



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

**Nanpean Community  
Primary School**  
*Nurturing Children's  
Passion to Succeed*

At Nanpean Community Primary School, our vision is '*Nurturing Children's Passion to Succeed.*' Therefore, our intention is that children leave Nanpean School with a passion to continue learning, and success relevant to their ability, while ensuring that each child has the required skills to do so.

Every child is unique and all children learn in a variety of ways. Children with additional needs must be engaged, challenged appropriately, and enjoy their learning. Our ethos is one of inclusion, so all children must be included with peers, and where relevant, supported to access their learning and make strong progress.

This document has been devised to state adaptations we make, when relevant, for children with SEND, linked to possible areas of need. When planning, these are considered along with any potential barriers to learning so that all children can make accelerated progress. We recognise that in most activities, children with SEND will be able to take part in the same way as their peers. However, in other activities, modifications or adaptations may need to be made. For this reason, there are some activities whereby learners with SEND will work towards the same or similar objectives as their peers, with a similar but modified activity. There are also times where children with SEND work on different activities, with the aim of meeting their specific needs, such as those stated in their Education Health Care Plan (EHCP). There is no specific teaching strategy that will meet the needs of all learners with SEND. We ensure that there is sufficient support and scaffolding in place to support SEND children, where required.

At all times, we are aware that all children, whatever their need, are different to other children with the same need. We therefore advocate the use of external agencies when required, especially through SEND services from the local authority, as these experts are able to provide specific support for children and have a vast array of experiences.

The table below states broad and specific areas of need that are covered in this document.

<b><u>Broad Area of Need</u></b>	<b><u>Specific Area of Need</u></b>
Communication and Interaction	<ul style="list-style-type: none"> <li>• Speech, Language and Communication Needs (SLCN)</li> <li>• Autism Spectrum Conditions including Asperger's Syndrome (ASC)</li> </ul>
Cognition and Learning (C&L)	<ul style="list-style-type: none"> <li>• Moderate Learning Difficulties (MLD); Severe Learning Difficulties (SLD); Profound and Multiple Learning Difficulties (PMLD)</li> <li>• Dyslexia</li> <li>• Dyspraxia (Developmental Coordination Disorder, DCD)</li> <li>• Dyscalculia</li> </ul>
Social, Emotional and Mental Health (SEMH)	<ul style="list-style-type: none"> <li>• Trauma</li> <li>• ADHD</li> </ul>

	<ul style="list-style-type: none"> <li>• Anxiety</li> <li>• Tourette's Syndrome</li> </ul>
Sensory / Physical Needs	<ul style="list-style-type: none"> <li>• Hearing Impairment (HI)</li> <li>• Visual Impairment (VI)</li> <li>• Multi-Sensory Impairment</li> <li>• Physical Disability</li> <li>• Toileting / Self Care Needs</li> </ul>

The table below (on multiple pages) states possible support strategies for each specific area of need noted in the table above.

### **Speech, Language and Communication Needs (SLCN)**

- All staff are aware of children's current level of language, and speak to children using developmental appropriate language to ensure their understanding, simplifying sentences using clear, unambiguous language
- All staff are aware of specific communication difficulties which could be linked to processing
- Do not rush or interrupt children, and allow them (child) to finish their own speech
- Use a non-verbal assessment to make accurate judgements about a child's decoding skills
- Slow down speech (adults) to allow for processing
- Use signs, symbols and visuals to support communication
- Use repetition, especially with vocabulary and pre-teach this where possible
- Use non-verbal cues to support communication, such as gestures and body language
- Support children's language development by repeating back to them and modelling
- Provide opportunities for children to speak in smaller groups, where they are more confident and comfortable
- Always be positive with a child's speech, listening carefully and praising their effort
- Where possible, provide a low noise level environment so children can focus on communication and language
- Reduce the number of questions asked and give time to answer (about 10 seconds), considering question type (open / closed) asked of specific children. Always avoid putting the child 'on the spot' as they may not be comfortable to answer
- Give clear instructions and regularly 'check in' with children in relation to their understanding
- Reduce Cognitive Load where possible, giving children less to think about and keeping unnecessary information to a minimum
- Use peers or videos to demonstrate activities visually (such as in PE, Art, DT, Music)

### **Autistic Spectrum Conditions**

- All staff to understand that it may take time for children to build trusting relationships
- Avoid changing things in the classroom, such as seating position, without discussing with the child
- Use signs, symbols and visuals to support the child in knowing the structure of their day (timetable), incorporating the child's interests where possible. Be aware that changes to the structure of a day may cause anxiety so pre warn them of changes when this is possible
- Allow for planned and unplanned sensory break in an appropriate space (and allow use of fiddle toys if this helps the child)
- Allow a child to have a designated 'safe space' inside and outside of the classroom
- Understand that the child is likely to experience sensory processing difficulties and may be over responsive or under responsive to sensory stimuli: reducing light and noise can support with this

- Reduce the number of questions asked and give time to answer (about 10 seconds), considering question type (open / closed) asked of specific children. Always avoid putting the child 'on the spot' as they may not be comfortable to answer
- Reduce Cognitive Load where possible, giving children less to think about and keeping unnecessary information to a minimum
- Allow use of a scribe or relevant technology where possible to reduce amount of writing required
- Understand that the child may find it difficult to work with peers and will need support doing so
- Make sure the child is aware of expectations of a task, including how long they should spend on a task, giving clear timings and countdowns
- Finally, be aware that children with ASC will use more energy than most other children just to 'cope with the day'. This could lead to increased tiredness

***Subject Specific ideas defined by Subject Leaders:***

- Reading – Children are allowed to read on their own if it is too challenging for them to read with a partner, and guidance and scaffolding is used to enable learners to access inference questions
- Maths – Learners with ASC may need adaptation with word problems, in relation to the organisation and order of steps, holding necessary information, and moving from one piece of information to another
- Science – Ensure that learners with sensory issues are considered in relation to sounds, smells, textures, etc... when conducting experiments and investigations
- Art – use Art tools made of specific materials to support sensory processing
- Music – provide ear defenders for children who may be sensitive to noise from singing or instruments

**Moderation, Severe or Profound and Multiple Learning Difficulties (MLD, SLD, PMLD)**

- Understand that the child may struggle with visual and auditory memory, they may find personal organisation difficult, and that if the child is off task, it is likely to be because they do not understand what is required
- Be aware that the child may appear immature in relation to age related peers, and therefore that the child may appear 'needy' as a result of this
- Repeat information in different ways to support their understanding
- Reduce the number of questions asked and give time to answer (about 10 seconds), considering question type (open / closed) asked of specific children. Always avoid putting the child 'on the spot' as they may not be comfortable to answer
- Give clear instructions with linked visuals and regularly 'check in' with children in relation to their understanding
- Use signs, symbols and visuals to support the child in completing tasks
- Provide key vocabulary with pictures / symbols and pre-teach this where possible
- Provide scaffolding, such as writing frames, to support learning and completion of activities
- Make visual representations to use as a starting point for new learning and to recap previous learning
- Break learning into smaller 'chunks' to allow time for processing and embedding of key information
- Promote alternative ways to record ideas, such as through diagrams with labels, or using technology
- Recap previous learning to develop working memory
- Give specific praise to ensure the child is proud of their achievements and remains on task

### **Dyslexia (difficulties with language)**

- Check reading confidence and any barriers in the first instance, so staff know the child's current reading level and any difficulties, including their confidence to read aloud to a group
- Consider pastel shades of paper and matt paper to avoid 'glare'
- Avoid black text on a white background or light text on a dark background, providing a ruler, finger to support following of text, or coloured overlays when necessary: all staff should be aware of any such strategies put in place to support
- Many dyslexic learners prefer larger font sizes (above 12), lower case letters (as opposed to capital letters) and fonts which are clear and rounded, such as 'Arial', 'Tahoma' or 'Verdana'
- Try to 'block' writing into smaller blocks (such as smaller paragraphs) and use 1.5 or double line spacing, breaking large amounts of text with visuals
- Understand that visuals with text on top can be confusing
- Use text boxes, bold text, tables or borders so key text looks visually different and 'stands out'
- Colour code text can help (for example questions in one colour, information in a different colour)
- Ensure any written instructions are short and simple to read
- Leave a large space for pupil's response, if this is required
- Promote alternative ways to record ideas, such as through diagrams with labels, or using technology
- Provide key vocabulary with pictures / symbols and pre-teach this where possible
- Read through questions and check understanding with the child, revisiting to 'check in' regularly

### **Dyspraxia (Developmental Coordination Disorder, DCD)**

- Understand that the child may need a larger work space, and specific resources, such as rulers with handles, to support them in completing activities
- All staff to be aware that the child may feel stress at different times / activities and that performance over a lesson or school day may deteriorate due to tiredness
- Promote alternative ways to record ideas, such as through diagrams with labels, or using technology, building in opportunities to type written work, when appropriate
- Adapt equipment and expectations, especially when motor skills are required, and regularly demonstrate how to use equipment
- Provide checklists or instructions in different colours to break down expectations and support organisation
- Provide key vocabulary with pictures / symbols and pre-teach this where possible
- Give clear instructions with linked visuals and regularly 'check in' with children in relation to their understanding
- Use signs, symbols and visuals to support the child in completing tasks
- Avoid changing things in the classroom, such as seating position, without discussing with the child
- Allow for planned and unplanned sensory break in an appropriate space (and allow use of fiddle toys if this helps the child)
- Child may feel more comfortable standing up to complete some activities or work so allow this
- Allow child extra time to prepare themselves for lessons, get ready for going home, etc...
- Child may require cues from peers, so don't ask them to 'go first', and possibly pair the child with a supportive peer

### ***Subject Specific ideas defined by Subject Leaders:***

Art, DT and Geography – Provide concrete resources to help with line drawing and drawing to scale

### **Dyscalculia**

- All staff to be aware and understand that the child may find it difficult to 'keep up with' age related peers in activities and may need regular repetition of activities in order to internalise and remember (especially important for number facts, for example). Staff to be aware that children may use avoidance strategies if anxious, and may not be aware of errors made to basic letter and number formation
- Use kinaesthetic and visual teaching strategies, and consider personalised work, including verbal and written instructions, as well as modelled visual examples
- Use concrete manipulatives (such as denes, counters, cubes, numicon) and visual reference aids (such as 100 squares or printed vocabulary with linked visual images)
- Avoid time related pressures where possible, including specific access arrangements in tests
- Consider colour coding to support learning, with different elements in different colours
- Promote alternative ways to record ideas and communicate answers, such as through diagrams with labels, or using technology
- Provide additional time to practise key skills which will support them when considering cognitive load
- Provide modelled examples to scaffold and support with ideas

### ***Subject Specific ideas defined by Subject Leaders:***

Art – Provide concrete resources to help with line drawing and drawing to scale

DT – Provide electronic measuring tools (scales) as cooking aids

### **Trauma**

- Ensure all staff understand that behaviours are a form of communication and are often in the context of past experiences
- Provide a non-confrontational trauma informed approach which should be discreet, understanding and reassuring
- Provide a clearly structured environment with clear expectations and an awareness that times outside of classroom and usual routine may be more difficult for the child to manage
- Have consistent expectations and behaviour plans that are based on positive rewards but ensuring sanctions are also clear
- Support and coach the child in ways to calm and de-escalate themselves
- If appropriate to a child, consider slowing speech to ensure understanding and appear non threatening: talk slower, with a lower pitch, and don't use complex sentences or lots of gestures
- Model positive self-talk to encourage increase in self-esteem, and use the 10:1 rule when interacting with the child of positive:negative statements
- Ensure the child knows that making a mistake is acceptable (in most circumstances), as long as we learn from it
- Staff try to empathise and understand the child's feelings as they are escalating, talking this back to the child if appropriate
- If not a health and safety risk, adults can ignore some negative behaviour as this can help the child to de-escalate themselves instead of hearing multiple negative statements
- Utilise opportunities for humour and laughter as this reduces traumatic responses in the brain
- Ensure the child has a 'breakout space' for 'time out' (where they feel safe and secure) if required when the child is feeling overwhelmed or emotionally dysregulated, and that there are activities available in this area which allow for self-regulation / self-soothing
- Allow for collaborative problem solving
- Allow for planned and unplanned sensory break in an appropriate space (and allow use of fiddle toys if this helps the child)

- Ensure that activities planned in any lesson do not negatively impact the child through reminding them of previous traumas, content to be chosen carefully

***Subject Specific ideas defined by Subject Leaders:***

Geography – Staff awareness that fieldwork or experiential Geography may involve discussions that trigger memories of Trauma

PSHE – Staff awareness that some PSHE units / lessons could trigger memories of Trauma

**Attention Deficit Hyperactivity Disorder (ADHD)**

- All staff employ a non-confrontational approach, value and listen to the child to help reduce heightened arousal which should lead to positive behaviour and a sense of control for the child
- Staff are aware that children may have a very hands on (kinaesthetic) learning style so ensure a range of practical tasks to support learning
- Consider classroom layout and seating arrangements: the child's space in the class room could be at the end of a row (for example) purely to minimise any possible distractions
- Have consistent expectations and behaviour plans that are based on positive rewards (regularly rewarding these) but ensuring sanctions are also clear
- Use visual timetables and a timer to engage and provide a clear focus for attention for a set period of time, followed by a planned break
- Ensure any verbal instructions are clear and concise and written instructions are short and simple to read
- Encourage the child to take notes as 'aide memoires', this could be in the form of pictures and symbols
- If a child is off task, visual cues can be supportive
- Using headphones to listen to Music while completing work can support children when completing tasks and activities
- Allow for planned and unplanned sensory breaks in an appropriate space (and allow use of fiddle toys if this helps the child)
- Consider giving the child 'active' jobs to do, as this can help release energy
- Be aware of possible impulsive actions: continually raise awareness of potential dangers for health and safety purposes
- Group work can be challenging, so allow opportunities for children to work alone or with a positive role model (paired / partner work)

**Anxiety (including OCD)**

- All staff to understand that it may take time for children to build trusting relationships and that they may find it hard to build trusting relationships with some adults for no obvious reason, but staff must not take this personally
- All staff to be aware of the child and how they may present in a heightened state of anxiety: they may be quieter than usual, withdrawn, or avoiding eye contact. However, there may also be no obvious signs
- Staff to be aware that children who are anxious may enter fight or flight mode, and that their anxiety could manifest in aggressive behaviours
- Staff to be aware that children may find changes to usual routine difficult
- Consider classroom layout and seating arrangements: the child may have a particular area that they feel more comfortable in. Also, they may not feel comfortable in places with crowds such as a large dinner hall and eating in front of many other children
- Consider implementing a 'help' card (could be defined by a specific colour and not the actual word) and that all staff are aware this is the child requiring support



- Reduce the number of questions asked and give time to answer (about 10 seconds), considering question type (open / closed) asked of specific children. Always avoid putting the child 'on the spot' as they may not be comfortable to answer
- Emotion cards (for example) could be used frequently to 'check in' with a child

***Subject Specific ideas defined by Subject Leaders:***

- Physical Education (PE) – consider changing arrangements as some children may feel uncomfortable changing for PE (this is one reason why Nanpean School now states that PE Kit can be worn on Class PE Days)

**Tourette's Syndrome**

- All staff to be aware that common Tourette's tics are different for each child, and could be a **vocal tic**, such as coughing, grunting, clearing throat, shrieking, whistling, mimicking animal sounds or echolalia (repeating what others say); or could be a **motor tic**, such as eye blinking, echopraxia (imitating actions of others) or self-injuring behaviour, for example pulling out eyebrows / lashes, etc...
- All staff are aware that tics can be increased by factors such as anxiety or stress, or excitement
- Staff to ignore tics where possible (and safety of the child or others isn't harmed) as this can avoid drawing unnecessary attention to the child
- Tics are involuntary, so staff should not ask a child to stop doing them. This could also lead to increased stress and thus an increase in quantity of tics
- Child may have a poor attention span or be easily distracted, fidgety or impulsive
- Use signs, symbols and visuals to support the child in knowing the structure of their day (timetable), incorporating the child's interests where possible. Be aware that changes to the structure of a day may cause anxiety so pre warn them of changes when this is possible
- Understand that the child is likely to experience sensory processing difficulties and may be over responsive or under responsive to sensory stimuli, such as noise, clothing or textures

***Subject Specific ideas defined by Subject Leaders:***

- Relevant to Reading in all subjects, especially English – motor tics of a child's head or neck may interfere with Reading or Writing (especially for prolonged periods) and motor or verbal tics may make the child reluctant to read aloud
- Music – provide ear defenders for children who may be sensitive to noise from singing or instruments

**Hearing Impairment (HI) or Multi-Sensory Impairment**

- Consider classroom layout and seating arrangements, discussing these with the child, their family and any external professionals involved (it is advisable for most children with a HI to sit near the front of the classroom and so that the ear where hearing is clearer facing the adults)
- If a hearing aid or other auditory equipment is worn or used, staff to check this discretely and ensure any background noise is minimal
- Staff to be aware that hearing loss early in life may result in additional literacy based issues and plan for this accordingly
- Staff to be aware that children with a HI often rely on lip reading. They should ask the child to directly face the staff member and continually check the child's understanding, knowing that things such as face masks, beards and microphones (for example) can hinder a child's ability to lip read
- Any videos / films used should have captions / subtitles
- Staff provide written resources to supplement lesson material
- Consider using technology with built-in assistive technology

- During lessons, ensure only one person speaks at a time and the person speaking is clear to the child with a HI

***Subject Specific ideas defined by Subject Leaders:***

- Music – Do not work in a room with an echo, and, where possible, try to establish a beat and give instructions before any Music is played (i.e. not talking while the Music is playing). Children with a HI are likely to find Music sessions easier in smaller groups and may not be comfortable with the sounds from all instruments
- PE – Safety of cochlea implants (or other HI equipment) should be considered at all times. When playing games and considering rules of the games, adults to use visuals (such as flags or coloured cones) alongside their whistle
- PSHE – Ensure that any disabilities, including deafness, are included in the Programme of Study

**Visual Impairment (VI) or Multi-Sensory Impairment**

- Consider classroom layout and seating arrangements, discussing these with the child, their family and any external professionals involved. VI children can be sensitive to light and glare, so consider using blinds or seating them with their back to a window, while also ensuring the classroom is clearly organised and uncluttered for their ease and safety
- Staff to be aware that VI children may need to wear a hat, visor or sunglasses, even indoors, or a lamp (if required, this should usually placed behind their shoulder of their non-writing hand) and that light can cause strain to the eyes and headaches
- Staff to be aware that some VI children have central vision field loss, and therefore a central blind spot. This will mean they may have to read not looking directly at something and not be able to make eye contact
- Consider visuals being given to the child, generally these should be high contrast (black and white give the best contrast as long as the child doesn't have dyslexia; dark colours shouldn't be used together and neither should white, cream and grey). For most VI children, colours such as red and green are difficult to see on a whiteboard
- If specific glasses are worn or used, staff to check this discretely
- For the majority of VI children, magnified work is required (enlarged printouts, large font, pictures, etc...)
- Thicker nibbed pencils / pens should be used to help the child read their own work
- VI team will advise on many things, including suggesting appropriate font and font size, and distance child needs to be from visuals
- Allow breaks from work so that the child can be visually focused for shorted periods and to prevent fatigue: if tasks are visually challenging, plan in more time for this

***Subject Specific ideas defined by Subject Leaders:***

- English – Access to books written in braille or 'screen reading' technology to support learning
- Maths – A range of manipulatives and concrete apparatus should be used to support learning, and braille rulers, enlarged protractors and talking calculators can be purchased to support learning
- Science – An individual risk assessment may be required for practical investigations, and a range of resources can support learning in Science, such as talking thermometers
- Art and DT - An individual risk assessment may be required for practical work, with resources to support learning being introduced slowly and use of a 1:1 adult for support
- Computing – Ensure the child is taught how to adjust the screen resolution (brightness, contrast) and how to zoom in and out



- History and Geography – Include as many multi-sensory and real-life experiences as possible to enable VI children to gain an understanding of the world, such as opportunities to touch and explore artefacts
- Music – Braille Music can be purchased to support learning of an instrument, allow children to touch instruments to become used to them and offer shorter beaters when playing percussion instruments. If playing in short groups encourage children to sit closer together so the child can clearly hear sounds of an instrument
- Physical Education (PE) – Specific equipment can be purchased, such as ‘beep balls’, as can luminous tape or cones to mark boundaries. Individual Risk Assessments may be required and ensure the child is familiarised with the environment prior to sessions
- Languages (MFL) – Use real objects that can be touched when introducing new vocabulary
- PSHE - Ensure that any disabilities, including vision loss, are included in the Programme of Study

### **Physical Disability**

- Physical Disability is defined as ‘a limitation on a person’s physical functioning, mobility, dexterity or stamina’ that has a substantial and long term negative impact on the person’s ability to do normal daily activities. Every child with a physical disability is unique, and even those with a similar disability may have very different needs
- Staff will need to consider access to physical environments, the safe use of premises, facilities and equipment, taking part in activities (especially practical tasks), the child’s recording of tasks and activities and especially their access to physical activities, their wellbeing, self-care needs and how they manage fatigue and pain, and how the child communicates with others and interacts socially

### **Toileting / Self-Care Needs**

- All Staff to be aware of any toileting issues and other self-care issues, including inflammatory bowel disease (IBD), ulcerative colitis and Crohn’s disease and agree a plan (with child and parents) in relation to a non-intrusive system for leaving the classroom when required
- Consider classroom layout and seating arrangements, discussing these with the child, their family and any external professionals involved. It may make sense for children with toileting needs to be placed close to the classroom door so they can leave the classroom discretely. Children with toileting needs may need rest breaks more frequently than other children
- Staff to be aware that toileting needs may impact on the child arriving late for lessons or start of the school day: respect the need for privacy and that the child / parents may not want to disclose all information all of the time and certainly are unlikely to want other children to hear this
- Carefully plan school trips (for example) in advance and liaise with the child and their parents in relation to all aspects of this, including travelling (journey) to and from the activity

### ***Subject Specific ideas defined by Subject Leaders:***

- Physical Education (PE) – The child may ‘push themselves’ so they can join in with their peers, but bending and stretching may make pain worse, and strenuous exercise can trigger joint pain or an urgent need to go to the toilet, as well as increased fatigue
- Art and DT – Encourage children to use the toilet before putting on any additional clothing (such as Aprons) as the child may be anxious about going to the toilet with additional clothing