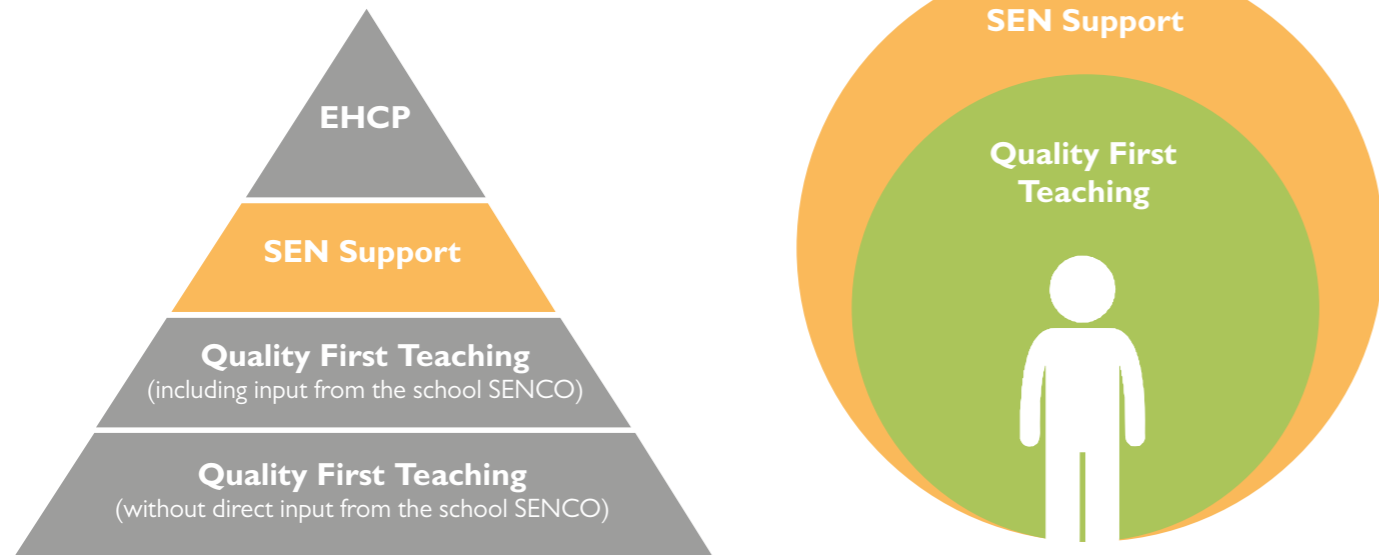
**Direct teaching to build confidence and ensure success**

- Prior learning is accessed and referred to
- Teacher modelling, For example:
  - » think clouds
  - » teacher demonstration
  - » worked examples (whole class, group and individual)
- Provide examples of excellence
- Break the learning into steps

**Carefully framed questions**

- Teacher creates a safe classroom climate where all contributions are valued
- Targeted questions as appropriate
- Talk partners to rehearse answers
- Provide thinking time when appropriate
- Open and closed questions

## What is SEN support?

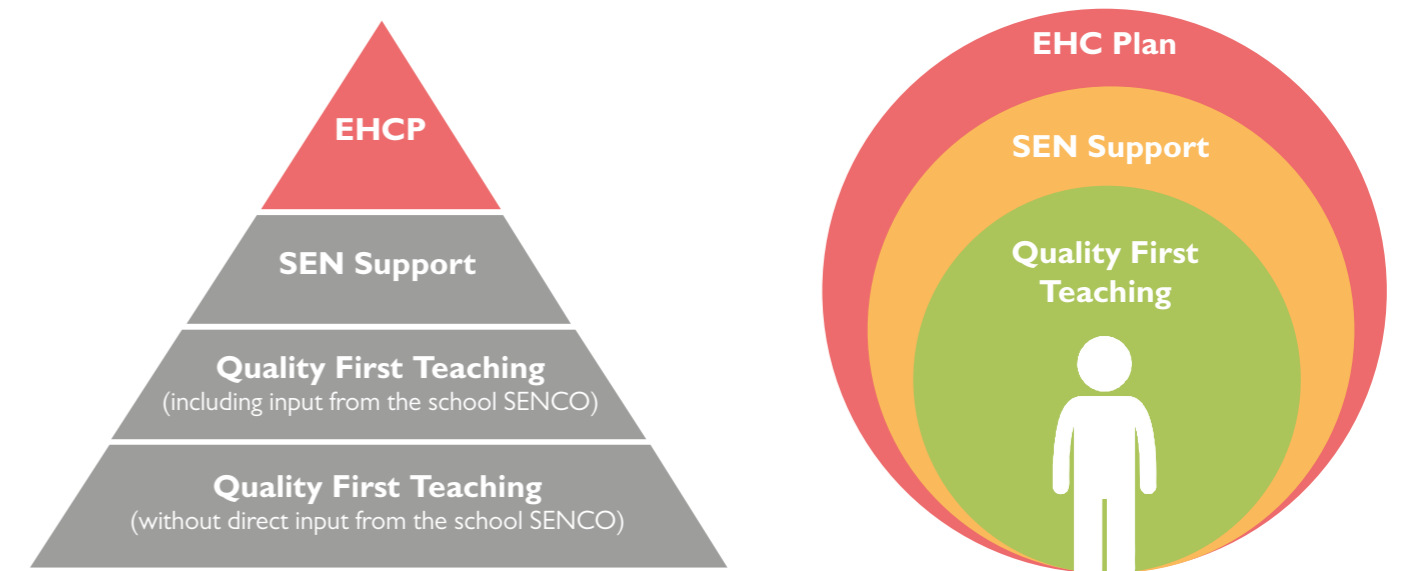


The school should use a graduated approach, following the cycle of, 'Assess, Plan, Do and Review':

- **Assess:** The class teacher or subject teacher (working with the SENCO) is responsible for carrying out a clear analysis of a pupil's needs by drawing on teacher assessments and pupil experience.
- **Plan:** Where it is decided to provide a pupil with SEN support, the parents/carers must be notified. All teachers and support staff who work with a pupil should be made aware of their needs, the outcomes sought, the support provided, and any teaching strategies that are required
- **Do:** The planned interventions should then be put into place. With support from the SENCO, the teacher should work closely with any teaching assistants or specialist staff involved.
- **Review:** Reviews should take place and be fed back into the analysis of the child's needs. The code is not prescriptive about how often reviews should take place, but good practice would indicate that reviews should be conducted termly, at minimum. The decision to involve specialists can be taken at any time and should always involve parents or carers.

Where the pupil is still not making expected progress, despite relevant and purposeful action to identify and meet the pupil's needs by the school, an EHCP needs assessment can then be requested by the school, parents or carers, and/or young person, if they deem it necessary.

## Planning for the four main areas of need of SEN support:



## Four broad areas of need:

- 1 cognition and learning
- 2 communication and interaction
- 3 social, emotional and mental health
- 4 sensory and/or physical needs





# 1. Cognition and learning: moderate and specific learning difficulties

## Local support services providing advice, consultation, and training

### Educational Psychology service

020 8921 4818

### Support Team for Education in Primary and Secondary Schools (STEPS)

020 8921 3311

### Oxleas Integrated Therapies service

020 8836 8621

### Early Years Inclusion Team

020 8921 3311

## Local specialist resources to support

Range of resources through the STEPS team

## Level and description of difficulty

Children working significantly below age expected levels may have:

- difficulties with learning
- social and emotional immaturities
- difficulties with speech and language
- difficulties with written communication
- concentration difficulties
- lack of motivation and resistance to learning.

Some pupils in this category will have very specific difficulties in areas of literacy or numeracy, or fine and gross motor skills.

## Areas of need

**Difficulties with learning, or lack of adequate progress over time, despite good quality first teaching approaches being used by the teacher, with advice and support from the SENCO.**

## Interventions and strategies

- Development of teaching strategies which reflect a pupil's preferred method of learning and bypass learning barriers.
- Supporting sequencing and organisational skills, using visual support strategies, such as visual schedules.
- Structured interventions to develop literacy and maths skills.
- Fine and gross motor skills programmes incorporated into children's daily school routines.
- Adaptations to language, to support attention and listening skills, including using clear simple instructions, 'chunking' and using visual support to augment verbal communication.
- Adaptations to teaching, opportunities for repetition and consolidation of skills.
- Focusing of attention, allowing time to respond, and strategies to support the child in completing tasks, such as check lists, 'now/next boards', etc.
- Providing concrete, practical learning opportunities using multi-sensory approaches.
- Using alternative strategies for recording

information. For example, Talking Tins, laptops, etc.

- Support with self-care skills, such as toileting, feeding and dressing.

## Areas of need

**Specific difficulties with learning, or lack of adequate progress over time, despite good quality first teaching approaches being used by the teacher, with advice and support from the SENCO.**

**This could be in several areas, including literacy, Developmental Language Disorder (DLD), Developmental Coordination Disorder (DCD), Dyslexia or it could be an uneven profile of strengths and needs without formal diagnosis.**

## Interventions and strategies

- Assessment through response to interventions, and adaptations to support delivered.
- Alternatives to written recording are available. For example, Talking Tins, digital recording devices, digital cameras, laptops, etc.
- Evidence-based approaches to support specific areas of development, such as 'Toe by Toe and Precision teaching.
- STEPS-based literacy and numeracy interventions, including 'Whole Word' reading approaches, as appropriate.
- Programmes to develop handwriting skills, such as, 'Start Right...Stay Right,' with linked advice from the Occupational Therapy service.
- Routine revision and overlearning.
- Metacognition approaches, involving students in their own learning, developing strategies.
- Support to manage the development of relationships, and self-esteem including 'circle time' and 'circle of friends'.

## 2. Communication and interaction

### Local support services providing advice, consultation, and training

Oxleas Speech and Language Therapy service

020 8836 8621

Educational Psychology Service

020 8921 4818

ASD Outreach Team

020 8921 3311

Greenwich CAMHS in reach consultation

020 3260 5211

Oxleas Occupational Therapy Team

020 8836 8621

Early Years Inclusion Team

020 8921 3311

### Local specialist resources to support

- The Royal Borough of Greenwich approach to supporting the needs of children with an Autistic Spectrum Disorder (ASD).
- The Royal Borough of Greenwich visual support policy

## Level and description of difficulty

Children working significantly below age-expected levels in this area, or across all areas.

Children may have the following:

- Immature/disordered social interaction skills and find it difficult to play and interact with their peers; some may have an ASD diagnosis, or be in the process of assessment, although many will not.
- Rigidity and inflexibility of thought processes and behaviour.
- Sensory processing difficulties.
- Challenging, anxious or inappropriate behaviour.
- Difficulties understanding instructions and questions and/or picking important information from what someone has said.
- Language made up of short or 'empty' spoken sentences, with limited vocabulary or overly wordy explanations that do not 'get to the point'.
- Immature phonological skills and pronunciation.
- An unusual quality to their voice, a stammer, or anxieties about speaking in some situations.

## Areas of need

**Difficulties listening and engaging in lessons**

### Interventions and strategies

- Use appropriate differentiation, so the language of the classroom being used is accessible to the child.
- Limit listening times to periods within the child's developmental level.
- Structure the physical environment to ensure it is organised and conducive to good listening and attention.
- Organise grouping in class so it provides opportunities for peer support, the development of social understanding and inference, as well as structured opportunities for conversation.
- Teaching methods used may include the use of visual aids, signing, kinaesthetic methods and other visual strategies to support understanding in lessons.
- Put additional interventions in place in small groups or individually, as appropriate, with a member of school staff. This could include

interventions such as Attention Autism and Active Listening for Active Learning.

- Use 'backward chaining' to support the child in completing the whole task, by doing the last segment first and adding backwards until they can complete the whole task.
- Use timers, clocks, and checklists to show the child how much they have to do and for how long.
- Use 'finish' symbols, checklists, etc. so the child knows when a task or activity will end.
- A work reward system, appropriate to the child's level of understanding and level of engagement, which utilises their main areas of interests to provide motivation, where practical.

## Areas of need

**Difficulties with early communication and interaction skills**

### Interventions and strategies

- Use the child's name to gain attention and then a single word. For example, "Billy, garden."
- Gain the child's attention before giving any instruction.
- Tell the child what to do, rather than what not to do. For example, "Freddie, good walking," rather than, "Freddie, stop running."
- Use simple, concrete language.
- Use alternative/augmentative communication systems, such as:
  - Picture Exchange Communication System (PECS)
  - Makaton
  - symbol support, including objects of reference.
- Remember, the child may not understand your body language, for example, your tone of voice or facial expression, so keep it clear and simple.
- Use interventions, such as Intensive Interaction, with support from external agencies, as needed, to support developing interaction skills.

## Areas of need

**Difficulties using language to communicate ideas**

### Interventions and strategies

- Embed vocabulary enrichment activities into classroom teaching.
- Language programme to develop vocabulary, syntax, the speech sound system, and sequencing of language.
- Put groups or individual input in place, as appropriate, with a member of school staff, which may include:
  - Word Aware groups/class activities
  - Shape Coding/Colourful Semantics groups
  - Activities from the 'Selective Mutism Handbook' by Maggie Johnson
  - Social skills groups.
- Carry out language programmes as recommended by the speech and language therapist to develop vocabulary, syntax, narrative skills and sequencing of language.
- Create opportunities for the child to carry out 'Talking Partner' activities with an adult before doing so with a peer.
- Put alternative or augmentative communication methods in place. This may include:
  - Makaton signs and symbols
  - PECS
  - electronic communication aids
  - communication books.
- Reinforce attempts to communicate.
- Allow time to respond verbally (ten seconds).

## Areas of need

**Difficulties understanding language in the classroom**

### Interventions and strategies

- Use the child's name before giving instructions, so you are sure you have their attention.
- Get the child to repeat back the instruction so you are confident that they have processed it.
- Use language adapted at an appropriate level for

the child, considering the length and complexity of instructions (see 'Language for Thinking' resource for support in this).

- Use prompts, and model language with the child.
- Use repetition and pausing to chunk information.
- Allow time for the child to process and respond (ten seconds).
- Adapt language so it is clear what needs to happen and when. For example, "First..., then...".
- Teaching of communication skills carried out as part of whole-class teaching or in small groups. The speech and language therapist may demonstrate activities, jointly plan, or may team teach with the teacher or other staff member in some circumstances. This could include specific programmes, such as, 'Active Listening, for Active Learning' or 'Word Aware' strategies.
- Pre-teaching of vocabulary, comprehension and inference, sequencing and active listening skills.
- Limit distractions (see listening and attention section).
- Put small groups and individual interventions available in place, which may include 'Active Listening for Active Learning', 'Language for Thinking' or 'Word Aware'.
- Create opportunities for the child to carry out 'Talking Partner' activities with an adult before doing so with a peer.
- Use alternative or augmentative communication methods to support language, which may include:
  - Makaton signs and symbols
  - visual support in the form of timetables, prompts, etc.

## Areas of need

**Difficulties with higher level language skills involving social understanding**

### Interventions and strategies

- Use concrete language and avoid any language that could have a double meaning. For example, idioms, synonyms, etc.
- Tell the child explicitly what to do. For example, "Close the window," rather than, "Can you close

the window?”.

- Avoid any language that can be taken literally with a different meaning.
- Use supportive strategies, such as ‘Social Stories’ or ‘Comic Book Conversations’ to help develop social understanding.
- Put groups or individual input in place, as appropriate, with a member of school staff, which may include:
  - Word Aware groups/class activities
  - Shape Coding/Colourful Semantics groups
  - Activities from the ‘Selective Mutism Handbook’ by Maggie Johnson
  - Social skills groups.
- Carry out language programmes as recommended by the speech and language therapist to develop vocabulary, syntax, narrative skills and sequencing of language.
- Create opportunities for the child to carry out ‘Talking Partner’ activities with an adult before doing so with a peer.
- Put alternative or augmentative communication methods in place. This may include:
  - Makaton signs and symbols
  - PECS
  - electronic communication aids
  - communication books.
- Reinforce attempts to communicate.
- Allow time to respond verbally (ten seconds).

## Areas of need

### Difficulties with using speech sounds

### Interventions and strategies

- Put support in place to develop speech sounds, as recommended by the speech and language therapist. For example, a daily programme.
- Embed phonological awareness activities into class teaching.
- Model appropriate speech sounds to the child.
- Support speech sounds with written language.
- Reinforce attempts to communicate.

## Areas of need

### Difficulties managing the social environment of the classroom

### Interventions and strategies

- Make opportunities for one-to-one, paired and small group work across the day.
- Create small working spaces for the child.
- Create opportunities for the child to try paired activities out with an adult before doing so with a peer.
- Ensure the classroom is clear and uncluttered.
- Warn of changes to the day. For example, using a timetable, count downs to change, etc.
- Use visual support. For example, now, now/next, and schedules to support transitions.
- Specific modelling of social behaviours. For example, turn taking and teaching joining in phrases.
- Differentiation of expectations. For example, reduced carpet times, and limited attendance at whole-school gatherings

## Areas of need

### Difficulties managing the sensory environment of the classroom/school

### Interventions and strategies

- Use sensory breaks and schedules/circuits, to assist regulation, engagement and concentration with class activities.
- Think about the sensory environment and making adaptations. For example, noise, light and temperature.
- Consider using adjustments, such as ear defenders and twiddle toys.
- Create ‘quiet’ safe spaces. For example, withdrawal areas, lunchtime clubs, and dark tents.
- Think about transitions. For example, coming into school in the morning, moving between lessons and making flexible arrangements.
- Consider changes to the uniform code. For example, elasticated trousers, school shoes, etc.
- Consistency within the classroom (in terms

of organisation, structure, routines, space and seating) with identified low arousal work areas.

## Areas of need

### Difficulties with making and maintaining relationships with peers

### Interventions and strategies

- Consider pupil groupings and playtime ‘buddy’ systems to support social interaction.
- Put small groups and individual interventions in place, to develop friendships and relationships with peers. This could include:
  - social skills groups
  - social eyes groups
  - Lego therapy
  - Activities from the ‘Selective Mutism Handbook’ by Maggie Johnson.
  - roleplay.
- Put programmes in place to develop self-awareness. For example, the ‘understanding me’ programme.

## Areas of need

### Difficulties understanding the social rules of communication

### Interventions and strategies

- Put social interventions in place (see section above).
- Use social stories and comic strip conversations to support understanding.
- Use systems to support emotional regulation, which may include:
  - zones of regulation
  - 3 or 5-point emotion scale
  - now/next boards.
- Interventions to develop awareness and understanding of social media sites (such as Facebook, Twitter, and Instagram), including work on what is appropriate or inappropriate, and understanding the laws relating to sexual relationships.
- Specific interventions to develop understanding of relationships and sexual development. For

example, friendship groups, sex and relationship understanding.

## Areas of need

### Difficulties regulating physical outbursts

### Interventions and strategies

- Use a system to analyse behaviour, such as an Antecedents, Behaviour, Consequence (ABC) or Settings, Triggers, Actions, Results (STAR) chart so the triggers for behaviour can be identified and managed.
- All staff, including the family and young person, where appropriate, are involved in developing the written plan/Behaviour Support Plan (BSP).
- Clear written plan in place, so all those managing the behaviour are clear calm and consistent in their approach. This may be a formal BSP or a set of reasonable adjustments that are part of the child’s personal learning plan (PLP), and may include:
  - Preventative strategies to be put in place though the BSP.
  - De-escalation techniques to be integrated within the BSP.
  - BSP to specify any physical restraint agreed to be used.
- Calm areas available in the school, to support the child in regulating their own behaviour.

## Areas of need

### Difficulties managing change/transitions

### Interventions and strategies

- Individual visual timetables matched to the child’s level of understanding.
- Transition books.
- Plans for transitions, such as changing class.
- Visual systems to signal unavoidable change.
- Support to manage moving around school.

### 3. Social, Emotional and Mental Health needs

#### Local support services providing advice, consultation, and training

##### Educational Psychology service

020 8921 4818

##### Greenwich Child and Adolescent Mental Health services (CAMHS) in-reach consultation

020 3260 5211

##### Oxleas Speech and Language Therapy service

020 8836 8621

##### Behaviour Support Service

020 8921 2133

##### Waterside Outreach service

020 8 317 7659

##### School Nursing service

020 8836 8621

##### Outreach Learning Mentor service

020 8921 4704

##### Kidbrooke park Learning Centre

020 8921 5029

##### RBG Virtual School

020 8921 3311

#### Local specialist resources to support

- Early help assessment
- Royal Greenwich social, emotional and mental health (SEMH) strategy
- Emotional literacy support assistants (ELSA)
- Fair Access Panel protocol
- SEMH guidance booklet
- Royal Greenwich Children and Young People's Mental Health and Wellbeing Symptoms and Services Guide
- The following websites:
  - [challengingbehaviour.org.uk](http://challengingbehaviour.org.uk)
  - [greenwichmencap.org.uk](http://greenwichmencap.org.uk)
  - [headscapegreenwich.co.uk](http://headscapegreenwich.co.uk)
  - [parentzone.org.uk](http://parentzone.org.uk)
  - [stmichaelassociates.org.uk](http://stmichaelassociates.org.uk)
  - [familylives.org.uk](http://familylives.org.uk)
  - [addiss.co.uk](http://addiss.co.uk)
  - [dad.info](http://dad.info)
  - [kooth.com](http://kooth.com)

## Level and description of difficulty

Children and young people who have difficulties with their emotional and social development may have:

- Immature social skills and find it difficult to make and sustain healthy relationships. These difficulties may be displayed through the child or young person becoming withdrawn or isolated, as well as through challenging, disruptive or disturbing behaviour.
- Mental health difficulties, such as; anxiety or depression, self-harming, substance abuse, eating disorders or physical symptoms that are medically unexplained.
  - Other recognised disorders, such as:
    - attention deficit disorder (ADD)
    - attention deficit hyperactive disorder (ADHD)
    - attachment disorder
    - effects of trauma
    - a communication disorder
    - autism or pervasive developmental disorder
    - an anxiety disorder
    - a disruptive disorder
    - schizophrenia
    - bipolar disorder.

## Areas of need

**General whole-school strategies and quality first teaching**

### Interventions and strategies

- Refer to 'Positive Approaches for SEMH'.
- Needs to be a holistic approach, centred around the school ethos and values
- Review your school behaviour policy – think 'relationship policy'. Involve the whole school community in developing this. Participation is key.
- Behaviour policy should outline positive behaviours of staff – clear boundaries and expectations but warm, welcoming, compassionate and empathetic.
- Use of key adults and other attachment-aware whole-school approaches.
- Take a multi-agency approach to meeting needs.
- Train all staff in emotion coaching and restorative approaches.

- Review learning, teaching and curriculum – is it values based and does it have inclusion at the heart?
- Think about staff wellbeing and also consider staff supervision - either individual or group 'put on your oxygen mask first'.
- Promote wellbeing for pupils and actively teach SEMH skills and strategies for all.
- Consider pupils' communication skills (including understanding and use of language) – see communication strategies above.
- Providing key individual plans for students who struggle with SEMH.
- One-to-one or group interventions for children on areas of the SEMH curriculum.
- Nurture approaches – consider whole school Boxall Profile.
- Allow time for TA/teacher planning to ensure individual SEMH needs are met.

## Areas of need

**Attention difficulties/low engagement or motivation**

### Interventions and strategies

- Use visuals and break down tasks into manageable chunks.
- Use timers to provide structure and help children feel they are 'kept in mind'.
- Differentiate tasks – ensure a 'can-do' activity at the start of a lesson.
- Ensure a structured day with clear lessons and that any changes are signaled well in advance.
- Use a strengths-based approach – give positive feedback.
- Use a consistent approach to reduce unwanted behaviours. Signal the behavior that is wanted and be clear about consequences for not following instructions.
- Ensure the young person has heard and understood what you would like them to do.
- Allow for breaks – if possible, allow for movement in breaks.
- **Good lesson pace and build in active learning.**

## Areas of need

**Attachment/trauma difficulties**

### Interventions and strategies

- Create a safe space in the classroom. Ensure that you check in with the child in the morning and at other transition times.
- Allocate key workers – a safe person who a child can go to in crisis. Consider a sensory room/ space.
- Consider provision for unstructured time. Child may need support/alternative space with a small group of friends.
- Ensure the child feels welcome in the classroom – think body language and tone of voice.
- Think about 'hypervigilance' when thinking of seating plans, groupings and activities that involve movement and remote supervision.
- Ensure a clear structure – think visual timetables and photos and advance notice of staff or visitors who are different to usual. Think about using sand timers or other ways of signalling length of time until next activity, when help will come around.
- Use calming strategies – music or activities like yoga, or sensory items - as long as they are clearly built into the structure. Think again about tone of voice and language. Remove threat of exclusion from classroom – re-frame.
- Think carefully about use of rewards – failure to meet a goal can result in feelings of shame.
- Use alternatives to 'hands up', to acknowledge all those who are less confident to contribute.
- Use de-escalation and restorative approaches when things go wrong. A fresh start - not just every day but after every incident.
- Train staff in use of emotion coaching to support with building relationships, resilience and self-regulation. Teach children explicitly about emotions and regulation – 'zones of regulation'.

## Areas of need

**Defiance and difficulties accepting direction**

### Interventions and strategies

- Allow processing time for instructions – it may not be defiance but misunderstanding or not hearing.
- Validate emotions behind the actions but be clear about expected behaviour.
- Use proximity praise – noticing someone doing the right thing and catching them being good.
- Give choices that are acceptable to you.
- Use zones of regulation

## Areas of need

**Anxiety, other mental health concerns**

### Interventions and strategies

- Create a safe place in the classroom, or elsewhere, with a key worker or a book corner in the classroom.
- Use of social stories.
- Use alternatives to 'hands up'.
- Be kind and use emotion coaching strategies, such as acknowledging emotions.
- Work with parents, carers and other staff to work out triggers.
- Be careful when using sensitive curriculum content – plan ahead and give choices as to activities.
- Agree signals between adult and child to indicate "I'm not OK" and then agree actions, such as 'time out'.
- Consider use of a worry box.

## Areas of need

**Social skills difficulties – maintaining healthy relationships and/or difficulty interacting and joining in**

### Interventions and strategies

- Circle of friends.
- Consider groupings and activities/roles within groupings carefully.
- Teaching healthy relationships and emotions explicitly.

## 4. Sensory and/or physical needs

### Local support services providing advice, consultation, and training

**Educational Psychology service**

020 8921 4818

**Oxleas Integrated Therapies service**

020 8836 8621

**Movement Opportunities Via Education (MOVE) team**

020 8836 8621

**School Nursing Team**

020 8836 8621

**Centre for Motor and Associated Communication Handicaps (CENMAC)**

020 8921 3311

**Early Years Inclusion Team**

020 8921 3311

**Sensory Team**

020 8921 3311

### Local specialist resources to support

- The Department for Education statutory guidance for supporting pupils at school with medical conditions. (DfE 2014)
- Oxleas: 'Supporting Children and Young People with Health Care Needs in Schools and Community Settings'
- Royal Greenwich Accessibility Guidance for schools and individual school based accessibility plan.



## a. Physical/Medical Needs

### Level and description of difficulty

Pupils who have a defined ongoing physical or medical condition that may be subject to regular medical review/intervention. They could require specialised advice and support from external agencies and may:

- Use specialist aids relating to their disability. For example, orthotics, tool use aids, such as scissors and pencil grips and desk slopes.
- Use specialist equipment to support curriculum access and/or daily living activities, such as specialist seating, toileting equipment, moving and handling equipment, and, etc.
- Require a level of adult assistance to access the curriculum, manage their condition, or move with safety around the environment.
- Require an EHCP in relation to complex medical and learning needs. For example, tracheostomy and feeding devices and other identified health needs, such as, allergies, asthma and toileting programme.

Pupils remain on the roll of their mainstream school, even if they are unable to attend school for lengthy periods. The school must have a named person responsible for dealing with pupils who are unable to attend school because of medical needs.

For absences expected to last less or more than four weeks, arrangements will be made with the parent or carer to collect work for the child to complete at home, whenever the child is well enough to cope with it. The parent or carer will be asked to return it to the school for marking, after which further work will be provided.

### Areas of need

#### Difficulties accessing the physical environment of school

#### Interventions and Strategies

The school will ensure:

The school will ensure:

- Physical access for children with physical disabilities, using Royal Greenwich's Accessibility Strategy. For example, changing areas.
- Make reasonable adjustments to its environment - some building adaptations may be necessary.
- Develop Health Care plans ensuring that children

with medical needs are fully included. For example, allergic reactions to the environment in which the child is working (such as an asthmatic child in a chemistry class where experiments are being undertaken).

- Ensure all staff have had moving and handling training, if needed.
  - Ensure access to information and communication technology (ICT), such as iPad and grips, and laptops.
- Ensure access to specialist equipment, as recommended by the child's therapy team. For example:
  - specialist seating
  - standing frames
  - walkers
  - adapted equipment to access specific aspects, like cutlery, crockery, and scissors.
- Intervention programmes from the child's occupational therapist, physiotherapist or other external support services will inform and/or guide curriculum adaptation, implementation of the IEP and offer direct support to the child.
- Programmes will be in place to develop independence skills. For example, typing, managing own aids and ICT.
- Adjustments to school uniform as required, such as elasticated waists, Velcro fastenings and trainers.
- Provision for storage of large equipment, such as specialist seating.

### Areas of need

#### Severe and complex medical needs

#### Interventions and strategies

The school will make reasonable adjustments, in line with the Equality Act 2010, including:

- Providing support equipment, such as lockable medicine cabinets, first aid bags, and fridges.
- Ensuring medication/care training from specialist colleagues.
- Access to bereavement training and policies.
- Regular home school contact when/if learner is not in school, linking with other home or hospital-based providers of education.

- Ensuring a supported transition back into school after absences.
- Providing places that the young person can access if tired or stressed in school.
- Ensuring access to counselling/mentoring services to support mental health.

## b. Hearing impairment

### Level and description of difficulty

Children with a moderate to severe hearing loss requiring some form of amplification. This may include:

- **Mild permanent hearing loss:** a hearing loss that is permanent and benefits from the support of a hearing aid (HA).
- **Semi-permanent or permanent conductive hearing loss:** a hearing loss that persists for several months or more and is not easily managed via medical and surgical intervention.
- **Moderate or greater sensorineural hearing loss:** bilateral (both ears) not unilateral hearing loss which benefits from hearing aids and possibly an FM system (personal radio aid system).

### Areas of need

#### Adapting the physical/acoustic environment

#### Interventions and strategies

Please also refer to general advice for supporting children with listening difficulties.

- Please also refer to general advice for supporting children with listening difficulties.
- Use advice regarding the use of hearing aids, as suggested by the audiologist, ears nose and throat (ENT) consultant or teacher of deaf (TOD).
- Adapt digital resources and audio-visual aid (AVA) resources so:
  - DVD/television is always subtitled.
  - Transcripts/written notes of radio or CD information are available.
  - Caution is taken when using technology. For example, overhead projector (OHP) with dimmed lights (visual access to lip reading).
- Seat the child 1.5-2 metres from the teacher, facing them in a position where their face is clearly visible. Pupils with unilateral loss should

sit at the side with their good ear facing towards class.

- Seat the pupil away from any source of noise. For example, a window, corridor, fan heater, projector, the centre of the classroom, etc.
- Adapt the acoustic environment where possible with:
  - double glazing
  - carpets on floor, soft tips on chair and table legs, and curtains, cushions, and soft furnishings
  - use sound field FM (loudspeaker system) in key teaching areas, if recommended
  - acoustic wall and ceiling tiles.
- Ensure the light is on the teachers face, not shining from behind (for example, the window), and be aware that the student may use lip-reading and visual clues to support their hearing. Try not to move around the room whilst talking.
- Consider different acoustic environments, such as PE and lunch hall.

### Areas of need

#### Adapting the learning environment

#### Interventions and strategies

- Use specialist advice provided by the sensory service regarding educational modifications.
- Ensure instructions are delivered clearly and at an appropriate volume.
- Check the lesson content has been heard and understood, particularly when delivering new information, instructions or homework and when using unfamiliar vocabulary.
- Repeat or rephrase pertinent comments made by other pupils, ensuring the student accesses those comments.
- All teaching and support staff to provide support through notes, diagrams and adapted visual resources.
- Use visual timetables and use of visual cues. For example, sand timers to support sharing.
- Encourage the child to use clarification strategies, such as asking when they are not sure what to do.

- Be aware of increasing aesthetic and social challenges for older pupils when wearing HA and FM aids. Consider use of focused tutorial and pastoral support.
- Use advice from the sensory service to get special exam arrangements in line with the Qualifications and Curriculum Authority (QCA) and Joint Council for Qualifications (JCQ) guidelines.
- Adults working directly with a child with hearing impairment must have appropriate training. For example, British Sign Language (BSL).
- Ensure all staff supporting the child are BSL trained, if this is the child's means of communication.

### c. Visual impairment

#### Level and description of difficulty

Children with a moderate to severe visual loss. This may include:

- **Mild to moderate permanent visual loss:**
  - that is permanent and benefits from the support of glasses plus low vision aid equipment or electronic equipment, for example, cataract removal
  - for which glasses do not correct their visual condition
  - through accident or damage to one eye that needs to be supported to overcome instant loss of vision
  - where children are 'patched'; in the school setting.
- **Moderate to severe loss of vision with:**
  - visual acuity of 6/18 or above
  - being registered sight as impaired or severely sight impaired
  - a specific visual condition, for example, albinism or a syndrome such as Myasthenia Gravis
  - cortical visual impairment
  - multi-sensory impairment
  - blindness, sudden sight loss or a progressive condition, such as Usher syndrome.

### Areas of need

#### Adapting the physical/visual environment

#### Interventions and strategies

- Use advice given by the advisory service in written reports and in-service training (INSET)
- Provide a variety and choice of paper colour and size of font.
- Provide support for social inclusion which may include approaches such as 'circle of friends'.
- Provide ICT and other equipment as recommended, including:
  - sloping boards
  - rulers and compasses
  - large print books
  - high contrast balls in PE
  - laptops
  - iPads connected to the white board
  - portable and static CCTVs
  - magnification and speech software
  - tactile books
  - touch typing programme.
- Deliver the recommended rehabilitation or mobility skills intervention.
- Consider different environments, particularly the outdoor environment, such as:
  - Using specific high coloured equipment in small group games, like quick cricket.
  - Visual impairment (VI) friendly games and activities to integrate the whole class into. For example, 'Goal Ball', where everyone is blindfolded.
  - Mobility in outside areas to improve independence.

### Areas of need

#### Adapting the learning environment

#### Interventions and strategies

- Use advice written by the advisory service in written reports and INSET.
- Use of low vision aids (LVA) to support the child, including reading apps.
- Use of a braille and braille training (via sensory impairment service).
- Provide talking books and literature and books in braille.
- Use a multi-sensory approach, with an emphasis on tactile and auditory approaches.
- Adapt materials, as recommended by the sensory service, to include font size, paper colour, etc.
- Adapt the environment to ensure maximum independence in mobility around the classroom.
- Ensure support is in place for emotional and social support, including pastoral and counselling systems.
- Opportunities for other school VI contacts to enhance understanding and communication, leading onto improved school activities and shared cross-school activities.
- Ensure exam arrangements are in place in line with QCA guidelines.



Thank you to all the children, parents, carers, schools, Oxleas NHS Trust staff and Royal Greenwich staff who have contributed to this co-produced plan.

[royalgreenwich.gov.uk](http://royalgreenwich.gov.uk)

