West Sussex Ordinarily Available Inclusive Practice

A co-produced guide for all mainstream staff working in education settings

west sussex county council

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Introduction

The additional needs of most children and young people can be met by inclusive quality first teaching and reasonable adjustments from the funding and resources that are already or 'ordinarily' available in their mainstream school or setting. This is known as 'Ordinarily Available Provision'.

The SEND Code of Practice, 2015 links high quality teaching with ordinarily available provision: "…higher quality teaching ordinarily available to the whole class is likely to mean that fewer pupils will require such support." (Para. 6.15).

This guide highlights a range of support and expectations that settings can ordinarily provide for a child or young person, without the need for additional support from an Education Health and Care Plan. i.e. children at 'SEND support' or with no identified SEND. In co-production with stakeholders, we agreed to call this document the West Sussex Ordinarily Available Inclusive Practice guide (OAIP) to reflect our commitment to and focus on inclusive practice.

We acknowledge that adapting practice to meet the needs of all children and young people does bring its challenges. This accessible resource will be used to prompt discussion and facilitate planning to create more inclusive learning environments and experiences.

For ease of use, this document is split into two main sections.

Section 1:

Reasonable adjustments that can be made through quality first teaching and universal provision for all children and young people.

Section 2:

More tailored approaches for an individual child or young person at SEND support, which settings could ordinarily make to meet their needs. These approaches have been organised under the four areas of need as defined in the 2015 SEND Code of Practice.

Terminology

For clarity and consistency, we have used the following terms throughout this guide:

'**Children and young people'** to describe all students, pupils, and learners across the 0–25-year age range, including those with SEND, additional needs, from groups with protected characteristics, those from disadvantaged families and those with different ethnic and linguistic backgrounds.

'**SEND**' is used for Special Educational Needs and Disabilities. It is important to acknowledge that guidance may use variations in terminology, for example, SEN.

'**Parent carers**' to describe all those who have a caring responsibility for a child or young person including foster carers and those with informal care arrangements.

'**Staff**' for all adults who support the child or young person at the setting. This includes early years practitioners, teachers, teaching assistants, learning mentors and other support staff.

'**Setting**' as a generic term which includes mainstream, special, free schools, and academies as well as Early Years and Post-16 education settings.

'**SENCO**' is used for SENDCOs (Special Educational Needs and Disabilities Co-ordinator), SENCo (Special Educational Needs Co-ordinator), Inclusion Co-ordinators / Managers or equivalent and reflects the language used in the SEND Code of Practice, 2015.

'**Outcomes**' When we talk about positive outcomes, we are referring to a holistic view of a child or young person's development. This would include physical, emotional, social, and educational aspects, and the development of independence skills.

'**Protected characteristics**' The 2010 Equality Act protects pupils from discrimination and harassment based on protected characteristics. The duty provides a framework to help schools tackle persistent and long-standing issues of disadvantage, such as underachievement of boys from certain ethnic groups, gender stereotyping in subject choice and bullying of disabled young people. The protected characteristics are:

> disability
> gender reassignment
> pregnancy and maternity
> race
> religion or belief
> sex
> sexual orientation

Please find a separate glossary of technical terminology at the end of this guide

Development of the OAIP guide

The Ordinarily Available Inclusive Practice (OAIP) guide was first written in 2019 with West Sussex schools, academies, early years settings, post-16 education providers, governors and trustees, parent carers, local authority officers and other specialists as part of the West Sussex SEND and Inclusion Strategy 2019 – 2024. The guide was revised in full in 2024 in a co-productive way to reflect the most up to date terminology, advice, and evidence-based research available.

As part of the development process, the following principles/statements were used to guide thinking:

The guide should be written for and used by all mainstream staff to provide helpful and accessible prompts and strategies for inclusive classroom practice and quality first teaching.

Every child and young person can learn, achieve challenging objectives, and make progress when the right support is in place.

All staff have a responsibility to identify and address the individual needs of their children and young people. Responding to the needs of children and young people is key to promoting their wellbeing and independence, enabling each of them to fulfil their potential.

For further information about this document please email
ToolsforSchools@westsussex.gov.uk

Section 1:
Quality First Teaching and Universal Provision

Quality first teaching expectations and the foundations of universal provision outlined in this section will benefit all children and young people. Inclusive practice is essential to enable equity for those with SEND or from disadvantaged groups.

Section One includes the following areas:

Section 1A:

Quality First Teaching and Universal Provision: ages 0-5

1. Leadership and management
2. Curriculum, teaching and learning
3. Assessment and individual planning
4. Partnership and co-production with children and parent carers
5. Supporting children's social and emotional development
6. The physical and sensory environment
7. Equipment and resources
8. Staff skills, training, and use of expertise
9. Transition

Section 1B:

Quality First Teaching: ages 5-25

1. Leadership and management
2. Curriculum, teaching and learning
3. Assessment and individual planning
4. Equipment and resources

Section 1C:

Foundations of Universal Provision: ages 5-25

1. Partnership and co-production with children, young people, and their parent carers
2. Supporting social and emotional development and pastoral care
3. Transition and transfer
4. Staff skills, training, and use of expertise
5. The physical and sensory environment

It is important that you know your duty and role in meeting the needs of all children and young people. Please refer to statutory legislation from The SEND Code of Practice 2015 for further information.

Section 1A: Quality First Teaching and Universal Provision Ages 0-5

1. Leadership and management

Expectation 1: provision for children with SEND, those with additional needs and disadvantaged groups is well-led and managed.

> The leadership team ensure that all staff are supported through effective professional development, advice, and guidance to understand their role in supporting children with SEND, additional needs, and those from disadvantaged groups.

> The setting's own Local Offer (SEND Information Report) is available for parents to view, detailing how they plan to meet the needs of children with SEND or additional needs. This should be available as a hard copy and accessible electronically on their website.

> The leadership team know and understand about the different types of vulnerabilities in the setting. In early years settings, the Children's Learning and Wellbeing Audit (CLaWBA) is used to identify children who may be disadvantaged and the support that they may need.

> The early years setting has a shared comprehensive SEND and inclusion training programme that enables all staff to understand their statutory responsibilities regarding SEND legislation and the Equality Act 2010.

> Staff are confident that the senior leadership team, and support staff, are knowledgeable about inclusion of all children, and that this is reflected in the setting's vision, values, and practice. The senior leadership team takes a supportive, pro-active stance towards inclusion on a day-to-day basis and actively problem solves to overcome barriers to enable all children to achieve their potential.

> The leaders of the setting, as well as the SENCO act as champions for inclusion of all children. Effective mechanisms are in place to keep the leadership team up to date and well-informed about the impact of provision that has been put in place for those with SEND, additional needs and from other disadvantaged groups. Staff are aware that the leadership team of the setting have a role in ensuring that legislation is appropriately adhered to and hold leaders to account for provision and outcomes for children with additional needs. All staff are aware of the discussions which are accurately documented in leadership meeting minutes.

> The Early Years Childcare Adviser (EYCA) SEND and Inclusion acts as the area SENCO.

> For reception classes, the school's SEND Information Report is published on the school website and updated annually. All staff understand its content, the role they have played in the development of the SEND Information Report and are involved in its annual review.

> The school/setting has a nominated SENCO, who is either part of the school's leadership team or liaises regularly with it. The SENCO supports all staff to develop their inclusive practice, for example, by supporting staff to assess, identify and meet

needs as part of the assess, plan, do, review cycle (graduated approach).

> All staff understand that the leadership team has a responsibility to monitor attendance, progress, and exclusions for all children to ensure equality of access to education, including those with SEND, additional needs and from other disadvantaged groups. Staff contribute to this process by providing accurate information in a timely manner. Staff make the best use of positive parent relationships and knowledge of children's cultural background to support families with attendance.

> Budgets are planned to enable support to any child with additional needs as part of universal inclusive practice.

Expectation 2: Leaders are ambitious for children with additional needs and this ambition is shared by staff.

> Staff know that they work in an inclusive setting, where diversity is valued and welcomed, and can provide examples of how they establish and maintain an inclusive environment within day-to-day practice.

> Leaders ensure that the curriculum is well planned to give all children the knowledge and skills they need to be independent, achieve their goals and contribute to their community.

> Staff plan the curriculum to meet the needs of the children within their setting, considering what their intent is, how they will implement their plans and review the impact for individual children

> The curriculum design and implementation consistently reflect leaders' high aspirations for all children, including those with SEND, additional needs and from disadvantaged groups.

> The school/setting regularly reviews its provision and the experiences offered to ensure that no child is disadvantaged by not being able to access the full range of experiences because of SEND, additional needs or disadvantage, including the parent's ability to pay for additional activities, lack of digital access or literacy.

> Staff provide support to children accessing wraparound childcare to facilitate their inclusion.

> Staff plan extra-curricular activities to enable all children, including those with SEND and from disadvantaged groups to have equal access and to benefit from these experiences.

> Staff provide information in a timely manner to enable leaders to evaluate the provision and participation in extra-curricular activities for all children.

2. Curriculum, teaching and learning

> All children have equal opportunities to experience the full curriculum.

> Children are supported to understand their barriers to learning and to value their achievements.

> Where appropriate, children understand and can contribute to the next steps they are working to towards.

> The curriculum is successfully adapted, designed, and developed to be ambitious and meet the needs of children with SEND, additional needs and from disadvantaged groups. Children's skills, knowledge and abilities are developed so that children can apply what they know and can do so with increasing confidence and independence.

> Reading and communication are at the heart of the curriculum. Staff understand the paramount importance of these skills for future learning and independence. In early years settings communication and language, including talk, stories, rhyme, and songs, is the basis of the curriculum.

> Planning and schemes of work highlight approaches and appropriate resources to support children's engagement and learning.

> Staff are aware of children in their setting with SEND, with additional needs or who are from disadvantaged groups and understand the nature and impact of these and how to respond to them. They adapt to meet cultural differences so that learning is accessible.

> Planning incorporates more detailed specialist advice, when appropriate.

> Staff adapt learning approaches to provide suitable learning challenges and cater for different learning needs.

> Planning is individualised with some small group activities planned where appropriate.

> Every practitioner is a teacher of SEND.

> Children have opportunities to work in different ways for example, independently, in a variety of small groups and/or in pairs.

> Staff provide regular opportunities for collaborative learning and peer support.

> Group times and groupings of children take account of individual needs. They routinely provide opportunities for access to role models, mixed-ability groups, structured opportunities for conversation/ sharing of ideas and access to additional adults where they are available.

> Staff are skilled in adjusting the pace and order of activities to maintain interest and attention.

> Planning carefully considers the needs of all children. Staff assess children's understanding, strengths, and interests, identify any gaps in knowledge and skills, and adapt teaching accordingly.

> Children are given time to process information before being invited to respond in a communication style that is accessible to them.

> Staff use appropriate methods of communication and ensure that children have understood what is being communicated with them.

> Strategies are used to actively promote independent learning. It is recognised that repetition can be important to support children's learning and development.

> Adults scaffold learning, carefully observe and take the lead from children to identify where repetition is appropriate and where they need to be supported to move on in their learning.

> Learning experiences are made accessible and are engaging. Experiences can be broken down into small, manageable, and logical steps. These steps are demonstrated explicitly. In early years, staff plan open ended activities based on their observations of children's interests and skills and next steps.

> The pace and order of experiences and activities is stimulating to maintain interest and attention of all children and young people, including those who are above expectations for their chronological age.

> Learning is carefully adapted, considering individual children's previously acquired knowledge, skills, and experiences.

> Flexible and personalised approaches to learning are used effectively.

> Preparation for adulthood is built into the curriculum from the earliest opportunity. Over time, children develop the skills, knowledge and experience they need to be independent and ready for their adult life.

> Learning is carefully planned and sequenced (broken down and visually supported) so that new knowledge and skills build on what has been taught and experienced, using the child's interests as a starting point.

> Staff effectively interact with children and young people to scaffold learning and provide positive feedback.

> Multi-sensory teaching approaches are used. Children have lots of opportunity to move as they engage in play and learning activities.

> Modelling is used to aid understanding, for example the use of appropriate language and movement.

> Visual/audio demonstrations, strategies and visual/audio cues and commentary are used when appropriate.

> Key vocabulary is identified with visuals and pre-taught if appropriate.

> Alternatives to written records methods are used routinely, so that children can effectively demonstrate their abilities.

> Metacognition is developed through provision. Staff actively support the development of metacognitive skills and understand the benefit of this to attainment.

> Opportunities for age-appropriate home learning are facilitated.

> For children whose first language is not English, their language and development is understood and supported appropriately by using their first language where possible. Staff understand how the child's home language is developing. If there is delay in language development in the child's home language(s), staff share strategies with the family and refer to speech and language services if appropriate

> Staff know that having English as an additional language is not a special educational need, but it can make it harder to identify whether a delay is linked to SEND or to speaking EAL. Having appropriate support and assessment in place for children with EAL is important. or to speaking EAL. Having appropriate support and assessment in place for children with EAL is important.

3. Assessment and individual planning

> Formative assessment and feedback are features of daily practice.

> A regular cycle of Assess, Plan, Do, Review is used to ensure that all children are achieving the best outcomes.

> Appropriate tools which capture the 'views of the child' are used to ensure that effective support is put into place. For example, person centred planning or a one-page profile.

> All children and young people have identified next steps for learning.

> Staff evaluate the child or young person's engagement in the experiences, the learning environment and progress made. They use this information skilfully to plan the child's next steps in learning and make adaptations as required.

> Staff use 'steps-to success' or similar, to promote independence, scaffold, and support children to progress.

> Strategies are carefully selected for a specific purpose, linked to assessed needs, and working towards agreed next steps.

> Staff are aware of children's starting points and next steps so that progress towards outcomes can be measured.

> Children's strengths and interests in learning and behaviours are observed and monitored in different settings and contexts for a short period of time to inform planning. Observations, assessment, and planning are built on a shared understanding of the child's strengths, interests, and next steps at home and in the early years provision.

> If a child accesses more than one early years setting, these settings share information and planning to support a more consistent experience for the child.

> Staff review cohort assessment data to identify any gaps in provision, for example differences in attainment by characteristics (gender, ethnicity, area of disadvantage) or area of learning.

> If any gaps are identified, staff modify the environment, curriculum, or teaching strategies to improve outcomes in this area. Staff review the impact of these changes on outcomes for children.

> Experiences consider prior learning and interests and are based on assessment for learning.

> Observational assessment is used to ensure a thorough understanding of children and their starting points.

> Children have regular appropriate opportunities to reflect upon their own achievements and learning.

> Children's records (learning journals/ electronic systems) demonstrate the next steps in their learning journey.

> The impact of interventions is critically evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for children.

4. Partnership and co-production with children and parent carers

> The setting works in co-production with parents and children in decision making.

> Expectations from both the setting and parent carers are realistic and support children's learning, development, and outcomes.

> The SEND information report is co-produced with parents. Parents are signposted to the West Sussex Local Offer, the SEND Information Report (for reception classes) and other relevant documents, for example the West Sussex Inclusion Framework.

> Parent carers can access a range of communication channels available for sharing information about their child and are actively encouraged and supported to contribute.

> Parent carers are aware of their child's individual needs and the support and individually tailored interventions in place.

> Parent carers are involved in setting and reviewing next steps for their child. Parent carers' expertise about their child is valued and used to inform appropriate support.

> The setting sensitively discusses with parent carers how strategies can be considered and adapted at home. Equally, the setting recognises, uses, and adapts the strategies that are effective at home.

> The setting sensitively considers how communications about the child's day are shared with parent carers, for example conversations are not held in collection areas or in public. Communication is planned to consider the child's feelings and family privacy.

> Parent carers are provided with information about local and national support groups, for example the Local Offer, West Sussex SEND Information and Support Service (SENDIAS), West Sussex Parent Carer Forum (WSPCF) and other local and national helplines. Information is in an accessible format for families with poor literacy or no digital access.

> The setting links with other agencies and signposts families to other support where appropriate. For example, Children and Family Centre groups including Play and Learn Plus

> Information is provided to parent carers about other support available, for example the Disability Living Allowance (DLA), 2-year Free Entitlement (FE), Early Years Pupil Premium (EYPP) and Disability Access Fund (DAF). Parent carers are supported to access available funding to support them and their child. Where a setting receives additional funding, the use of this is planned and evaluated to make sure it is being used effectively and having a positive impact for the child.

> Formal and informal events take place to seek views of the whole setting population in relation to provision for those with additional needs or those with SEND and those at risk of disadvantage in the school. For example, the setting might use children and parent carer surveys, coffee mornings, stay and play sessions, or Play and Learn Plus.

> A communication book / book bag / text / email is used to support communication directly with parent carers in addition to communication given via children.

> Staff proactively find out about the preferred methods of communication by families and use these channels. Consideration is given to parent carers with limited literacy, limited digital access and/or where English is not their first language. Steps are taken to ensure that individual parent carers feel comfortable and confident in accessing all available information and communicating effectively with staff.

> There is daily feedback provided to families so that they know about their child's experiences within the setting and that there are no surprises for families if concerns are raised.

> Staff prioritise trust and transparency with parent carers.

> Communication methods are adapted to meet the needs of the family, for example engagement with working families, creating effective communication with families with EAL or literacy difficulties.

> Children are supported to participate in their assessment and review processes.

> Children actively participate in their own assess, plan, do, review process. Their views and feedback link directly to this process.

> Staff use effective resources to gain genuine child's views and adapt support accordingly.

> Adults share each child's next steps with them in an appropriate way and celebrate their efforts and achievements with them.

5. Supporting children's social and emotional development

> The setting recognises and responds to the need for pastoral support for children with additional needs. Staff consider the individual's social and emotional needs and other relevant contextual circumstances. For example, family breakdown, family illness, moving home, bereavement and other key challenges and changes.

> Strategies are used to build, maintain, and restore positive relationships (including peer and staff) across the whole setting.

> There are opportunities to develop peer awareness and sensitivity.

> The school/setting promotes a culture of peer support and challenge providing opportunities for peer observations and providing constructive feedback.

> Staff actively reflect on the emotional environment to ensure that there is a calm and purposeful climate for learning, where children feel they belong and where their contributions are valued.

> Children can identify an agreed safe/calm space, or the key person uses observation to determine the most appropriate safe/calm space.

> Language used in the classroom demonstrates unconditional positive regard for children. Adults understand the impact that negative language and reward systems can have on children.

> Therapeutic and restorative approaches are embedded to support emotional wellbeing.

> Staff know that children with SEND, additional needs and from disadvantaged groups are vulnerable to bullying and an appropriate level of support and monitoring is in place.

> Relationship, Sex and Health Education, (RSHE) is used to develop wellbeing and resilience.

> Adults proactively promote and support the emotional regulation of all children to ensure they are ready to learn. Emotions are regularly discussed and explored.

> Peer awareness and sensitivity towards difference groups are raised at a whole setting level, usually informally and sometimes in small groups- perhaps using appropriate books to generate discussion. Work is done with classes and groups regarding specific needs as appropriate.

> The Children's Learning and Well Being Audit (CLaWBA) is used to support identification of needs at the earliest point.

> The Early Help advice and support line is used by practitioners to support the whole family when required.

> Children feel safe and valued. They know that they can approach staff and that their opinions and concerns are valued.

> Every child has a named and trusted member of staff as a stable point of reference. This is usually their Key Person who they can seek support from or if they are worried about anything.

> Negative attitudes, beliefs and perceptions towards individuals and groups are challenged within the setting, in the wider community and society.

> The views of children are central to setting improvement. Views are proactively sought and acted upon.

6. The physical and sensory environment

> The physical environment is adapted to meet the needs of children.

> The environment, availability and use of resources are regularly reviewed and adapted to meet the needs of children and young people. This is embedded as part of positive setting practice.

> A purposeful, organised, and well-resourced learning environment is provided to encourage independence and active engagement in learning through play. This includes effective practice and routines that all children understand and follow.

> Regular reviews of the physical accessibility of the building and individual learning spaces are regularly carried out. Various tools such as the environmental audit can be used to support this.

> The Accessibility Plan, which all schools and maintained provision must have and is recommended for early years settings, is on the setting's website (or a hard copy is available) and "reasonable adjustments" are made according to individual needs. It is best practice for other Early Years settings to use this approach.

> The furniture is the appropriate size/ height for the children.

> Favourable seating arrangements are identified - check individual plans provided by specialists to support needs, for example hearing or visual needs.

> Extra-curricular activities and educational visits are planned to fully include children with additional needs (in line with the Equalities Act 2010), including those with social, emotional, and mental health (SEMH) needs and physical disabilities. "Reasonable adjustments" are made.

> Children's views are routinely sought and are used to inform planning for physical support that they may require.

> Staff are aware of sensory needs and differences that may impact on children.

> Children's sensory needs are known and used to plan activities and experiences, seating arrangements and snack and lunch time.

> Tools such as sensory bags are readily available and can be independently accessed as required.

> Staff are aware that for some children, a sensory or physical disability could impact on their language and social interaction.

> Left and right-handed children can use equipment comfortably.

> Children who wear glasses and/or hearing aids wear them and are seated in the optimum position during group times. Staff encourage children to wear appropriate sensory equipment and use physical aids. This information is included within the one-page profile and individual planning.

> Displays are meaningful and visually accessible to reduce sensory overload.

> Children have access to low arousal spaces or regulating activities when needed.

> Staff are aware of lighting in the room. Glare from surfaces such as interactive whiteboards, light streaming through windows, how fluorescent lighting may have an impact on children.

> Pale background and accessible font styles are used on the whiteboard. Clearly visible marker pen colours are used to improve visual access.

> Staff are aware of smells and noise in the room and any individuals who may be impacted by these. For example, position of the kitchen, or refuse collection day.

> Staff are aware of the sensory impact that floor surfaces may have on children and alternatives are offered.

> Staff consider the amount of stimulation in the form of display areas, and the use of colour or displays surrounding interactive whiteboards.

> Staff are aware that some children prefer certain clothing. Their needs are considered, and adaptations are made to change clothing or remove clothing such as shoes. Some children find it challenging to wear water aprons / overalls because the material challenges their sensory integration.

> Staff use their awareness of the needs of individual children and respond consistently to support the child's preferences

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7. Equipment and resources

> Resources are available for all children in both the inside and outside environment.

> The environment, availability and use of resources are regularly reviewed and adapted to meet the needs of children and young people. This is embedded as part of positive setting practice.

> Children have easy access to sensory equipment that they require: these may be writing slopes, pencil grips, wobble cushions, fidget toys, ear defenders, or weighted resources.

> Children have regular access to a variety of age and stage appropriate sensory activities such as dried pasta / cornflour / jelly.

> Resources are clear and uncluttered, labelled using text and images. Print size and font is appropriate. Coloured backgrounds and paper are used to reduce visual stress.

> Physical resources are adapted to promote independence for example different size balls may be provided in line with the child's motor development.

> Additional resources and teaching are used according to individual needs, for example visual timetables, or concise instructions which are adapted to the child's language level and reinforced with visual prompts (for example now and next cards), particularly during transitions. Consistent approaches and routines are in place, over a period of time.

> Where applicable, interactive whiteboards are used to effectively promote engagement and scaffold learning. Where children are not able to access information on the whiteboard, alternatives are provided.

> Resources and adaptations are within easy reach of all children to promote learning, independence, respect, and reduced stigma. Resources reflect a broad range of cultural backgrounds.

> Concrete apparatus and adapted resources are available for those children who require it.

> Information Computer Technology (ICT) is used to help access the environment, for example talk buttons to help children with routines.

> Technology provides alternatives to written recording and to promote independent learning.

> Where appropriate and available, technology is planned and used effectively to support learning.

> Personal, hygiene and/or sanitary care is provided, where this is required to meet a child or young person's stage of development.

8. Staff skills, training, and use of expertise

> All staff make a positive contribution to children's progress.

> Staff are committed to developing their expertise, skills and understanding of individual children and young people and undertake relevant professional development.

> Adults are clear about their role and how they are contributing to the children's learning.

> Use of adults within the setting is planned to maximise their impact on learning, bearing in mind the need to promote independence where possible.

> Additional adults are deployed proactively. They are not necessarily "attached" to one particular child, but all adults work with all children in the environment to scaffold independent learning. Their impact on the children is monitored carefully to ensure progress is supported.

> There is clear and regular communication between all adults to ensure that the support given is appropriate to the environment and experiences that are on offer are meeting the children's needs.

> Grouping / seating arrangements and additional support are used to promote independent learning as far as possible.

> Strategies used in interventions are integrated into teaching so that children sustain progress.

> Staff are well trained and skilled in supporting children with individual needs, general and specific learning difficulties.

> Adults review and evaluate the environment and how it is used by children. Adaptations are made to support children's engagement. Adults model how to use equipment/workshop areas and adapt the learning environment.

> Staff are well trained and skilled in supporting children with individual needs, general and specific learning difficulties.

> There is a plan for on-going Continuing Professional Development (CPD) in relation to the needs of the children.

> Best practice is shared within the early years setting and with other education settings, for example through network meetings.

> All staff are aware of the provision available in the setting and who to contact for extra support, advice, and guidance.

> Staff collaborate and have effective links with relevant agencies and specialists. The setting is aware of and regularly communicates with any other professionals who are involved with each child.

> There is a clear process including observations and classroom monitoring for expressing concerns and referring onto advisory services and external organisations, which is understood and followed by all in a timely manner.

> Advice received from other professionals, including parent carers, is used to inform teaching, and learning and is recorded, reviewed, and adjusted over time to ensure that children achieve to the best outcomes.

9. Transition

> Transitions throughout the sessions are planned for and well-managed and provide the opportunity for the children to develop the skills to manage change.

> Practitioners identify and plan support to enable children to make smooth transitions. Transitions include:

> > Moving around the early years setting and from indoors to outdoors

> > Switching between experiences and activities

> > Changing from unstructured to structured times

> > Moving from one activity to the next

> > Changes of staff, key person, or changes of peers

> > Special events: visitors, visits, celebrations

> > Life events: birth of a sibling, change in parenting arrangements or a change in parent carers' relationship status, loss and bereavement or contact visits

> Staff are aware of those who will need additional support for all or most transitions and plan for these transitions. This includes, but is not limited to the following:

> > Children We Care For (CWCF)

> > Child In Need

> > Child on a Child Protection Plan

> > Children previously CLA

> > Children with Special Guardianship Orders

> > Children with Child Arrangement Orders

> > Forces Children

> > Refugees and/or asylum seekers

> > Children who have social communication difficulty including Autism Children who have suffered trauma, loss or bereavement

> > Children who show signs of anxiety

> > Children new to the setting

> > Children returning from an extended period away from the setting, including Gypsy, Roma, Traveller (GRT) and Showman children and young people

> Staff prepare children with additional support needs for daily transitions by using appropriate communication methods. This may be through adapted language, Makaton, PECS, now/next or first/then boards, visual or aural timers. See also: communication and interaction strategies in section 2.

> Policies and procedures are in place for ensuring that children make a smooth transition into the setting, between settings and from the setting into school.

> Information is sought and shared about all children to support their transition into the setting. A pre-entry team around the family meeting is recommended.

> Settling in sessions are well planned and flexible to meet the needs of the children and their families.

> Staff seek to find out about children's interests and use this information to plan for the first few weeks of the children's time at the setting.

> 'All about me' information is regularly updated and continues to inform planning.

> Individual transition planning and meetings for a child with additional support needs involves parents and other professionals working with the family; the information gathered is used by settings to plan a smooth transition into the setting.

> Where appropriate, healthcare plans, risk management plans and one-page profiles are in place before the child starts.

> Applications for DLA, or to access to 2-year Free Entitlement (FE) are supported if appropriate.

> Information is shared with the new setting when a child is preparing to change settings with as much notice as possible. For children with additional support needs, a supported transition should be carried out where possible.

> Transition planning or team around the family meetings for children with additional support needs are arranged early and involve parent carers, professionals working with the child and the receiving school.

> Consideration is given for any medical equipment that needs transferring and medical training is sought prior to the child starting school.

> Agreed arrangements to support children's transition are clearly communicated to all parties and include actions that will benefit the child. These may be visits to the school, visits to the setting by school staff, photo books, virtual tours, video clips, social stories or sharing additional support strategies.

Section 1B: Quality First Teaching Ages 5-25

1. Leadership and management

Expectation 1: provision is well-led and managed.

> An inclusive ethos is reflected in all policies and procedures.

> Senior leaders ensure a supportive, proactive ethos of inclusion on a day-to-day basis. They actively problem solve to overcome barriers, enabling all children and young people to achieve the best possible outcomes.

> Senior leaders are knowledgeable about inclusion of all children and young people. This is reflected in the vision, values, and everyday practice across the setting.

> Leaders value and proactively seek the views of parent carers. They consider carefully how best to access parent carers from hard-to-reach groups. Parent carer views contribute to and influence strategic decision-making, policy, and procedure.

> There is a nominated SENCO, who is either part of the senior leadership team or regularly part of strategic discussions about inclusive practice.

> The SENCO has either achieved or is working towards statutory qualifications necessary to the post.

> Senior leaders have a clear understanding of the pressures of the SENCO and senior mental health lead roles. They proactively support staff wellbeing considering this.

> Within the private, voluntary, and independent (PVI) early years sector, the Early Years and Childhood Advisers (EYCAs) act as the area SENCO. The EYCA provides advice, support, and challenge to settings to enable the inclusion of all children.

> Governors or trustees, and the leadership team ensure that all staff are supported through effective professional development. Governors or trustees hold leaders to account, ensuring that staff are supported by relevant training.

> Effective monitoring is in place to ensure that the governors or trustees are up to date and well-informed about the impact of provision in place for all pupils. This includes insight to specific groups such as those with SEND, additional needs and children categorised as disadvantaged, including consideration of different ethnic backgrounds.

> Governors or trustees fulfil their responsibility to monitor attendance, suspensions, and exclusions to ensure equality of access to education. Staff contribute to this process by providing accurate information in a timely manner.

> Staff know that governing bodies or trustees must ensure that legislation is appropriately adhered to and hold leaders to account for the provision and outcomes of those with additional needs.

> All discussions concerning regulation, statutory provision and its impact are documented in governing body minutes.

Expectation 2: leaders are ambitious for all children and young people, ensuring that this ambition is shared by all staff. All leaders are leaders of SEND.

> Leaders are champions for inclusion of all children and young people. Neurodiversity is valued. Neuro affirming practice is evident in the ethos and culture of the setting.

> All staff agree that they work in an inclusive setting, where diversity is valued and welcomed. They can provide examples of how they ensure an inclusive environment within day-to-day practice.

> Leaders regularly review provision and the experiences offered to ensure that no child or young person is disadvantaged by not being able to access the full range of experiences. This includes considering the parent carer's ability to pay for additional activities.

> Leaders have accurate and timely information to evaluate the provision and participation in after school and extra-curricular activities, ensuring that all children and young people can, and do, access and benefit from these experiences.

> Leaders are mindful that parent carer anxieties about extracurricular activities can be cultural and take account of this when planning provision.

> Senior and curriculum leaders ensure that the curriculum is well planned. They monitor the impact of the curriculum for all children and young people.

2. Curriculum, teaching and learning

Expectation 1: the curriculum is designed effectively, with clear intent.

> The curriculum is well planned and designed with contextual relevance to give all children and young people the knowledge and skills they need to be independent, achieve their goals and contribute to their community.

> The curriculum reflects the lived experiences of all children and young people.

> The curriculum is planned to meet the needs of all children and young people. There is clear intent and oversight of how plans will be implemented and reviewed to determine impact.

> Curriculum design and implementation consistently reflect leaders' high aspirations for all children and young people.

> There is clear curriculum progression, detailing how skills, knowledge and abilities are developed so that pupils can apply what they know and do so with increasing fluency and independence.

> Repetition, revisit, and retrieval are core components of curriculum design. Staff know that repetition, revisit, and retrieval are key in building long-term memory.

> Key technical vocabulary is clearly identified in planning. Staff plan opportunities to explicitly teach new vocabulary and make links to prior knowledge.

> Preparation for adulthood is built into the curriculum from the earliest opportunity. Over time children and young people develop the skills, knowledge and experience they need to be independent and ready for their adult life. Careers information begins at a very early age (8+) for GRT and Showman pupils, including information about further and higher education.

> Reading and communication are at the heart of the curriculum. Staff understand the paramount importance of these skills for future learning and independence.

Expectation 2: the curriculum is successfully implemented and adapted to meet the needs of all children and young people.

> Every practitioner is a teacher of SEND.

> All children and young people have equal opportunities to experience the full curriculum.

> All children and young people have identified next steps for learning.

> Consistent approaches and routines are in place. Time is used effectively, with little or no evidence of low-level disruption.

> Staff scaffold learning appropriately and frequently provide formative feedback to drive further progress and inform their planning.

> Staff know the importance of understanding how children and young people arrive at their solutions, rather than solely focusing on obtaining answers to closed questioning. Staff understand the significance of asking questions to ensure misconceptions are identified and addressed.

> There is a focus on clear explanations, modelling, and frequent checks for understanding in teacher-led approaches. This is followed with guided practice, then independent practice.

> Learning experiences are made accessible and are engaging. Experiences are broken down into small, manageable, and logical steps – sometimes called 'chunking'. These steps are demonstrated explicitly through modelling.

> Modelling is used to support understanding. Examples include visual or audio demonstration, modelled use of key vocabulary, shared writing practice and or/modelling how to use concrete apparatus.

> Staff dynamically assess understanding, strengths, and interests, and identify misconceptions or gaps in knowledge. They skilfully adapt teaching and learning accordingly.

> Strategies are carefully selected for a specific purpose, linked to assessed needs and work towards agreed next steps.

> Staff have clear methods of communication, ensuring that all children and young people have understood.

Information is adapted, repeated, or reframed where necessary.

> Children and young people are given time to process information before being invited to respond using a communication style that is accessible to them.

> Staff review to reinforce prior learning. They don't expect children and young people to recall everything immediately. Review and repetition are potent methods for enhancing fluency and confidence, particularly crucial when introducing new learning. They activate pertinent prior knowledge in working memory.

> Staff use success criteria, 'steps-to success' or similar, to promote independence, scaffold, and support. Learning intentions and expectations are clear.

> The pace and order of activities is stimulating to maintain the interest and attention of all children and young people. Staff are skilled in adjusting the pace and order of activities to maintain interest and attention.

> Teaching considers children and young people's previously acquired knowledge, skills, and experiences. Flexible and personalised approaches to learning are used effectively.

> Staff adapt learning approaches to provide suitable challenge and support. Staff cater for different learning needs and styles, with individualised and/or small group interventions where appropriate.

> Adults carefully observe and take the lead to identify where repetition is appropriate and where children and young people need to be supported to move on in their learning.

> During engagement in a written task, supportive tools, or resources like a writing frame or a partially completed example are available. Reliance on such aids is reviewed and reduced as the lesson, week, or term progresses.

> Adapted materials and scaffolds are readily available and used flexibly to promote learning independence and choice. Resources are within easy reach of all to promote learning, independence, respect and to reduce stigma. Use of these is modelled and encouraged.

> Learning is carefully broken down and visually supported, so that new knowledge and skills build on what has been taught and experienced, using the child's interests as a starting point.

> Staff ensure that cognitive load is managed effectively to facilitate the transfer of new content into a child or young person's long-term memory. They offer opportunities for children and young people to plan, monitor, and evaluate their own learning.

> Multi-sensory teaching approaches are used. Children and young people have opportunities to move as they engage in play and learning activities.

> Visual and audio demonstrations, dual coding, cues, and commentary are used when appropriate.

> Key vocabulary is displayed with visuals and pre-taught or re-taught where appropriate.

> Children and young people have alternative ways of recording to writing, where appropriate. Alternative recording is normalised in routine practice.

> Developmentally appropriate study skills are explicitly taught.

> Homework / home learning is adapted appropriately for children and young people, and they have access to homework clubs, or additional support with homework, where relevant. Where required, alternatives to online homework are provided and access to devices and connection at home is checked.

> Staff handwriting is clear and legible, modelling the school's handwriting style where appropriate.

> Where applicable, interactive whiteboards are used to promote engagement and scaffold learning. Where children and young people are not able to access information on the whiteboard, alternatives are routinely provided.

Expectation 3: children and young people have opportunities to learn in different ways e.g., independently, in a variety of small groups and/or in pairs.

> Strategies and flexible groupings are used to actively promote independent learning. This may be through pre-teaching, re-teaching, overlearning or adapted resources.

> Staff temporarily assign groups according to the current level of mastery. For instance, form a group for additional spelling instruction based on children and young people's current needs before they rejoin the main class.

> Use of additional adults is planned to maximise their impact on learning, bearing in mind the need to promote and develop independence where possible.

> Staff are clear about their role and how they are contributing to the child or young person's learning. They prompt and clue children and young people to think independently.

> Seating plans and groupings of children and young people take account of individual needs. They routinely provide opportunities for access to role models, mixed ability groups, structured opportunities for conversation, sharing of ideas and access to additional adults when appropriate.

3. Assessment and individual planning

Expectation 1: a regular cycle of 'Assess, Plan, Do, Review' is used to ensure that all children and young people are achieving the best possible outcomes.

> Staff are aware of children and young people's starting points, next steps, and targets so that progress towards outcomes can be measured.

> Staff evaluate engagement with learning experiences, the environment and progress made. They use this information skilfully to plan next steps in learning.

> Children and young people's strengths, interests, barriers to learning and behaviours are observed and monitored in different settings and contexts for a short period of time to inform planning: during assembly, lunch, lessons, breaktime, home time and extracurricular clubs.

> If a child attends more than one setting, information and planning is shared to support a consistent experience for the child or young person and their family.

> Targets are SMART (specific, measurable, achievable, relevant, time-bound).

> Assessment is used to inform planning and interventions. Regular reviews inform next steps. Case studies are used to demonstrate holistic progress.

> The impact on outcomes of changes, strategies and adaptation is regularly reviewed.

> Consideration is given for individual children and young people's developmental trends. Specialist screening and assessment is used where appropriate, e.g. The Boxall Profile, Thrive, the Coventry Grid. Children and young people with English as Additional Language have their language proficiency assessed regularly and where appropriate. First language assessment is used.

> Appropriate tools which capture the 'views of the child or young person' are used to ensure that effective support is put into place, e.g., person centred planning and one-page profiles.

> Children and young people are supported to recognise and value their achievements. Children and young people are encouraged to identify and use support strategies to overcome their barriers.

> Children and young people understand and contribute to the next steps and targets they are working towards.

> Plans show a clear progression towards increased independence and acquiring skills for independent living.

> The views of parent carers are regularly explored to inform assessment and co-produce target setting.

> The graduated response is documented robustly to record the impact of intervention over time. Clear procedures are in place, for example, use of the West Sussex Individual Support Plan (ISP). Adaptations, interventions or strategies are consistently and persistently applied for some time (eg. 6 weeks) before being reviewed.

Expectation 2: formative assessment and feedback are features of daily practice. This is evident in marking and assessment policy.

> Planning considers the needs of the cohort. Cohort assessment data is reviewed to identify any gaps in provision. E.g., differences in attainment by particular characteristics (gender, ethnicity, area of disadvantage) or learning area. If gaps are identified, the environment, curriculum or teaching strategies are modified to improve outcomes.

> A wide range of assessment strategies and tools, including observational assessments, are used to ensure a thorough understanding of children and young people and their starting points.

> Children and young people have regular opportunities to reflect upon their own achievements and learning.

> Children and young people's records e.g., learning journals, electronic systems, demonstrate the next steps in their learning journey.

> Within marking and feedback, there is clear communication about what the children and young people need to do next to improve. Marking and feedback is provided in an accessible format.

> The impact of interventions is evaluated. Alternative approaches are explored to establish whether they may result in better outcomes for children and young people.

Expectation 3: children and young people have appropriate access to national testing and qualifications. Access arrangements are made effectively.

> Expertise is in place to manage access arrangements for tests, national tests, and public examinations (where relevant). Necessary evidence is obtained and kept securely.

> Adaptations and access arrangements are part of everyday practice. Staff identify children and young people who may need access arrangements and refer to the appropriate member of staff.

> Procedures are in place for informing parent carers about access arrangements. These are shared with parent carers at the earliest opportunity

> Where children and young people meet the criteria for access arrangements, these should be in place for all forms of assessment throughout the year. Adapted resources or equipment that are used under formal assessment conditions are the child or young person's normal mode of accessing learning

> Access arrangements are set using the relevant examination board guidance (where applicable). Guidance is applied consistently to day-to-day practice and support of children and young people.

> Arrangements might include rest breaks, use of a reader, scribe or laptop, additional time, or a quiet space

4. Equipment and resources

Expectation 1: resources are available in every classroom or learning environment, for all children and young people to access when appropriate. The quality and impact of equipment and resourcing is evaluated.

> Resources are purposefully considered, in line with the needs of all children and young people in the cohort and reflect a range of cultures.

> Equipment and resources are explicitly modelled by adults to promote independence and reduce stigma.

> Children and young people have consistent access to appropriate equipment that they require. Examples are writing slopes, pencil grips, wobble cushions, fidget toys, ear defenders or Loops, or weighted resources.

> Children and young people have regular access to a variety of age and stage appropriate sensory activities or breaks, for example, dried pasta and cornflour or a sensory circuit.

> Resources are clear and uncluttered, labelled using text and images.

> The print size and font are appropriate. Materials are designed to reduced cognitive load. Coloured backgrounds and paper are used to reduce visual stress.

> Printed versions are available at desks where information is displayed on a board.

> The use of adaptive equipment and resources is normalised, so that there is a culture of each person having what they need to succeed.

> Physical resources such as PE and maths equipment are adapted to promote independence e.g., concrete apparatus or different sized balls.

> Technology is used to demonstrate worked examples and empower children and young people to learn, practice, and document their learning. For instance, a visualiser may be used to showcase work or collaboratively correct an inaccurate model.

> Assistive Technology is used to promote access where necessary, for example, switches, talk buttons or eye-movement tracking software. This may involve use of text-to-speech or speech-to-text software, or aids such as reading pens.

> Where appropriate, technology is used as an alternative method for written recording and to promote independent learning. Use of technology is planned and used effectively to support learning.

> Artificial Intelligence (AI) is used to improve access to learning. For example, ChatGPT may be used to reduce the reading age of texts for independent access.

> Personal, hygiene and/or sanitary care is provided, where this is required to meet a child or young person's stage of development.

Section 1C: Foundations of Universal Provision Ages 5-25

1. Partnership and co-production with children, young people, and their parent carers

Expectation 1: the setting works in co-production with children and young people and their parent carers in decision making. Expectations from both the setting and parent carers are realistic and support the child or young person's learning, development and, in turn, outcomes.

> The Special Educational Needs and Disability (SEND) Information report is co-produced with parent carers. It is provided in an accessible, jargon-free format.

> Parent carers are signposted to the West Sussex Local Offer, the SEND Information Report and other relevant documents, for example, the West Sussex Inclusion Framework, so they can access support and work in an informed way with the setting. Parent carers with limited literacy skills are supported to access and understand the documentation.

> Parent carers have a range of clear communication channels available for sharing information about their child or young person. They are actively encouraged and supported to contribute. This includes parent carer groups and forums.

> Parent carers know about their child's individual needs and the support and individually tailored interventions that are in place. They are involved in setting, reviewing, and co-producing the next steps for their child or young person at least once per term.

> Parent carers' expertise about their child is sought and used to inform appropriate support strategies.

> The setting sensitively discusses with parent carers how strategies can be consistently implemented at home. Equally the setting seeks, uses, and adapts the strategies that are effective at home.

> The setting sensitively considers how communications about the child's day are shared with parent carers, for example, not in collection areas or in public. Communication is planned to consider the child or young person's feelings and family privacy.

> Parent carers are provided with information about the SEND Information, Advice and Support (SENDIAS), West Sussex Parent Carer Forum (WSPCF) and other local and national helplines.

> The setting links with other agencies and signposts families to other support where appropriate. For example, Family Hubs, Reaching Families, Short Breaks or holidays and food activities.

> In the early years, information is provided to parent carers about other support available e.g., Disability Living Allowance (DLA), 2 years funding entitlement, early years Pupil Premium and Disability Access Fund (DAF). Parent carers are supported to access available funding to support them and their child.

> In schools and post-16 settings, information is provided to parent carers about other support available, for example, free school meals, Disability Living Allowance (DLA) or Personal Independence Payment (PIP). Parent carers are supported to access available funding to support them and their child.

> Where a setting receives additional funding for a child or young person, the use of this is planned and evaluated with parent carers and their child. This is to make sure the funding is being used effectively and having a positive impact on the child or young person.

> There are formal and informal opportunities to seek the views of the whole setting population, including those with SEND, additional needs or at risk of disadvantage. For example, the setting might use child and parent surveys, coffee mornings, or stay and play sessions.

> Apps / communication books / home diaries / texts / emails are used flexibly to support communication directly with parent carers. Communication follows the parent carers preferred method as far as possible.

> There is regular feedback to families. Parent carers know about their child's experiences within the setting which ensures there are no surprises for families if concerns are raised. Practitioners have developed trust and transparency with parent carers.

> Communication methods are adapted to meet the needs of the family. For example, engagement with working families, families who use English as an additional language (EAL), literacy difficulties, limited digital access, or mental health barriers, for example, anxiety which may impact on engagement.

When working with Post-16 settings

There are many changes when a young person transitions between secondary school and college, not least the increased ownership of their outcomes, support, and provision.

Under the Children's and Families Act (2014) once a young person enters post-16 provision, their voice is paramount in planning their Pathway for Adulthood and they should be the first people that colleges and the Local Authority communicate with. That is not to say the voice of their family, support network and professionals are not important, but the young person is now treated as central, giving them the opportunity to co-produce their provision.

These legal rights, alongside recent GDPR legislation, give the young person the right to privacy and non-disclosure of their information, including support needs and provision.

This means that unless there is a significant safeguarding risk or where medical professionals have assessed that the young person does not hold mental capacity, professionals should not share their information without their express permission.

Expectation 2: children and young people are enabled to participate in their assessment and review processes.

> Children and young people actively participate in their own 'assess, plan, do, review' process. Their views and feedback link directly to this process.

> Settings use effective resources to gain the genuine views of children and young people in a developmentally appropriate way. This may be through use of assistive technology, or photo elicitation for example.

> Adults co-produce each child and young person's next steps with them in an appropriate way and celebrate their efforts and achievements with them.

> Children and young people know their identified next steps and where appropriate, their end of year targets.

> Person-centred approaches are routinely used to evaluate and inform support and planning

2. Supporting social and emotional development and pastoral care

Expectation 1: the setting recognises and responds to the social and emotional support needs for children and young people with additional needs. Staff consider the individual's social and emotional needs and other relevant contextual circumstances or adverse experiences, such as family breakdown, family illness, moving home, bereavement or other key challenges and changes.

> Strategies are used to build, maintain, and restore positive relationships across the whole setting community. There is a shared approach to mental health and emotional wellbeing for all children and young people.

> There is a named mental health lead, who has accessed relevant training to effectively lead provision.

> Children and young people can identify an agreed emotional regulation or low arousal space, or a key person uses observation to determine the most appropriate space.

> Effective communication, partnerships and co-production between parent carers and the setting enable holistic support for relevant contextual circumstances such as family breakdown, family illness, moving home, bereavement or other key challenges and changes.

> Language used in the setting demonstrates consistent positive regard for children and young people. Negative language and reward

systems are avoided. (Therapeutic / Restorative Approaches).

> There are opportunities to develop peer awareness, sensitivity, and support for different needs both in and out of the learning environment, across the entire community.

> Peer awareness and sensitivity towards different groups are raised at a whole setting level. Work is completed with classes and groups regarding specific needs or conditions as appropriate.

> Staff are aware that children and young people with special educational needs and disabilities (SEND), additional needs and from vulnerable or disadvantaged groups are at risk of bullying. Appropriate policy, support and monitoring is in place. This is consistently and proactively used to effectively resolve incidents.

> Relationship, Sex and Health Education (RSHE) is bespoke, evidence-based, needs-led, and developmentally appropriate. This effectively facilitates children and young people to develop their emotional health and wellbeing literacy.

> Staff proactively promote the emotional regulation of all children and young people to ensure they are ready to learn. Emotions are regularly discussed and explored, supporting all to become emotionally literate and challenge stigma.

> Absence and attendance difficulties due to mental health are managed in partnership with the child or young person and parent carers. Barriers are understood as illness in the same way as a physical illness or condition.

> In early years, the Children's Learning and Wellbeing Audit is used to support identification of needs at the earliest point.

Expectation 2: children and young people feel safe and valued. They know that they can approach staff and that their opinions and concerns are valued.

> Staff actively reflect on the emotional environment to ensure there is a calm and purposeful climate for learning, where children and young people feel they belong and where their contributions are valued.

> There is consistent use of restorative and trauma-informed approaches. These approaches are regularly reviewed and evaluated.

> The setting promotes a culture of peer support and challenge providing opportunities for peer observations and providing constructive feedback.

> Every child or young person has a named and trusted member of staff as a stable point of reference, who they can turn to if they need support or have any concerns. This person is accessible, will listen and the child or young person feels safe communicating with them.

> Negative attitudes, beliefs and perceptions towards individuals and groups are challenged in the learning environment, the wider setting and society. Unconscious bias is routinely addressed within the setting.

> The views of the children or young people are central to improvement. Feedback and co-production are valued, encouraged, and acted upon.

> School councils, or equivalent, are established where possible – the impact of this is reviewed and documented in terms of whole school development.

> Personal, hygiene and/or sanitary care is provided, where this is required to meet a child or young person's age or stage of development.

3. Transition and transfer

Expectation 1: all transitions are planned for and well-managed, providing the opportunity for children and young people to develop the skills and resilience required to manage change.

> Transitions include, but are not limited to:

> > Getting ready for and coming into the setting.

> > Moving around the setting.

> > Preparing for and returning from weekends, the start of holidays and the beginning of term.

> > Moving from lesson to lesson or between experiences.

> > Changing from structured to unstructured times.

> > Moving from break to lesson times or one activity to the next.

> > Movement from the carpet to tables and vice versa.

> > Changes of peers and staff (permanent and temporary). e.g., key staff.

> > Special events: visitors, visits, celebrations.

> > Life events: birth of a sibling, change in parenting arrangements e.g., change in parent's relationship status, loss and bereavement or contact visit.

> Staff are aware of those who will need additional support for transitions and plan proactively. This includes:

> > Children or young people who have insecure attachment, bereavement or trauma including but not limited to; Care Experienced Children, Children In Need, those with Child Protection Plans, Special Guardianship Orders, Child Arrangement Orders, Refugees, asylum seekers, and Forces children.

> > Children and young people who have social communication differences including those who are autistic or on the pathway.

> > Children and young people who are chronically or terminally unwell.

> > Children or young people who are experiencing anxiety.

> > Children or young people new to the setting.

> > Children or young people who are returning from an extended period away from the setting.

> > Children and young people from a GRT or Showman background may need additional support, especially in the transition from Y6 to Y7.

> Staff prepare children and young people with additional support needs for daily transitions by using appropriate communication methods. e.g., reduced language, Makaton, Picture Exchange Communication System (or PECS), Now / Next or First / Then boards, visual or aural timers.

> Plans are made for unstructured times. Regulation spaces are available and chosen in agreement

with the children and young people as far as possible. Regulation space is used to reduce anxieties during transition periods.

> There are structured alternatives such as games clubs or use of the library.

Expectation 2: procedures are in place for ensuring smooth progression through settings, particularly during all transition phases, including on entry and exit.

> Information is actively sought and shared about the child or young person to support successful transitions and manage change both within the setting and beyond. This should include information on support strategies and arrangements that have been useful for the child or young person as well as their interests and likes.

> Pre-entry supported transition meetings are in place for children starting in early years settings.

> Supported transition meetings are organised for children with additional needs as they transition from early years settings into school. These meetings include the new and old setting, parent carers and other professionals working with the family.

> 'All about me', 'personal profile', or equivalent information should be regularly updated and inform successful transition planning.

> Existing and historic information is passed on securely to the receiving setting. This may include Individual Support Plans (ISPs) or other person-centred planning.

> Information is available for the child or young person's parent carers and staff within settings to support a smooth transition. There is a plan for the first few weeks of the child or young person's time at a new setting and parent carers are kept informed during the first few weeks.

> If the child or young person needs specialist equipment, including medical equipment, this should be transported where possible, or re-sourced for the new setting. Staff should be trained by relevant professionals on how to use the equipment. Equipment and training are in place prior to the child or young person's transition.

> Where appropriate, healthcare plans, risk management plans or one-page profiles are in place before the child or young person starts. Personal plans are reviewed regularly once children and young people arrive at the setting.

> Staff are aware of children and young people who need additional support while transitions and adjustments are made. Effective strategies to facilitate transfer from one school / setting / teacher to another. These could include pupil passports, one-page profiles, meet the teacher PowerPoints, empty classroom visits, virtual online tours, maps and familiarisation book, additional visits to a new setting with a familiar trusted adult, creating social stories, photo books, video clips and opportunities for staff and parent carers to share support stories.

> Transition arrangements are planned, involving all appropriate parties including the child or young person, parent carers and any specialist practitioners. Plans are clearly communicated with all parties and include actions that will benefit the child or young person.

> Settings work in collaboration with parent carers to consider the steps they can take at home to help prepare their child or young person for learning. Support and resources are provided where necessary.

> Staff proactively prepare for transition, ensuring that the setting is ready to meet the needs of the cohort. Staff do not automatically expect children and young people to be ready

4. Staff skills, training, and use of expertise

Expectation 1: all staff make a positive contribution to the progress of children and young people.

> Staff understand the protected characteristics as outlined in the Equality Act 2010, including those from minority ethnic backgrounds, and proactively champion inclusion of all.

> Additional adults are deployed proactively. They are not necessarily 'attached' to one child but work with all the children in the learning environment to scaffold independent learning. Their impact on the children and young people is monitored carefully to ensure progress is supported.

> Staff effectively support and strive for independence, ensuring that no child or young person is over-supported or becomes over-reliant.

> There is clear and regular communication between all adults to ensure that the support given is appropriate to the environment and experiences that are on offer to enable the child or young person's needs to be met.

> Staff review and evaluate provision and how it is used by children and young people. Adaptations are made to support children and young people's engagement, for example, Staff model how to use equipment or learning areas.

Expectation 2: there is a plan for on-going training and professional development in relation to meeting the needs of the children and young people.

> There is a comprehensive SEND and inclusion training programme that enables all staff to understand their statutory responsibilities regarding SEND legislation and the Equality Act 2010.

> There is a planned programme of ongoing training in relation to SEND and inclusion for the whole setting.

> Staff are well trained and skilled in supporting children and young people with individual needs e.g., social, emotional, and mental health (SEMH), general and specific learning difficulties.

> The SENCO supports all staff to develop their inclusive practice, for example, by supporting class teachers to assess, identify and meet needs as part of the assess, plan, do, review cycle (graduated approach).

> Best practice is shared within the setting and with other education settings e.g., through locality networks, early years SENCO meetings SEND leadership forums or area partnerships.

> Specialist teaching teams and/or other professionals contribute to staff training and professional development.

Expectation 3: all staff understand the process for gaining further advice and guidance as appropriate. Staff collaborate and have effective links with relevant agencies and specialists.

> All staff are aware of who to contact for extra support, advice, and guidance within and beyond the setting. For example, the SENCO, Inclusion Lead, Pastoral Lead, Designated Safeguarding Lead. In early years settings, the area SENCO role is carried out by the Early Years Childhood Adviser (EYCA).

> Staff know where to find information on services and their setting on the Local Offer website.

> There is a clear process including observations and classroom monitoring for expressing concerns and referring onto advisory services and external organisations. This process is understood and followed by all in a timely manner.

> The setting is aware of, and regularly communicates with, any other professionals who are involved with a child or young person.

> Advice and feedback received from other professionals and parent carers, is used to inform teaching and learning. Advice is recorded, reviewed, and adjusted over time to ensure that children and young people achieve the best possible outcome.

5. The physical and sensory environment

Expectation 1: the physical environment is adapted to meet the needs of children and young people.

> The environment, availability and use of resources are regularly reviewed to meet the contextual needs of children and young people.

> A purposeful, organised, and well-resourced learning environment is provided to encourage independence and active engagement. This includes effective classroom management practice in school and post-16 settings and learning though play in early years.

> Routines are understood and followed.

> Physical accessibility checks of the building and individual learning spaces are regularly carried out. Various tools such as an environmental audit are used to support this. This information is used to adapt the environment accordingly.

> The Accessibility Plan in schools, post-16 and maintained early years settings, is on the website and a hard copy is also available. The accessibility plan refers to neurodivergent learners and considers adaptations to the sensory environment.

> "Reasonable adjustments" are made according to individual needs. Private early years settings are encouraged to follow this approach to ensure best practice.

> The furniture and equipment are the appropriate size and height for the child or young person. Favourable seating arrangements are identified. Flexible seating arrangements are considered.

> Extra-curricular activities and educational visits are planned to fully include children and young people with additional needs (in line with the Equalities Act 2010), including those with social, emotional, and mental health (SEMH) needs and physical disabilities. "Reasonable adjustments" are made.

> Children and young people's views are routinely sought and are used to inform planning for physical or environmental support that they may require.

> In early years, consider the use of Disability Access Fund, to improve the learning environment, for example purchasing acoustic panels to reduce background noise within the setting.

Expectation 2: staff are aware of sensory needs and differences that may impact on children and young people.

> The child or young person's sensory needs are known and used to plan activities, seating arrangements and movement breaks.

> Sensory circuits and/or heavy work activities are built into provision to support regulation.

> Tools such as sensory bags are readily available and can be independently accessed as required.

> Staff are aware that for some children and young people, a sensory or physical difference could impact on their language and social interaction. They plan accordingly to meet needs.

> If applicable, any individual plan provided by specialists is checked to ensure advice is consistently implemented. For example, for hearing or visual needs and/or neurodivergence.

> Left and right-handed children and young people can use equipment comfortably.

> Children and young people who wear glasses and/or hearing aids wear them and are seated in the optimum position to access learning. Staff encourage children and young people to wear appropriate sensory equipment and use physical aids.

> Displays are meaningful and visually accessible to reduce sensory overload. Staff consider the amount of stimulation in display areas including the use of colour and surrounding whiteboards.

> Hanging and loose items are considered and minimised to prevent distraction or dysregulation.

> Children and young people have access to low arousal spaces and/or regulating activities when needed.

> A pale background and accessible font styles in a clearly visible marker pen are used on the whiteboard.

> Staff are aware of lighting in the room e.g., use of natural light, glare from surfaces such as interactive white boards, light streaming through the windows, or how fluorescent lighting may have an impact on a child or young person. This includes where the child, young person or teacher is positioned in relation to the light.

> Staff are aware of smells and/or noise in the room and any individuals who may be impacted by these. For example, position of the kitchen / canteen / music room, refuse collection day.

> Staff are aware of the sensory impact that floor surfaces may have on children and young people and alternatives are offered where appropriate.

> Staff are aware that some children and young people prefer certain clothing, and their needs are considered if there is a need to change clothing or for it to be removed. This includes shoes. Some children and young people also find it challenging to wear protective equipment such as art aprons and lab coats because the material challenges their sensory integration. Staff use their awareness of the needs of the individual child and young person and respond consistently to support their preference.

> All sensory experiences are risk assessed to ensure children and young people are kept safe and the risk of any infection being spread is minimised.

Section 2: Tailoring the Approach

All children and young people with additional needs should access strategies and resources described in Section 1. This additional section, Section 2, contains a range of strategy suggestions that could be considered for use, if appropriate for an individual child or young person.

If you are an early years or post-16 provider, some tailored approaches are suggested. These follow the strategies that can be used regardless of a child or young person's stage or age.

Any support or provision should be provided in line with the needs of the child and young person, it should not be dependent on a formal diagnosis. Even if a diagnosis has been given, it is paramount to remember that each child has strengths and needs which are unique to them. Needs-led provision is important, which must be compatible with the child or young person's developmental stage.

Dysregulated behaviours can be a sign of unmet needs and it is important to reflect on behaviours and practice to understand how best to support them.

The SEND Code of Practice, 2015 (para 6:15) says "A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that ordinarily available to pupils of the same age."

For ease of use, this section has been arranged by the four areas of need as set out in the SEND Code of Practice. However, many children and young people may have needs across more than one category and their presentation will not likely fall neatly into one area.

A 'medical' section has also been added to support classroom practice. Although a medical diagnosis or disability does not imply that the child or young person has a special educational need, some may have medical conditions or a disability that can impact on their access to education.

Staff will need to work with the child or young person and their parent carers, and at times more specialist staff, to identify, implement and evaluate more individualised strategies. As a key worker, teacher, or support assistant, it is important to implement the advice provided from specialist services within your practice.

The 'Assess, Plan, Do, Review' cycle is at the heart of the graduated approach and used to ensure that the support the child or young person receives has a positive impact on their progress. Staff views and feedback on the strategies used and the impact of these on the child are vital to this process. Further details on the graduated approach cycle can be found on the Tools for Schools website.

If a child or young person has more complex SEND, this may be captured in an Education Heath and Care Plan (EHCP). This document will be a helpful resource as it identifies outcomes for the child or young person and additional resources the school may receive.

Section Two includes the following areas:

Section 2A:

Ordinarily available support for 0 - 5-year-olds in mainstream settings.

1. Communication and Interaction
2. Cognition and Learning
3. Social, Emotional and Mental Health
4. Physical and/or Sensory
5. Medical

Section 2B:

Ordinarily available support for 5 - 25-year-olds in mainstream settings.

1. Communication and Interaction
2. Cognition and Learning
3. Social, Emotional and Mental Health
4. Physical and/or Sensory
5. Medical

Section 2A: Ordinarily Available Support for 0–5-year-olds in mainstream settings

This section of the OAIP can be used to plan the support for all children with SEND, regardless of the level or complexity of their need. Using the materials in this document will support practitioners in their planning to identify the strategies that would be appropriate for a child and any additional resources needed. Careful planning and implementation will improve outcomes for children and may show that a child has a delay in their learning rather than SEND. For further support, early years settings should, with parent carer permission, discuss the child's needs with their Early Years Childcare Adviser (EYCA).

1. Communication and Interaction

Identified barriers and/or need:

Difficulties saying what they need or want and being understood.

> Introduce a variety of language through rhymes and songs.

> Use gestures and signs.

> Support verbal explanations using pictures and objects of reference. Objects of Reference are objects used to represent a person, activity, or event. Over time the child learns that the object stands for that person, activity, or event. Objects of reference are used to help a child understand what is happening in their environment and be used to help children make choices.

> Model language – use back correct speech rather than correcting.

> Reduce language and questions and develop commentary of the child's play.

> Repeat what the child has said and add one word.

> Staff members wear lanyards with symbols to support "on the go" communication.

> Label accessible equipment with photos and pictures.

> Observe child's preferred ways to communicate which may include non-verbal gestures and body language.

> Support children to play and interact with a range of peers to ensure they play alongside peers who can model language.

> Adults provide small group opportunities which allow children to interact with good language role models.

> Plan for children to work in pairs and small groups, giving opportunities to interact with children who can provide good language models.

> For younger children, plan specific language activities to support listening and attention skills as well as their language acquisition.

> In reception classes, organise small group or individual language sessions – adults must have phonological awareness and understand the impact that processing difficulties may have on phonics acquisition, and adapt phonics teaching accordingly.

> Allow time for children to process and respond (at least 10 second rule).

> Develop ways of communicating with families with EAL. Meet regularly with parent carers to establish communication levels at home and share suitable advice and strategies.

Identified barriers and/or need:

Difficulties understanding what is being said to them

> Reinforce spoken language with Makaton.

> Consider how many instructions children can process – adapt use of language and method, for example by giving simple choices or by reducing complexity and sentence length.

> Provide visual prompts alongside language, including key vocabulary, visual timetables, now and next, gestures.

> Label equipment with pictures, signs, and words.

> Ensure the adult is physically at child's level.

> Give extra / allow take up time to process what has been said.

> Limit any distractions in the environment.

> Engage the child's attention before talking to them, use the child's name to attract attention.

> Check that hearing has been tested.

> Plan specific opportunities to teach new vocabulary as well as opportunities to revisit and practice, to develop understanding and use of new words.

> Consider use of 'first and then' or 'now and next' supported by visual prompts.

> Meet regularly with parents to discuss how advice and strategies can be continued and strengthened when used at home.

> Repeat key words and phrases.

Identified barriers and/or need:

Difficulties with speech sound production and intelligibility

> Provide the child with a good model for correct speech. For example, if your child or young person says "dun" instead of 'sun', simply say, "Yes, there's the sun". Repeat this often so that the child has multiple opportunities to hear correct speech.

> Emphasise the sounds that are difficult for the child, for example "sss-sun".

> Get down to the child or young person's level before you model speech.

> Ensure that the child's hearing has been checked. They will struggle to produce sounds that they are not hearing if this is the case.

> Avoid telling the child to say a word which you know they find difficult (for example "say fish"). Children tend to just repeat their incorrect way of saying the word and may become upset or frustrated if you put them under pressure.

> Avoid saying "no" when correcting the child or young person's speech, as this can be frustrating or can put them off trying again, especially when they think they are already saying it the right way.

> Don't talk above background noise. Children are more easily distracted by noises that adults can more easily ignore or tune out. For example, turn off the TV when you want to focus on talking; find a quieter space to speak.

> Develop phonological awareness skills such as rhyme identification, syllable awareness and identifying the first and last sounds in a word.

> All staff understand that children with different linguistic backgrounds may have difficulties hearing and producing certain sounds and might therefore require additional practice time.

Identified barriers and/or need:

Challenges understanding typical social rules and social communication

> All adults working with the child understand that different neurotypes communicate in different ways.

> Child communication may be considered "rude" if in fact factually accurate.

> Support children to understand social rules of the setting for example at groups times, or mealtimes.

> Are expectations appropriate for age and stage of development?

> Adapt social rules and routines according to the cohort.

> Reasonable adjustments and flexibility are considered in relation to social rules. For example, a child may not be able to engage in a group time or tolerate typical waiting times yet.

> Simple turn taking games may be helpful.

> Use modelling / role play.

> Implement small group sessions (for example, Circle of Friends).

> Use social stories to support learning.

> Give prompts – symbols, signing systems.

> Use visual supports for routines, for example, Now (you are doing this) and Next (you are going to be doing that) boards.

Identified barriers and/or need:

Differences with language, social communication and understanding

> Use an appropriate tone of voice (individualise according to needs of child).

> Enabling environment is a key feature of effective early years provision, consider noise, temperature, lighting, layout.

> Some children may need a language rich environment; others may need it to be kept simple, adapt language accordingly.

> Use the child's name first to draw their attention, followed by key word instructions, for example "Jamie … snack time."

> Give clear simple instructions (avoiding idioms for example 'pull your socks up', 'it's raining cats and dogs').

> Use objects of reference to visually support routine. Objects of Reference are objects used to represent a person, activity, or event. Over time the child learns that the object stands for that person, activity, or event. Objects of reference are used to help a child understand what is happening in their environment and be used to help children make choices.

> Use literal language (avoiding sarcasm and figures of speech) such as 'Jude is as bright as the sun today' and 'you're not at all in a mess, are you?'.

> All adults working with the child understand that different neurotypes communicate in different ways. Consider double empathy.

> Child communication may be considered "rude" if in fact factually accurate.

> Support children to understand social rules of the setting, for example groups times, and mealtimes.

> Are expectations appropriate for age and stage of development? Adapt social rules and routines according to the cohort.

> Reasonable adjustments and flexibility are made in relation to social rules. For example, a child may not be able to engage in a group time or tolerate typical waiting times yet.

> Use symbol communication and/or aided language boards such as Picture Exchange Communication System (PECS) if recommended by a specialist who has also provided training to enable practitioners to implement the system correctly.

> Be aware of your own body language: 93% of what we communicate is non-verbal, 7% is communicated through spoken word, 38% through tone of voice, and 55% through body language. Some children do not recognise body language.

> Book Attention Building training delivered by the Speech and Language Setting Support (SALSS) team.

Identified barriers and/or need:

Differences with social communication, understanding and developing relationships

> Ensure staff support children to recognise feelings within their body (interoceptive awareness). Following this, support children to label and recognise their own and others' emotions.

> Mirror, copy and mimic the child's play as a way into reciprocal interaction and to show that it is valued.

> Use intensive interaction strategies to build relationships and interactions. Intensive interaction supports those at an early level of development to begin to interact, be alongside others and develop communication.

> Plan opportunities and continuous provision to develop social understanding.

> Model functional language, for example "hello, please, can I play?", "help me", "Hello, Sonny wants to play".

> Use natural gestures: pointing, facial expressions, open body language/position at child's level.

> Organise small group or 1 to 1 tasks and activities, which involve turn taking and learning each other's names. Build up the size of the group gradually.

> Establish a calm learning environment.

> Be clear and consistent in your communication of expectations.

> Create communication friendly spaces for children.

Identified barriers and/or need:

Differences in imaginative play

> Consider different neurotypes and the impact that this may have on play.

> Teach and model imaginative play sequences (sometimes referred to as structured play).

> Familiar adults introduce simple pretend play, using familiar objects to model new play.

> Role play and drama, use of props (puppets hats materials), act out familiar stories.

> Plan time for partner play; be a playful partner for the child.

> Duplicate favourite resources – one for the adult and one for the child.

> Model imaginative language by providing a narrative for the child's play.

> Use storytelling to support knowledge and understanding.

> Use aided language boards and the use of visuals to support imagination.

> Use of techniques such as Helicopter Stories to engage children in making up their own stories.

> Sing familiar songs and add in some improvisation.

> Use the child's interests to direct play.

Identified barriers and/or need:

Anxiety due to communication in busy, unpredictable environments

> Prepare children for change of activity or routine. Use of visual resources and objects of reference.

> Organise small group or 1 to 1 tasks and activities to be available if needed.

> Ensure that there is a calm learning environment.

> Provide access to a haven/low arousal space when needed. Choose this space with the child.

> Clearly communicate expectations, which are individualised to the child's stage and age of development. Use visuals or gestures as appropriate.

> Adults support children's understanding of emotions. For example, through using a feelings area/sensory corner/ mindfulness/ breathing tools.

> Support children to recognise feelings within their body (interoceptive awareness). Following this support, children can progress to label and recognise their own and other's emotions,

> Use a visual timetable and make sure it is used to prepare children for changes in your regular routine. Make sure it is used consistently, referred to regularly and updated after each activity is finished.

> Ensure staff monitor key transition points: drop-off/pick-up, snack/lunchtime, visitors, and changes to routines with strategies to reduce anxiety.

> Provide a soft start. This may involve a space or location as an alternative, consistent, familiar routine. Make the handover familiar, using trusted adults.

> Use STAR observations and therapeutic thinking tools such as the anxiety analysis and early prognosis tool to see if there is a trigger to any changes of behaviour.

Identified barriers and/or need:

Sensitivity to sensory stimuli because of social communication needs

> Provide sensory breaks if required, to reduce the potential pressure from the social load.

> Use a sensory checklist to audit the environment and the child's individual needs.

> Develop a one-page profile with the family to support the child's sensory needs profile for individual children.

> Be aware of sensory needs and differences, explore this further with parent carers.

> Provide a soft start. This may involve a space or location as an alternative, consistent, familiar routine. Make the handover familiar, using trusted adults.

> Consider the environment: noise, room temperature, visual stimuli, proximity. Use of an audit tool would be helpful.

> Have a flexible approach to transition times within the day or session.

> Provide access to a haven / low arousal space if needed. Select this alongside the child.

> Consider staff knowledge of sensory needs and access further training as required.

2. Cognition and Learning

Identified barriers and/or need:

Differences in attention span compared to developmental age

> Remember to consult with the child's parent carers so they can share with you their perspective.

> Use child's name when giving instructions.

> Ask the child to repeat back what activity they are going to do.

> Use the child's interest to extend engagement.

> Keep activities short and finish before the child loses interest to build on success for the child.

> Use chunking and break tasks down into smaller, manageable steps.

> Use visual timetables – including some individualised to meet a child's needs.

> Implement Attention Building Strategies through SALSS.

> Use backward chaining. Break the overall task down into smaller steps. The adult helps the child with all but that last step with the child being taught to do the last step themselves. Once the last step is learnt, the child and adult work backwards, learning other steps of the sequence until the child can do the entire task.

> Ensure that experiences and activities are suitable for the child, for example the length / timing / interests.

> Explore what motivates the child and use their motivations to support them to maintain attention.

> Provide consistent structure and routines to the day / session / task.

> Give clear simple directions.

> Provide a consistent staff team and learning environment.

> Adults support child away from distractions and demonstrate good "learning" role models.

> Have clear expectations regarding behaviours and a clear and consistent response to behaviours.

> Think about potential reasons and identify any patterns.

> Record behaviour - but remember to analyse and review trends.

> Allow plenty of time for movement or frequent small concentration periods.

> Plan activities in small manageable chunks.

> Be aware of times of the day that may be more difficult.

> Provide calm/chill out spaces.

> Consider whether any reasonable adjustments need to be made to behaviour policies and ensure these are in line with Equalities Legislation.

Identified barriers and/or need:

Learning differences which may impact on progress and outcomes

> Make explicit links to prior learning by reminding children of past events, activities, or experiences. Displaying photographs or sharing individual learning journals, memory books, tapestry and technology can support this.

> Assess through making observations predominately in child-initiated learning and adult directed tasks to identify strengths and areas of need.

> Model use of open-ended simple pondering statements such as 'I wonder...' or 'what if ...' rather than direct questions.

> Give clear and simple instructions, breaking down longer instructions and giving one at a time. Instructions are supported by visual prompts and gestures.

> Use visual timetables, visual cues and prompts for example objects, pictures, photos, symbols, choice boards, sequences to support instructions.

> Give time to process information before a response is needed.

> Use pre-teaching to support children. If there is a new interest that is planned to be expanded or a new book explored, it may be useful to share this with the child prior to others. It may be helpful to introduce specific language and vocabulary. For younger children before they access a group activity, consider providing this individually to support their understanding and engagement.

> Share next steps where appropriate – so children know what to expect. This can be informally shared through conversation, for example, "Well done, next time we can try...."

> Use adapted resources in a variety of ways to teach the curriculum which is appropriate to the developmental stage of the child. For example, a child who has difficulty with spatial awareness could be encouraged to join a physical activity negotiating around cones or use an obstacle course which is at a level that provides some challenge but it not beyond the child's ability. When considering the resources needed to support a child, reflect on the child's stage rather than the age of the child to ensure resources support needs.

> Use meaningful continuous strategies to boost self-esteem and confidence. Provide specific meaningful praise and feedback when a child persists and / or achieves something new or perseveres at a new task. Staff should praise children for the process of engagement and learning and "having a go" rather than the outcome.

> Adaptation should be integral to practice, consider how and what should be included to ensure access.

Identified barriers and/or need:

Specific learning difficulties affecting one or more area of learning

> Adopt a neurodiverse and neuro-affirming approach to celebrate the strengths of each child.

> Assess through observations of child-led play and playful adult directed tasks to identify the child's strengths, interests, and the areas of need.

> Plan short achievable tasks by modelling and giving lots of encouragement.

> Where appropriate teach metacognition approaches (how we learn) for example, ask children to think in advance about how they will accomplish a task. Talk through and sequence the stages together.

> Understand the children's difficulties with learning strengths and needs in consultation with the child and parent carers, including finding out what works well at home.

> Recognise and celebrate success in effort and show interest in other areas of the child's life.

> Work closely with the SENCO and other specialist staff to understand what strategies or approaches to use in line with advice from assessments or consultation.

Identified barriers and/or need:

Memory skills

> Provide memory aids, visual cues and timetables referring to these regularly throughout the day, ensure that these are always readily available to the child and moved frequently to enable accessibility.

> Provide practical resources, including concrete and real-life resources to support learning appropriate to the stage of development. For example, in reception classes you may want to use name cards, letter/number formation resources and rhymes.

> Ensure your setting has a consistent routine, supporting children with changes when necessary.

> Use routine, consistent prompts to support independence.

> Support children visually and kinaesthetically when changes in their environment occur. For example, allow extra time at tidy up time, allocate specific tasks at tidy up time, repeat activities, and use visual routines and prompts throughout the environment.

> Ensure resources are clearly labelled with pictures and words and are at the child's level allowing independence.

> Provide photographs of the setting including important people, such as keyworker, teacher, teaching assistant, and the environment, such as where they put their coat, water bottle, lunch box, book bag for home, so that these can be shared with the child at home.

Identified barriers and/or need:

An uneven profile of skills, strengths, needs and attainment

> Ensure the child has full access to the breadth of learning by making adaptations, adjustments, and modifications to ensure that the child can access their full entitlement to the curriculum.

> Sensitive adults respond to the child to support their next steps in learning, based on individual plans and observations.

> Plan activities designed to develop skills which will support children to become independent learners.

> Support children to develop their self-esteem through celebration and reinforcement of strengths and successes.

> Support children to draw on their own experiences in their play and support them to extend and build on their ideas, concepts, and skills.

> Extend children's interests and introduce them to new experiences by providing a variety of activities using creative and playful approaches.

> Provide first-hand real-life experiences as part of your everyday routines for children to explore and discover.

> Plan and resource a challenging environment where children's play can be supported and extended.

> Encourage and support children to persevere through difficulties, to ask questions, problem-solve and take risks.

> Identify and support next steps in learning and utilising information from home to offer the child consistent challenge.

Identified barriers and/or need:

Literacy skills

> Literacy opportunities are threaded through continuous provision indoors and outdoors.

> Include opportunities for mark making and writing across all areas of provision and play.

> Indoor and outdoor opportunities are provided and across all areas of learning.

> Encourage and support children's responses to picture books and stories you read with them.

> Use different voices to tell stories and encourage young children to join in wherever possible, for example by leaving gaps in repeated refrains.

> Tell stories in a variety of ways. Support children to use pictures to tell a story or make picture scrap books so the children can design their own stories.

> Use puppets or small world resources to tell stories, or use the children's ideas to build interactive imaginative stories

> Be creative where stories are shared, using all areas of the indoor and outdoor environment.

> Include opportunities for mark making and writing across all areas of provision and play.

> Consider peers within small group experiences so the child has access to good role models for language and communication.

> In reception classes, consider use of appropriate learning resources, for example pencil grips, spelling aids and alternative methods for recording information including verbal and ICT methods.

> Provide opportunities and experiences for children to build on their understanding through repetition with skilful adults scaffolding learning.

Identified barriers and/or need:

Numeracy skills

> Numeracy provision is threaded through continuous provision both indoors and outdoors.

> Sing counting songs and rhymes using visual aids/cues which help to support children's understanding of number, such as '5 Little Speckled Frogs'

> Use pictures and objects to illustrate counting songs, rhymes and number stories, cooking activities.

> Provide collections of interesting things for children to sort, order, count, and label in their play. Use aided language boards to reinforce vocabulary.

> Ensure mathematical language is embedded throughout the environment and used in all play and routine opportunities.

> Support children to gain an understanding of individual number sense, for example the 'twoness of 2' - I have 2 hands, 2 eyes, I can collect 2 objects and so on.

> Provide access to concrete resources like counting objects, number lines, Numicon and so on.

> Use concrete resources to develop number knowledge before teaching abstract numerals or mathematical symbols.

3. Social, Emotional and Mental Health

Identified barriers and/or need:

Dysregulation including physical responses

> Use trauma informed practice and relational approaches such as PACE.

> Use co-regulation to support self-regulation. Co-regulation is the nurturing connection of another person that supports regulation using strategies, tools, and calming techniques.

> Share clear expectations, using positive language, with the children, in relation to the setting ethos verbally and visually.

> All staff are consistent in how they support children to remember and follow expectations.

> All staff use a consistent approach to support the child in distress and keep other children safe. They make reasonable adjustments to support individual needs.

> Implement strategies that are reassuring and acknowledge children's emotions.

> Anticipate the trigger and use distraction to avoid physical interactions.

> Provide the child with safe things and places to throw which meet the physical need to throw.

> Model the use of alternative strategies to express feelings of anger or frustration for example screaming outside, pushing against a pair of handprints on a wall, banging a drum and so on.

> Put preventative strategies in place, avoiding high arousal situations such as busy noisy environments or groups of children in small spaces.

> Arrange a safe and calm area / reflective area, chosen in agreement with the child.

> Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR observation sheet; ABCC; therapeutic thinking tools anxiety analysis and early prognosis tools; observation sheets; informal observations should be carried out to analyse incidents, develop understanding and plan for adjustments accordingly.

> Communicate with families about what might be happening at home (divorce, bereavement, illness) and strategies that work/don't work. Relay this information to staff.

> Access Promoting Positive Behaviour training and review practice to employ appropriate de-escalation strategies in place (for example distraction to an activity of interest/offer child's comforter/preferred adult/calming strategy).

> Implement a time limited risk management plan which is consistently reviewed. This should include pro-active strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach.

> Implement a clear plan of action, agreed with parent carers, to keep all children safe if a child is having a physical response to an emotional outburst regarding the need of any physical intervention. This may require moving of other children from the area. A risk assessment must be in place if the child's dysregulation is causing a risk.

> Parent carers and staff have access to inclusion and behaviour management policy. Reasonable adjustments are made to policies in response to the child's needs.

> For reception classes, following suspension, create a Pastoral Support Plan (PSP). Ensure that strategies are implemented, and feedback given to the pastoral lead.

> Arrange to undertake self-regulation in early years training.

> Use the 'keep your cool toolbox' strategies for ideas to support. Share the app with parent carers to download and support at home.

Identified barriers and/or need:

Dysregulated behaviours

> Reflect on triggers and consequent behaviours. What is the child communicating? Why is the child displaying this behaviour? Talk to parent carers to learn more about the child's behaviours at home.

> Ensure your school/setting behaviour management policy focusses on supporting children's social and emotional development including supporting self-regulation.

> There is an understanding within the setting that all behaviour is a form of communication.

> Ensure there is a positive robust key person system in place where the adult takes charge in building the relationship.

> Before implementing strategies, be curious about what the child is trying to communicate and explore what is happening for the child. Take a holistic approach to this exploration considering when, where, what, why and who, and any commonalities.

> Consider what the behaviours are reflecting and what the child needs currently. Do they need connection, sensory or physical feedback? Is there anything we are missing or need to unpick further? Could there be underlying needs such as social communication, social, emotional, and mental health needs, or Adverse Childhood Experiences?

> Be curious about the child's previous lived experiences collaborating with home and any other professionals to gain a greater prospective.

> Keep a note of concerns, liaise with designated professional (SENCO, key person, or safeguarding lead) within your setting.

> Be aware if children have been prescribed medication, feedback any changes or concerns to parent carers so that they can discuss with their GP to rule out health issues.

> Respond to the emotions of the child in a calm and considered way. Share your calm.

Identified barriers and/or need:

Focus and attention is variable

> Consider use of voice, gesture, and body language.

> Focus on reducing anxiety.

> Positively reinforce expectations through verbal scripts and visual prompts.

> Have a quiet area to go to. Plan how to support them to engage on another occasion.

> Lower demands.

> It is unreasonable to expect "perfect" behaviour and it is unreasonable to apply the same sanctions in the same way as you would with a child who is neurotypical and doesn't struggle with impulse control or maintaining focus.

> Ensure a positive progressive approach to managing behaviour is taken, not a punitive behaviourist approach - even though the latter may be more immediate and may make adults feel temporarily more in control.

> Use a low arousal approach.

Identified barriers and/or need:

A child who is hypo-aroused or in a hypo-arousal state (freeze response)

A child who is hyper aroused or in a hyper aroused state (fight/flight response)

> Ensure that children's social and emotional development including self-regulation is at the heart of the curriculum.

> All staff understand 'The Window of Tolerance' including hypo- and hyper-arousal responses.

> Notice how the child presents when in the hypo-arousal freeze response. This might look like: isolated, quiet, withdrawn, hiding, limited language to communicate, difficulty decision making and so on.

> Before implementing strategies, be curious about what the child is trying to communicate and explore what is happening for the child. Take a holistic approach to this exploration considering when, where, what, why and who, and any commonalities.

> Make sure all adults are aware of their reactions to the observed behaviour and ensure a consistent response.

> Build a picture of the child's likes and interests through observing and joining in with their play when they are regulated. This knowledge can be used to support regulation.

> Co-regulate with the child using their trusted adult. Co-regulation is the nurturing connection of another person that supports regulation using strategies, tools, and calming techniques.

> Explore with the child a range of resources and activities linked to their likes and needs to support regulation. Model this when the child is regulated so their bodies and brains are familiar with the activities and how they feel for when they are dysregulated.

> Activities to support hypo-arousal could be blankets, soft toys, sensory/fidget toys, being outside, breathing activities.

> Activities to support hyper-arousal could be breathing activities like blowing pom poms, deep muscle work for example moving heavy objects like tyres, wearing a heavy backpack, sensory play, rolling, sensory circuits, sweeping, throwing beanbags.

> Mirror the child's interests and comment on what they are doing/looking at to show them we are alongside them on their journey.

> Be calm and sensitive, take the pressure off by limiting the number of questions. Keep demand low and praise high.

> Analyse all observations and staff's knowledge of the child made to identify the child's needs and plan how to support them. Plan specific observations if needed.

> Discuss with colleagues and your SENCO to ensure consistency of approach with all staff.

> Plan tasks and activities to ensure that all children experience success in the learning environment. Adapt provision to meet needs of the child.

> Try activities and experiences which provide the child with a sense of belonging or importance to the group.

Identified barriers and/or need:

Child is not yet able to access or participate in any learning activities

> Spend time creating positive and warm relationships with the child. Start with their likes and interests.

> Before implementing strategies, be curious about what the child is trying to communicate and explore what is happening for the child. Take a holistic approach to this exploration considering when, where, what, why and who, and any commonalities.

> Talk to parent carers about what they see in the home environment. Develop a shared understanding and plan strategies appropriate to be used at home and in the setting.

> Co-regulate with the child using their trusted adult and previous activities that the child has enjoyed. Co-regulation is the nurturing connection of another person that supports regulation using strategies, tools, and calming techniques.

> Review routines, practice, and provision in the setting – identify and make changes that will support all children. Ask questions about why you do things the way you do and who it benefits. Be open and flexible – if it isn't working, make a change.

> Share strategies with all adults and ensure they are used consistently.

> Explore the use of peer observations or videoing good staff interactions and use of strategies to develop other practitioners' skills and confidence.

> Work with the child to create a safe space that they can go to when overwhelmed. This will look different for the children you are supporting as it needs to be where the child feels safest.

> Provide an emotional narrative alongside the child. When the child is calm, name their feelings and emotions and those of others in a natural way.

> Model positive interactions and language to support collaborative play, turn taking and negotiation with peers for example using visual prompts such as timers, moving to another experience while they wait for their turn, being able to use their voice to say 'stop' or 'no' rather than using physical communication.

> Plan a proactive rather than reactive approach to support the child and improve their experiences.

> Observe the child's play and plan exciting activities to engage them in which follows their interests.

> Observe what is happening when the child is engaged/calm/happy and ensure the same experiences, opportunities and interactions are available every time.

> Notice the positives reflect these back to the child.

> Explore what motivates the child and use this to support them develop their pro-social behaviour – this could be giving them a role that they see as important, providing praise, an activity of interest, a challenge or something new and exciting.

> Staff consider using a therapeutic approach to supporting positive behaviour.

Staff consider the positive/ pro social behaviours as well as "anti-social" (behaviours of concern) to gain a full picture of the child's needs and strengths.

> Staff may consider a low arousal approach.

> Use 'wondering out loud' to support emotional understanding, e.g. "I can see you re…tapping/stamping/shouting etc. …. I wonder if you are …worried/cross/stuck…shall we…go for a walk/ take a break/get a drink of water/ read a book/ do some climbing etc.?

> Ensure that reasonable adjustments are made such that we adapt for social and emotional development in the same way that we adapt for learning.

> Ensure learning needs are being met.

> Understand the basis for the behaviour: what is the history/context?

> Continue to implement strategies that are reassuring.

> Offer clear guidance – explicit messages letting the child know what is expected of them.

> Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR observation sheet; ABCC, therapeutic thinking tools, observation sheets; informal observations can be carried out to inform understanding.

> Devise a risk management plan which includes pro-active strategies, early interventions to reduce anxiety/harm and reactive strategies to ensure a consistent approach.

> Employ a clear plan of action, agreed with parent carers to encourage, and support pro-social behaviour. Develop a one-page profile to support all staff to understand the child and provide consistent, appropriate support.

> Consider the impact of the routines and how you prepare a child for transitions.

> Plan for transition between activities, rooms, and outside play including 'what works well' in terms of in adaptation and support professionals meeting to unpick the behaviour.

> Communicate effectively with home/family: what is going on at home, another agency's involvement?

> Raise the need for use of an individual learning plan, one page profile, star observations with your SENCO/Inclusion Lead if a child shows regular episodes of behaviours that challenge. Use the plan to focus on supporting positive behaviours and encouraging practitioners to focus on supporting the child's wellbeing and self-esteem.

> For settings, talk to your EYCA about further support. For additional advice and guidance for reception class, discuss the need for getting advice from the Fair Access Team, Educational Psychology Service, Learning Behaviour and Advisory (LBAT) and Autism and Social Communication (ASCT) teams if difficulties persist.

> Ensure that advice is consistently implemented and analysed and reviewed for effective impact.

> Review individual plans regularly: they may have changed, or you may be able to contribute new information to inform and update the plan.

> Ensure there is a whole setting consistent approach to support the child's individual strategies.

Identified barriers and/or need:

Presenting as significantly unhappy or stressed

> Identify a key figure within school / setting who can provide an emotional support and build interests.

> Establish a safe place / quiet area which is chosen and agreed with the child.

> Ensure co-production with parent carers, to ensure consistency between the home and school / setting.

> Use comic strip conversations to identify triggers and identify alternative actions.

> Provide opportunities to reflect emotional states and develop strategies to support self-regulation.

Identified barriers and/or need:

Difficulties with connection, for example never leaving an adult, or not wanting an adult near

> Be aware that children with attachment needs may respond differently to behaviour strategies which work with others.

> Be aware that a child may say they do not want the support offered. This doesn't always mean that they don't need it. Seek to support in more subtle ways, but do not withdraw support.

> Liaise with parent carers for shared understanding.

> Consider the family context and the range of children who may have attachment difficulties, for example adopted, Forces children, previously CIN, CLA. Some children and young people from GRT or Showman communities may have never been away from their family.

> Check out whether your school has had any attachment-based training or has appropriate resources which may be useful.

> Ensure there is a good transition when the child starts school – check the history and share important information.

> Use attachment informed strategies within class and develop a nurture group or foster a nurture ethos.

> Consider the appropriateness of existing behaviour management policies.

> Discuss an individual plan if necessary. The law states that 'Reasonable Adjustments' must be made.

> Liaise with the Virtual School for training.

> For reception classes, liaise with EPS and LBAT for training.

Identified barriers and/or need:

Making and maintaining healthy relationships

> Use small group/nurture group activities to support personal social and emotional development.

> Model appropriate emotional responses to disagreements or difficulties with sharing / turn taking.

> Think about who the children can maintain a relationship with (adults only, younger children). Try and understand the reasons for this and use this information to build the children's capacity to maintain relationships.

> Use and model the conflict resolution approach to help manage upsets and disagreements.

> Use restorative approaches when relationships break down.

> Use a key worker to rehearse and replay appropriate social communication methods. Provide opportunities to practice the social communication skill being learned in class.

Identified barriers and/or need:

Following and accepting adult direction

> Look for patterns and triggers to identify what may be causing behaviours, for example the use of language.

> Be aware that these behaviours may indicate an unmet need for safety. Plan accordingly to increase the child's feelings of safety.

> Use consistent scripts - positive language to re-direct and reinforce expectations.

> Consider calming scripts to de-escalate, including for example, use of sand timers for 'thinking time'.

> Provide limited choices to give the child a sense of control whilst following adult led activities.

> Use meaningful positive feedback to 'catch them being good' and reward with whatever the child is personally motivated by, for example LEGO, superhero play, jigsaws, technology.

> Create a visual timetable and using visual cues such as sand timers to support the end of activities and sharing.

Identified barriers and/or need:

Patterns of non-attendance

> Talk to parent carers to identify barriers of non-attendance.

> Think about 'push and pull' factors. What pushes them away from attending? What interests them and pulls them in?

> In reception classes, consider accessing the West Sussex Emotionally Based School Avoidance (EBSA) materials, as these can be useful diagnostic tools for early intervention.

> Consider the impact of suspensions on individual attendance in the long run - will the children learn that this behaviour enables them to go to their safe space?

4. Sensory and/or Physical Needs

Identified barriers and/or need:

Physical symptoms that are medically unexplained, for example soiling, stomach pains

> Use activities that are stress reducing, for example, games, dance, colouring, gardening, animals, forest school.

> Monitor to see whether the symptom is persistent.

> Keep a log and analyse pattern or trends to identify triggers. Follow setting procedures and speak to the SENCO or safeguarding lead regarding your concerns if issue persists.

> Liaise with Heath Visitor.

> Remember that pain can affect children in many ways. Autistic children and those who have social communication differences or who have experienced trauma may experience pain in different ways to people who are neurotypical.

Soiling: Causes for soiling could be due to:

> Development – exploring the sensation.

> Sensory stimulus – the pupil likes the feel.

> Not toilet trained.

Abuse.

Identified barriers and/or need:

Physical sensitivity, including hyper and hypo responses and possible Sensory Processing Disorder (SPD)

> Meet with parent carers to identify potential trigger times and activities.

> Conduct a sensory audit of the setting or school environment.

> Share strategies and advice with all members of staff to support the children's sensory profile.

> Access staff training (possibly through the sensory integration network).

> Work together with other professionals to share strategies and advice to support the child's sensory diet.

> Identify activities which help the child regulate. Use proactive strategies to support regulation, use these before dysregulation occurs.

> Consider the impact of break times, dinner time and transitions. Work with the child to develop strategies which help them feel ready to learn.

> Consider using a low arousal approach.

> Consider using individual workstations.

> Build resilience using timers.

Identified barriers and/or need:

Developmental co-ordination difficulties (previously known as dyspraxia)

> Develop the child's core stability, perhaps through using a wobble cushion, exercises, and games.

> Ensure correct seating position with appropriately sized table and chairs. Practitioners to discuss any specialist equipment needs with the most appropriate professional.

> Provide physical activities to support development of gross motor skills, for example throwing, catching, hopping, scootering, riding a trike and so on.

> Offer opportunities for child to cross the mid-line such as waving scarves, ribbons, pom poms and so on.

> Provide a variety of opportunities for mark making, such as water and paint brushes, mud and sticks, wet and dry sand before progressing on to using more formal mark making tools such as pencils / crayons. Pencil grips and / or sloping boards may support the use of these more formal tools.

> Develop fine motor skills, for example hand and arm exercises, such as dough disco, specialist scissors, pegboards, threading, play dough, pincer grip activities like placing pegs onto washing line or sorting with tweezers.

> Provide sequencing and organisational skills, for example, first / next boards, visual timetables, and clear and consistent routines.

Identified barriers and/or need:

The child is D/deaf or has temporary hearing loss (for example, glue ear)

Possible indicators:

> Children may mishear words or instructions and need reinforcement and reassurance before beginning task.

> Fluctuations in attention, may struggle concentrating.

> Difficulty in understanding peers in group discussions or in noisier environments.

> May have delayed language.

> Be aware the child may use lip-reading and visual cues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking.

> Be aware of non-verbal communication including eye contact, body language and facial expressions.

> Use visual reinforcement (pictures and other visual prompts), to support learning as well as pointing and gestures.

> Use visual timetables and visual cues, such as sand timers, to support sharing.

> Be aware that during physical games and activities, particularly in large open spaces, it will be more difficult to follow instructions. Therefore, planned activities may need to be adapted.

> Consider that words spoken on an audio / visual recording may need a person to repeat what is being said.

> Consider the environment for example carpeting, soft furnishing, rubber feet on the table and chair legs and so on will reduce noise.

> Seat away from any source of noise for example the window, corridor, fan heater, projector, the centre of the room.

> Provide prompts for good listening behaviour: sitting still, looking, and listening.

> Encourage child to ask when not sure what to do.

> Establish quiet spaces within the environment, particularly for specific listening work.

> Ensure all staff and visitors who work with a child are aware how best to support. They should be familiar with the child's one-page profile and individual plan.

> Arrange for adults to have appropriate training, for example, British Sign Language (BSL) / Makaton / Say it, Sign It.

> Work together with other professionals to share strategies and advice to support the child.

> Employ techniques to monitor and support all children with noise levels.

> Give the child a warning regarding fire alarm testing. Fit a flashing alarm to be accessed visually.

Identified barriers and/or need:

Visual impairment

> Work with other professionals, for example the Sensory Support Team or mobility officer to share strategies and advice to support the child and access to learning environment.

> Use technology, and alternative visual resources.

> Ensure that staff have a good understanding of child's level of vision, and complete training through the Sensory Support Team.

> Make additional resources available for inclusive play, for example a bell inside the ball so all can play together.

> Ensure time for a child to map the room and allow this to occur daily or when in. Allow re-mapping to occur when furniture and resources change place to reduce confusion and potential injury.

> Consider lighting and position at group time / lunchtime for children and how it supports their vision.

> Provide uncluttered space and reduce display backgrounds to help the children focus on the appropriate object.

> Use auditory reinforcements and cues.

> Use talking books and literature / books in Braille.

> Provide labelling and pictures to denote the content of resources. Labels need to be in a font and size that is clear to the child.

> Take account of mobility needs to ensure the child can access the whole environment.

> Provide access to visual aids at an appropriate height for the child.

> Consider using talking equipment and text-to-speech software.

> Provide access to quieter spaces when required.

Identified barriers and/or need:

Tasting (gustatory) differences - Child may have aversion to certain food tastes and textures or may seek input from foods and food textures.

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Use visual supports to support with choices and awareness of what is for lunch, snack, dinner.

> Have a consistent mealtime routine involving opportunities for positive adult role modelling and positive support for the child.

> Offer an element of choice for example peas or carrots.

> Allow and provide opportunities for the child to explore food texture with their hands.

> Ensure positive interactions between child and adult to build confidence at meal and snack times.

> Keep pressure to eat low, especially when trying new foods.

> Ensure that there are alternatives available at mealtimes and foods that suit a sensory preference.

> Plan carefully how the child will access meals and snacks to reduce stress and any pressure to eat.

> Consider substitutions to sand play if the child regularly puts items in their mouth. Rice, lentils or flour may be used as an alternative.

Identified barriers and/or need:

Smelling (olfactory) differences. Children may have a strong aversion to smells or indeed seek smells out.

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Set up a 'no scent' zone, free from air fresheners, flowers, perfumes and so on.

> Staff should consider the perfume / aftershave and other products that have a smell that they wear. Do the cleaning materials used have a strong smell?

> Provide scented playdough, pens, and toys to support sensory seeking needs.

> Allow the child opportunities to bake and cook to create different smells.

> Staff are aware of smells from the outdoor environment for example refuse collection. Potential dysregulation is mitigated where possible.

Identified barriers and/or need:

Touch (tactile) differences

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Staff consider the foundation sensory systems of proprioception, interoception, vestibular and tactile. If these are operating in the optimal state for individual preferences, the child may be less likely to experience challenges within the other senses / dysregulation / avoidance.

In the first instance educators should consider the environment or place and will have made reasonable adjustments to support the child.

> Consider the proximity of others. Perhaps consider use of a carpet tile and the position of the child in the group.

> Allow the child to be at the front or the back of a line.

> Approach the child within their visual field.

> Consider the challenges that children may face with different floor surfaces; they may find it challenging to sit on the carpet.

> There are opportunities for children to engage in sensory play for example sand, water, oats, gloop.

> Make adjustments for uniform or clothing so that the child is comfortable and regulated.

Identified barriers and/or need:

Proprioceptive differences

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Consider the foundation sensory systems of proprioception, interoception, vestibular and tactile. If these are operating in the optimal state for individual preferences, the child may be less likely to experience challenges within the other senses / dysregulation / avoidance. In the first instance educators should consider the environment or place and will have made reasonable adjustments to support the child

> Proprioception is achieved from active use of the muscles: pulling, pushing, and carrying. It is also obtained from active movement (that is propelled by child): running, climbing, jumping. Incorporate proprioceptive activities regularly during the day for example before a tabletop or sedentary activity.

> Offer opportunities for the child to run, jump or join in weight bearing activities such as crawling, pushing and pulling games.

> Recognise that the child may seek further input via leaning. Make adjustments to facilitate this.

> Children may rock on their chair or place the legs on their feet to seek "grounding", what opportunities are on offer to support this? For example, children may benefit from move and sit cushions or wedges to give feedback to sit comfortably.

> Use timers to support the start and finish of an activity.

> Provide sensory experiences to support children.

Identified barriers and/or need:

Vestibular differences

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Consideration is given to the foundation sensory systems of proprioception, interoception, vestibular and tactile. If these are operating in the optimal state for individual preferences, the child may be less likely to experience challenges within the other senses / dysregulation / avoidance.

In the first instance educators should consider the environment or place and will have made reasonable adjustments to support the child.

> Give the child daily opportunities to perform gentle stretches, rocking back and forth, slowly marching; consider Yoga activities.

Identified barriers and/or need:

Interoceptive differences

> Staff recognise and plan for children's sensory differences and needs. They understand the impact on children's learning and emotional well-being.

> Consideration is given to the foundation sensory systems of proprioception, interoception, vestibular and tactile. If these are operating in the optimal state for individual preferences, the child may be less likely to experience challenges within the other senses / dysregulation / avoidance. In the first instance educators should consider the environment or place and will have made reasonable adjustments to support the child.

> Interoceptive awareness can be:

> > Too Big – strong, overpowering, too many signals noticed all at once.

> > Too Small – Muted, don't notice until intense or go completely unnoticed.

> > Distorted – Signals noticeable but not clear enough to give specific detail about exact location or type of feeling.

> There are prompts for the interoceptive sense – adults in everyday practice talk about internal feelings (both physical and emotional).

> Build mindfulness activities into daily routine.

Identified barriers and/or need:

Toileting and hygiene care

> Ensure you have an updated Toileting Policy which applies to all children and can be shared with parents (see example in toileting pack). This also outlines legal and safeguarding responsibilities.

> To aid transition to school, meet with parent carers and their early years setting to find out the child's routine including equipment, vocabulary, and motivators.

> Fill in an individual 'Toileting Care Plan' together to provide specific information for adults supporting, this is especially key in the first few weeks of settling (see example in toileting pack).

> If parent carers have not started toilet training yet, the research and guidance in the 'Toilet Training Tips' leaflet may be a useful starting point for gaining information, discussion and planning initial steps.

> During your conversation you may find that more specialist support is needed, and you can liaise with your School Nursing Team.

> Training is available for EY Staff: ask your EYSAT (Transition Teacher) for dates.

Identified barriers and/or need:

Physical disability or mobility impairment

> Arrange an early pre-entry meeting with parent carers to find out how the child's needs impact on everyday life.

> For early years settings, ensure that the provider insurance company is aware that child is attending and how the setting is meeting their needs.

> Ensure that transition arrangements have been put into place prior to the children start at the setting. This would include ensuring that the necessary adaptations are in place, such as:

> Undertaking appropriate moving and manual handling training.

> Use of support equipment for example work chairs, walkers, standing frames, hoists.

> Ensuring that appropriate accessibility plans are in place for example a Personal Emergency Evacuation Plan (PEEP).

> Undertake appropriate care training and, where applicable, use of hygiene suites.

> Procure and know how to use / maintain (where necessary) with operated life-skills / curriculum equipment.

> Use adapted equipment to facilitate access specific activities throughout the school day for example cutlery, crockery, scissors.

> Maintain progress, this would include having a detailed handover with the children's previous key person/ teacher to have a clear understanding of their strengths, developing coping

strategies and any areas of need which may relate more broadly to their development or emotional wellbeing (such as opportunities to develop confidence or developing and maintaining friendships).

> Keep a focus on promoting independence and resilience within planning and differentiation. Provide accessible 'stretch' opportunities.

> Fill in a multi-agency record with details of professionals involved to contact for guidance and training.

> Contact the Advisory Teacher supporting physical needs in the Sensory Support Team.

> If the child is transitioning into school, make a referral to the EYSAT Transition Team.

> Prior to starting school, contact professionals, parent carers and current early years setting to arrange an initial meeting: list equipment and training needed.

> It is essential that training is planned in a timely manner as some requires multiple sessions. If the child is transitioning into school, professionals will need to schedule this in the 4 months from April and prior to the Summer Holiday.

> Identify / survey staff who can be trained: staff who would usually be in the classroom are ideal at this time although this will need reconsidering when the child moves into a new setting or year group. Consider part-time and full-time staff, as multiple staff can be needed for some types of support.

> To prepare for transition, arrange to visit to see the child in their current setting to see them in the environment and find out about useful adaptations.

> With support of the above Advisory Teams, arrange a second meeting prior to school start. This may involve professionals and parents looking at the classroom and outdoor environment and the child may need to attend this meeting. A Health Care Plan and Risk Management Plan could be drafted within this meeting. Share with participants for amendments and additions.

> Seek advice from the Sensory Support Team regarding sourcing equipment or adaptations to buildings.

> It is advisable to devise a timeline for transition including training and resources to ensure preparations are in place for the child to start school in September

5. Medical Needs

Identified barriers and/or need:

Severe and complex medical needs including a life-threatening diagnosis or condition

> Establish and maintain especially good communication with parent carers: consider a regular weekly meeting in person or by telephone and a communication book / use of online journal.

> Liaise with parent carers and professionals regarding how they would like other children and families informed of the child's needs, being mindful of equipment and illness within their own families. Many charities produce story books and online material which explains this in an appropriate way for small children.

> Ensure that you have the equipment that you need, for example support equipment such as lockable medicine cabinets, first aid bags, fridge. Some medications such as inhalers, blood glucose testing and adrenaline pens should be immediately available.

> Ensure parents and staff have access to the medication policy to be reviewed and updated regularly. Gain parent's permission to administer medication.

> Have a good understanding of any documents related to managing medical needs in school / setting.

> Access training prior to transition, such as rotated medication, care training, or manual handling.

> Identify what additional support may be required for example diet, toileting, use of equipment, cooking, mealtimes and to take part in outings.

> Ensure that you feel supported and equipped to support the child, their family, and your class through any losses. Seek support from professionals and charities. Also discuss with your SENCO/lead professional. Bereavement training may be appropriate.

> Review and update individual support plans (Health & Care Plan and or risk management plan) with your SENCO to ensure that they reflect the level of need being presented and are informative for other members of staff (cover teachers, for example).

> Discuss use of ICT equipment with your SENCO to support communication and learning.

> Provide achievable opportunities for the child to experience success and be as independent as possible. Provide scaffolding opportunities to take part in paired or small group work for example give children the opportunity, where appropriate, to be involved in managing their own health needs.

> Consider fatigue levels and how these impact on the child's ability to engage. Make plans for rest and sleep as required.

> Understand how medical conditions can impact on the child's ability to learn, speak to parent carers and relevant professionals for information.

> Consider how you could promote regular home school contact when/if a child is not in provision to maintain a 'sense of belonging' with peers and school/setting community. Use your online journal to share learning for the class or achievable pre-recorded activities. If the child is absent for longer periods consider sending a card from the class, sharing a story online, offering parent carers the opportunity to meet up and maintain connection with school life.

> Consider with parent carers if a buddy system would work well: one or two families can be approached to support/check in with the family. This offers a different form of support to school which may be appreciated by the family and could be more frequent and informal.

> Plan for the child's return after a period of absence to help the child and family ease back into school life. A gradual build-up of hours in school may be appropriate, as may support for reintroducing relationships, friendships, and routines. This should be considered as part of the child's individual plan.

Identified need:

Diabetes

> If a child is newly diagnosed with diabetes, the paediatric medical team will contact the child's setting. Liaise with the team to secure training and advice. If you are unsure of the specialist nurse's contact details, parent carers will have these.

> All diabetic children will have a medical care plan. Make sure that you have read and understood this.

> Communicate with parent carers regularly, in a mutually agreed way. Most are happy for education staff to shadow or watch them administering medication if the child is new to your setting.

> Most diabetic children are discharged from hospital with a continuous glucose monitor. There will likely be a mobile phone app connected to this to allow monitoring, therefore the child will always need access to their device. An adjustment to the setting's mobile phone policy is crucial to facilitate this.

> Access the free of charge JDRF training modules prior to having the specialist nurse's training. These modules include basic awareness and information about insulin pump care. Education professionals | JDRF

> Access the DigiBete website for information and video learning: there is a section for education professionals. Some children or young people use the DigiBete app for support.

> Medication and testing kits may need to be handed over daily between home and school. Prepare to facilitate this.

> You may need to keep snacks on site for treatment in the event of hypo-glycemia (low blood sugar levels) and provide access to these when necessary.

> Support the child to develop independence to check that insulin is in date. Medication in pumps should be changed monthly.

Section 2B: Ordinarily Available Support for 5–25-year-olds in mainstream settings

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

For more specialist advice, please see the SEND Toolkit on the West Sussex 'Tools for Schools' website.

1. Communication and Interaction

Identified barriers and/or need:

Difficulties saying what they need or want, and being understood

> Provisions and /or strategies:

> Allow time for children and young people to process and respond (10 second rule).

> Model language – reflect and reframe correct speech or grammar rather than correcting.

> Repeat what the child or young person has said and add one word.

> Organise small group or individual target language sessions. To facilitate this, adults have phonological awareness and understand the impact that processing difficulties may have on phonics acquisition. Adapt teaching accordingly.

> Teach in a way that links with language programmes devised by a Speech and Language Therapist.

> Introduce a variety of language through rhymes, songs.

> Support and encourage the child or young person to communicate verbally.

> Use alternative methods of communication where appropriate. For example, Makaton, technology, communication books and boards. You may also want to consider the use of a symbol communication system, please speak to your SENCO for further advice.

> Use visual choice boards to enable the child or young person to communicate, for example if they need the toilet or a break.

Identified barriers and/or need:

Difficulties with speech sound production and intelligibility

> Provide the child with a good model for correct speech. For example, if your child or young person says "dun" instead of 'sun', simply say, "Yes, there's the sun". Repeat this often so that the child has multiple opportunities to hear correct speech.

> Emphasise the sounds that are difficult for the child or young person, for example "sss-sun".

> Get down to the child or young person's level before you model speech.

> Ensure that the child or young person's hearing has been checked. They will struggle to produce sounds that they are not hearing if this is the case.

> Avoid telling the child to say a word which you know they find difficult (for example "say fish"). Children or young people tend to just repeat their incorrect way of saying the word and may become upset or frustrated if you put them under pressure.

> Avoid saying "no" when correcting the child or young person's speech, as this can be frustrating or can put them off trying again, especially when they think they are already saying it the right way.

> Don't talk above background noise. Children are more easily distracted by noises that adults can more easily ignore or tune out. For example, turn off the TV when you want to focus on talking; find a quieter space to speak.

> Develop phonological awareness skills such as rhyme identification, syllable awareness and identifying the first and last sounds in a word.

> All staff understand that children with different linguistic backgrounds may have difficulties hearing and producing certain sounds and might therefore require additional practice time.

Identified barriers and/or need:

Difficulties understanding what is being said to them

Provisions and /or strategies:

> Consider how many information carrying words a child or young person can manage when giving instructions.

> Adapt the use of language and method, e.g., by giving simple choices, or by reducing complexity and sentence length.

> Provide visual prompts if necessary, including key vocabulary, visual timetables, now and next, gestures and labelling equipment with pictures.

> Ensure the adult is physically at the child or and young person's level.

> Give extra / allow take up time for the child or young person to process what has been said.

> Audit the environment and limit any distractions, in line with the child or young person's needs.

> Check you have engaged the child's attention before talking to them, by using their name.

> Check that hearing has been tested.

> Pre-teach topic vocabulary and provide opportunities to re-visit understanding and use of words.

> Introduce new language through a structured, repetitive approach. Use visuals and phonological awareness to support.

> Use a 'first, then, now, next' visual framework.

> Use an aided language board to support the child or young person's understanding. Adults may need to model this approach, with access to the aided language board at all times.

> Ensure access to an oral language modifier for assessments.

Identified barriers and/or need:

Difficulties with imagination

Provisions and /or strategies:

> Role play and drama, starting with re-telling familiar stories. Progress to changing one or two parts of a well-known story.

> Use props, for example puppets.

> Model imaginative storytelling (both adults and peers).

> Support storytelling with visual cues or actions.

> Use photos to talk through what might be happening.

> Harness the use of the child or young person's interests when considering your approach.

Identified barriers and/or need:

The child or young person is a pre-verbal communicator

Provisions and /or strategies:

> Acknowledge and value all forms of communication, for example vocalisations, body movements and eye gaze.

> Use intensive interaction strategies to develop shared communication.

> Before giving an instruction, use the child or young person's name to draw their attention, followed by key word instructions. For example, "Jamie, break time".

> Give simple, single step instructions. Avoid the use of unnecessary or complex description.

> Use literal language (avoiding sarcasm, idiom, and figures of speech).

> Use a total communication approach. This could include objects of reference, photos, symbols, drawings, signs, or words to support pre-verbal communication.

> Use symbol communication such as Picture Exchange Communication System (PECS) or similar.

> Use communication libraries to try out a variety of resources, which can be accessed through the library service.

> Be aware of body language: a high percentage of what we communicate is non-verbal.

> Use an appropriate tone of voice (calm, not too loud).

> Be aware of environmental factors that may impact upon communication (noise, temperature, lighting, layout).

> Support verbal communication with gestures and signs, which may include Makaton.

> Allow processing time, and repeat the same wording to support processing.

Identified barriers and/or need:

Difficulty with social communication and developing relationships

Provisions and /or strategies:

> Plan supportive class groupings and opportunities for children and young people to work with different peers.

> Plan explicit opportunities to develop social understanding and inference. Use photos to talk through what might be happening or what people might be feeling.

> Plan group work and use this flexibly to promote independence from adults.

> Organise small group or one to one tasks and activities, for example Lego based therapy or social understanding support.

> Promote a calm learning environment.

> Be clear in your communication of expectations. Model positive interactions and be specific about feedback provided to children and young people.

> Ensure that staff or play leaders monitor at break and lunchtime and intervene with strategies to support peer interactions, for example through teaching structured games.

Identified barriers and/or need:

Child or young person needs support to develop social understanding

Provisions and /or strategies:

> Use role play or comic strip conversations to gain insights into a situation and reduce double empathy misunderstandings, which can then be used as a base to share explicit social understanding.

> Use structured problem-solving to unpick social misunderstandings or concerns.

> Be aware of the possibility that double empathy may be impacting upon a child or young person.

> Use small interest-based peer support sessions, for example Circle of Friends or Lego-based therapy.

> Use Social Stories for specific situations where social understanding needs development, for example, turn taking.

> Give prompts, for example symbols or gestures.

> Use visual supports for routines e.g. Now (you are doing this) and Next (you are going to be doing that) boards. Work towards the child or young person using this independently.

> Use modelling to rehearse and practise social situations. Be aware of different cultural norms that might affect social understanding.

Identified barriers and/or need:

Anxiety in busy unpredictable environments

Provisions and /or strategies:

> Prepare for change of activity or routines. Use visual or concrete resources and objects of reference.

> Organise small group activities. Use flexible grouping to build relationships with a range of peers.

> Ensure that there is a calm learning environment or access to a low arousal space. Collect the child or young person's views about the environment and low arousal space to ensure that this is impactful.

> Communicate expectations clearly, both verbally and visually.

> Provide regular mentor support, including key adults and peers.

> Use a visual timetable or 'first and next' cards. Keep these up to date and explicitly explain what is the same / different if the child or young person needs this.

> Monitor key transition points for example, home / school, break and lunchtime with strategies and resources to reduce anxiety.

> Provide a 'get out' option or a way of asking for help / alerting adults to dysregulation.

> Provide a soft start or end to lessons, allowing children or young people to arrive or leave a few minutes early to avoid busy corridors.

Identified barriers and/or need:

Over- or under - sensitivity to sensory stimuli

Provisions and /or strategies:

> Provide sensory, physical or movement breaks. These may be scheduled or used flexibly depending on the child or young person's needs.

> Allow snacks to aid regulation at suitable intervals in the day.

> Be aware of the significance of sensory processing needs on eating. This can include food colour, texture, taste, meal size, mixing of food on plates and so on.

> Be flexible with the uniform policy when necessary.

> Consider the environment: noise, room temperature, visual stimuli, proximity, seating. Use an audit tool to make suitable adjustments.

> Have a flexible approach to transitions. Explicitly prepare children and young people to manage foreseen changes.

> Provide access to a calming or low arousal space, if needed. Collect the child or young person's views about the environment and low arousal space to ensure that this is impactful.

> Develop a sensory profile for individual children and young people, to better understand their areas of sensory need.

Identified barriers and/or need:

Significant dysregulation, with risk of harm to others / self or damage to property

Provisions and /or strategies:

> Ensure that policies and practice follow a trauma-informed approach. Prioritise relational practice.

> Explicitly teach and support the development of emotional literacy. Some settings use programmes such as Zones of Regulation, others have emotional literacy planned into their curriculum. Some children need more repeats and opportunities to develop emotional literacy.

> Use wondering aloud approaches to support children and young people to recognise their emotions. For example, "I wonder if you are tired today? You are yawning".

> Communicate with parent carers to find out what helps and what may trigger dysregulation. Work with the family to ensure consistency for the child or young person.

> Develop two-way communication with families. This could include changes within the family (for example, divorce, bereavement, illness). Ensure this information is shared sensitively with appropriate staff.

> Risk assess and proactively plan to mitigate the risk of harm to the child or young person, staff, or the peer group. Ensure that this is kept up to date and is shared with all staff and parent carers. Co-produce risk management plans with the child or young person, if possible.

> Implement a clear plan of action, agreed with parent carers regarding positive handling (if necessary). A risk assessment must be in place if the child or young person is at risk, or dysregulated behaviours pose a risk to others.

> Ensure that staff are trained to use an approved positive handling approach, (such as Team Teach) where necessary, to support a dysregulated child or young person. Update this training accordingly and proactively plan to train new members of staff. (Educators do not need parental permission to use reasonable force on children and young people).

> Implement a risk management plan which includes proactive strategies and early interventions to reduce anxiety and the risk of harm. Use this to de-escalate by intervening at the earliest opportunity, with methods that the child or young person responds positively to.

> Ensure appropriate de-escalation strategies are in place (for example, a time out card). All staff should know about these if they work with the child or young person.

> Use a consistent approach, with reasonable adjustments made to the behaviour policy as required by individuals.

> Continue to implement strategies that are reassuring. Collect the child or young person's views about these strategies to ensure that support is impactful.

> Give clear guidance, using clear language to provide explicit messages.

Make expectations clear, with visual support if required. Ensure that rules and expectations are explicitly taught and revisited whilst the child or young person is regulated.

> Provide a 'get out with dignity' choice, allowing the child or young person to leave the situation whilst managing self-esteem.

> Develop understanding of the frequency and location of triggers: monitor using frequency charts; STAR (situation, trigger, action, response) observation sheet; ABCC (antecedent, behaviour, consequence, communication) observation sheet.

> Use informal observations to analyse incidents, develop understanding and plan for adjustments accordingly.

> Put preventative strategies in place, for example, by avoiding high arousal situations such as busy corridors.

> Arrange a low arousal area, chosen in agreement with the child or young person. Collect the child or young person's views about this space to ensure that provision is impactful.

> Devise and implement a Pastoral Support Plan (PSP) in co-production with parent carers and the child or young person. Ensure this is read and consistently implemented by relevant staff, and feedback given to pastoral lead.

> Use a script which is understood and used by all appropriate adults, to ensure a consistent approach to supporting regulation.

> Change the adult supporting the child or young person as part of a planned approach. Ensure that this is seen as a positive and effective strategy.

Use less language when children and young people are dysregulated.

> Ensure all adults are aware of the need for the child or young person to process and respond before any type of discussion or reflection takes place. Children and young people need to regulate before they reflect.

> Consider suspension a 'last resort' whilst referring to West Sussex guidance. Follow any suspensions with robust reintegration planning alongside parent carers, to support the child or young person returning to full time education.

> Assess whether a reduced or part time timetable is in the best interest of the child or young person. Work in partnership with parent carers to support the child or young person returning to full time education. Refer to West Sussex guidance for reduced or part time timetabling arrangements.

Identified barriers and/or need:

Limited attention span compared to developmental age

Provisions and /or strategies:

> Use the child or young person's interests to adapt learning and so extend engagement.

> All staff understand that neurodivergent learners may not present as paying attention in a neurotypical way.

> Implement regular breaks as required.

> Further adapt teaching and learning opportunities to promote accessibility of the curriculum, in line with the child or young person's development.

> Use chunking and scaffolding to break tasks down into smaller, manageable steps.

> Use visual timetables or now and next boards to focus attention.

> Use backward chaining. Break the overall task down into smaller steps. The adult helps the child or young person with all but that last step, with the child or young person being taught to do the last step themselves. Once the last step is learnt, the child or young person and adult work backwards learning other steps of the sequence until they can do the entire task.

> Plan opportunities for repetition and reinforcement, so that fluency and confidence grow over time.

> Plan to gradually fade out support appropriately over time, to promote independence.

> Use the child's or young person's name when giving instructions to ensure that they are attending.

> Ask the child or young person to repeat back what activity they are going to do to check their understanding.

> Support the child or young person to create a 'to do list', which they can use to keep themselves on track with increasing independence.

> Explicitly teach and model active listening strategies.

> Use timers, so children and young people know they must focus for a finite and comfortable amount of time.

> Plan individualised timetables as required to promote access in line with the child or young person's developmental stage.

2. Cognition and Learning

Identified barriers and/or need:

Slow or limited progress despite quality first teaching and adaptation

Working below age related expectations

Provisions and/or strategies:

> Ensure the 'assess, plan, do, review' process is understood and used consistently across the setting. Clearly record each cycle and evidence of impact, involving specialists when appropriate.

> Assess through teaching to identify the areas of need in co-production with the child or young person. Collect the child or young person's views about their areas of strength and need to ensure that support is impactful.

> Use open-ended simple statements such as 'I wonder… or what if' rather than closed questions.

> Give clear and simple instructions, breaking down longer instructions and giving one at a time. Support these with visuals or a checklist where appropriate.

> Use visual strategies, such as visual timetables, visual cues and prompts, objects, pictures, photos, symbols, choice boards or sequences.

> Develop 'Social Stories' to share understanding of learning behaviours and routines. Use these to increase relevance and to develop expected learning behaviours.

> Give time to process information before a response is needed.

> Pre-teach core vocabulary and knowledge to help prepare the children and young people for a new topic or concept. Provide opportunities to explore learning material and be introduced to new concepts, ideas and language prior to whole class teaching.

> Re-teach core vocabulary and knowledge in a timely manner to address misconceptions or gaps in understanding.

> Work with parent carers to provide additional repetition, pre-teaching, and re-teaching opportunities at home, to target core knowledge, skills, and vocabulary.

> Make explicit links to prior learning.

> Share next steps explicitly, so children and young people know what to expect and make links between concepts.

> Use adapted resources to ensure that the curriculum is accessible to all. Teach the curriculum appropriately according to the developmental stage of the child or young person.

> Use meaningful strategies to boost self-esteem and confidence, whilst bearing in mind that some neurodivergent children and young people find public praise uncomfortable.

> Provide specific meaningful feedback when a child or young person perseveres and/or achieves something new.

Identified barriers and/or need:

Uneven profile across the curriculum, with some areas of strength

Provisions and/or strategies:

> Ensure the 'assess, plan, do, review' process is understood and used consistently across the setting. Clearly record each cycle and evidence of impact.

> Adapt teaching and learning proactively, so that the child or young person has full access to the breadth of learning. Adjust and make modifications to adapt the curriculum, across the board.

> Scaffold learning to support positive learning experiences.

> Place emphasis on self-efficacy. Use meta-cognition to develop skills which will support children and young people to become independent learners.

> Support them to develop their self-esteem through celebration and reinforcement of strengths and successes.

> Where possible, use the child or young person's strengths to make links to and support areas of difficulty.

Identified barriers and/or need:

Specific learning difficulties affecting one or more specific area of learning

In addition to strategies suggested in the other cognition and learning areas, the following may be of help.

> Formatively assess through teaching to identify the areas of need. Work in co-production with the child or young person.

Observation of learning behaviours and independence might be used where appropriate to inform the next steps.

> Teach metacognition approaches. Understand the child or young person's needs and asking them what helps. Support them to self-reflect.

> Recognise success in effort and self-efficacy, showing interest in other areas of the child or young person's life.

> Use evidence-based interventions to develop skills for example, for areas of specific needs such as spelling, handwriting, literacy, or numeracy. Research and evidence is available from the What works at SEND website.

> Link learning to real life situations. Use their interests to make learning irresistible.

> Work closely with the special educational needs co-ordinator (SENCO) and other specialist staff to understand what strategies or approaches to use in line with advice from specialist assessments or consultation. Embed strategies informed by specialists within day-to-day practice.

> If a child or young person has difficulty transferring information from a board to their desk work, provide a copy of instructions and visuals at their desk to improve accessibility.

> Reduce the impacts of visual stress by providing printed text on pastel-coloured backgrounds. This may involve the background colour of an interactive whiteboard, and/or other printed resources.

Identified barriers and/or need:

Working memory needs

> Provide memory aids such as alphabet strips, number squares, post-its, key word lists, times table squares. Ensure that these are readily available for children and young people to access, as and when they are needed.

> Explicitly teach strategies to support memory, for example, giving information in manageable chunks, providing visuals to support verbal and written information, use of mind maps.

> Reduce cognitive load by providing task boards or 'to do lists' that the child or young person is supported to access with increasing levels of independence.

Identified barriers and/or need:

Specific literacy needs

> Make simple changes to ensure visual accessibility. Consider font style and size, coloured paper, line spacing, lighting, overlays, and/or appropriate use of assistive technology.

> Use 'think, pair, share' opportunities to provide time to think and verbally rehearse.

> Carefully plan peer groupings so the child or young person has access to good role models for language and communication.

> Use appropriate adaptive learning resources such as pencil grips, spelling aids and alternative methods for recording information.

> Provide additional opportunities of over learning and repetition to support reinforcement of core knowledge, skills, and vocabulary. This may include a mastery approach and/or games.

> Support access to language in all areas of the curriculum. For example, in maths solving word problems could be supported by text-to-speech software so that cognitive load is not impacted by phonological decoding.

> Use artificial intelligence (AI) to reduce the reading age of texts, so that children and young people can access text independently at their level. Use reading age assessment data where available to inform adaptations.

> Reduce the use of unnecessary, additional language in other areas of the curriculum, for example, when solving word problems.

Identified barriers and/or need:

Specific numeracy needs

> Provide access to manipulatives and concrete resources, for example, counters, hundred squares, number lines, Numicon, Cuisenaire, Rekenrek counting frames, place value charts and everyday objects. Explicitly model how to use these and ensure that the child or young person can use them with increasing independence.

> Provide a meaningful context for learning so that the child or young person can understand the relevance of each concept and make links to their experiences.

> Teach in the sequence of language, concrete resources, and diagrams before symbols. Use concrete, pictorial, and abstract support sequencing.

> Explicitly teach visualisation skills, for example by using barrier games, or create a picture in your mind to support problem solving and the following of instructions.

> Teach the child or young person to use a calculator when mental calculation is not the focus of the session. For example, when solving word problems.

> Solving word problems could be supported by text-to-speech software so that cognitive load is not impacted by phonological decoding.

For developmental coordination difficulties:

Please **see the Sensory and Physical Needs section** for developmental co-ordination difficulties (DCD) previously known as dyspraxia.

Please note: a small number of children and young people may have a formal diagnosis such as dyslexia, dyscalculia, or developmental co-ordination difficulties. For all areas of need, provision or support should be provided in line with the needs of the child or young person and is NOT dependant on any formal diagnosis.

3. Social, Emotional and Mental Health

In addition to the quality first teaching expectations outlined in Section 1, additional provision and interventions may be required. Examples of presenting needs and suggested strategies are given below as a starting point for your planning and practice.

For more specialist advice, please see the SEND Toolkit on the West Sussex 'Tools for Schools' website.

Top Tips:

> Consider what the behaviour may be communicating. Are there any unmet communication, social, or emotional needs?

> Use trauma-informed and therapeutic approaches.

> Seek the child or young person's views on what happened to gain a clearer understanding of the behaviours in context. Ensure that this is after the event when the child or young person is regulated and understand that they may genuinely not remember what happened or recall it differently.

> Seek the child or young person's views in an adapted method that suits their needs. Possibly through using photos, pictures, drawing, video, or methods such as Lego therapy. See the child or young person's views section on Tools for Schools for more ideas.

> Know their motivations and experiences, to inform decision-making about effective strategies and adaptations.

> Look at the history. When did the behaviour start to change? What are the triggers? Collect this information in a one-page profile so that all working with the child or young person are aware and prepared to support.

> Liaise and collaborate with home to understand the wider picture.

> Keep notes of strengths and concerns. Communicate these with parent carers and designated professionals.

> Be aware of any prescribed medication and feedback changes or concerns to parent carers and your special educational needs co-ordinator (SENCO).

> Model pro-social behaviours in the classroom and acknowledge them in children and young people. Pro-social behaviours are positive, helpful and intended to promote social acceptance and benefit other people or society, such as sharing / co-operation.

Identified barriers and/or need:

Difficulties participating and presenting as withdrawn or isolated

Provisions and /or strategies:

> Use assessment through teaching and learning – for example, are there parts of the curriculum that they find easier to manage than others? Use these to develop confidence.

> Analyse informal observations; frequency observations and other observation sheets. Use this information to inform planning.

> Discuss the child or young person with key adults and your special educational needs co-ordinator (SENCO). Check if there are staff members who seem to get a more positive response. What are the strategies or approaches they use with the child or young person? Can these be more widely replicated?

> Adapt tasks to ensure that all children and young people feel successful and have positive learning experiences.

> Model and explicitly teach behaviour expectations.

> Try small group work, for example friendship or social skills, or nurture groups.

> Give the child/young person responsibility for looking after someone else.

> Use a backward chaining approach to activities, such as bringing children and young people in at the end of assembly.

> Use play-based activities, matched to the level of the child or young person's emotional and cognitive development.

> Use buddying or peer mentoring. Support the child or young person to take on both roles, enabling them to receive support from a peer and provide support to a peer.

> Provide activities which help the child or young person to develop an increased sense of belonging or importance within the group, for example by giving them a job to do within the classroom, giving them a responsibility within the wider school, or giving them a role as an expert in an area of strength.

> Provide alternative methods of contributing to class or group discussions.

Identified barriers and/or need:

Dysregulated behaviour that results in disruption to learning or harm to others.

Provisions and /or strategies:

> Give a consistent message but flexible approach, for example 'I want you to be in class learning' is the consistent message. The approach to support this happening may vary or be flexible depending on individual needs.

> Ensure that reasonable adjustments are made, to provide access to social, emotional, and mental health needs in the same way that we adapt for cognition and learning. Some children or young people require support to develop emotional literacy.

> Ensure learning needs are being met.

> Understand the basis for the behaviour, for example what is the history/context?

> Continue to implement evidence-based strategies consistently.

> Offer clear guidance – explicit messages letting the child or young person know what is expected of them.

> Offer a 'get out with dignity' choice letting the child or young person leave the situation without increasing feelings of shame or humiliation. A change of adult can help instigate this.

> Monitor so that you have a good understanding of the frequency and location of triggers – frequency charts; STAR (situation, trigger, action, response) observation sheet; ABCC (antecedent, behaviour, consequence, communication) observation sheets; informal observations can be carried out to inform understanding.

> Understand that behaviour is a method of communication. What purpose is the behaviour trying to achieve for the child or young person? What are they trying to tell us with their behaviour? Is there an unmet need? Help the child or young person to learn to substitute with more pro-social behaviours.

> Devise a safety plan which includes pro-active strategies, early interventions to reduce anxiety / harm and reactive strategies to ensure a consistent approach. Involve the child or young person in making plans.

> Use reintegration plans and meetings to support the child or young person in returning to full time education. A gradual reintegration, with ongoing review is most effective.

> Employ a clear plan of action, agreed with parent carers regarding positive handling (settings do not need parental permission to use reasonable force on a child or young person). A risk assessment must be in place if the child or young person is at risk, or if dysregulation may pose a risk to others.

> Use choices to allow the child or young person to have some control with the same result, for example "Would you like to talk to me now or in 1 minute?"

> Understand that emotions may be so heightened that the child or young person is unable to engage with anyone / communicate – allow time and space for emotions to regulate.

> Teach the child or young person ways to get their needs met, such as developing social understanding, emotional literacy, or strategies to self or co-regulate. Use visuals to support where required.

> Use readiness to learn strategies and routines, for example, after breaks or between tasks.

> Consider the impact of the timetable and how you prepare children and young people for transitions. Some children or young people need prior notice of things that may be the same or different to their usual routine.

> Plan for transition between year groups / phases of education as early as possible. Communicate 'what works well' in terms of in-class adaptation, and support colleagues to analyse behaviour.

> Communicate effectively with home and the family. Be aware of what is going on at home. Are other services involved?

> Create a Pastoral Support Plan with your SENCO / Inclusion Lead if a child or young person shows regular episodes of dysregulated behaviour, or persistent disruptive behaviour, or is at risk of exclusion.

> Discuss the need for getting advice from the Fair Access Team, Educational Psychology Service, Mental Health in Schools team or specialist teacher advisory teams if difficulties persist.

> Ensure that advice is consistently implemented, analysed, and reviewed for effective impact.

> Review individual plans regularly, in co-production with the child or young person, parent carers and any professionals who are providing support.

> Use scripts, so that responses to dysregulation are predictable and consistent even if there is a change of face.

Identified barriers and/or need:

Physical symptoms that are medically unexplained, for example, soiling and stomach pains.

Soiling or wetting: consider carefully, these could be due to:

> Development – exploring the sensation.

> Sensory stimulus – the pupil likes the feel.

> Not being toilet trained.

> A medical need.

Abuse.

Provisions and /or strategies:

> Use activities that are stress reducing for example games, dance, colouring, gardening, animals, or forest school.

> Monitor to see whether the symptom is persistent and consider contributory factors, for example sensory processing differences or anxiety impacting on eating.

> Keep a log and analyse pattern or trends to identify triggers. Talk to designated lead (special educational needs co-ordinator, pastoral or safeguarding lead) regarding your concerns if the issue persists.

> Liaise with parent carers and the school nurse if underlaying medical needs are suspected.

> Remember that pain can affect autistic children and young people or those who have experienced trauma in ways that are different to people who are neurotypical.

> Gather the views of the child or young person to develop an individual plan.

Identified barriers and/or need:

Attention difficulties

Provisions and /or strategies:

> Have a clear structure to the day. Support the child or young person to access this with visual supports if required.

> Explicitly explain any changes to routine.

> Sit the child or young person away from distractions and near good "learning" role models.

> Have clear expectations and a consistent approach to encourage positive behaviour for learning.

> Think about potential reasons, is there a pattern?

> Record behaviour and remember to analyse and review trends. Use this information to plan support.

> Allow plenty of time for movement between frequent small concentration periods. Short bursts of focus could be supported by a timer and built up gradually as the child or young person develops their attention skills.

> Plan lessons in small manageable chunks.

> Be aware of times of the day that may be more difficult.

> Use a 'time out' card to enable a child or young person to re-regulate. Do not assume the 'time out' card is being "abused" if it is used often for one lesson of the week. It may be that there are certain barriers to learning for the child or young person in this lesson, for example, sensory which requires further exploration.

> Make reasonable adjustments to behaviour policies and ensure these are in line with equalities legislation.

> Remember to consult with the child or young person so they can share their perspectives about what may help them to focus.

Identified barriers and/or need:

Attachment difficulties

Provisions and /or strategies:

> Be aware that a child or young person with attachment difficulties may respond differently to behaviour strategies which work with others. Discuss this with your special educational needs co-ordinator (SENCO) if needed.

> Be aware that the child or young person may say they do not want the support offered. This doesn't always mean that they don't need it. Seek to support in more subtle ways, but do not withdraw support.

> Listen to the child or young person and proactively seek their views to find strategies to support without making them feel different.

> Liaise with parent carers for shared understanding. Use this information to proactively plan support and build a one-page profile.

> Consider the family context and the range of children and young people who may have attachment differences. For example, adopted, Forces children, child in need, or a child who has experienced care.

> Ensure there is a well-planned transition when the child or young person starts in a new setting. Check the history of how transitions have been in the past.

> Use attachment and trauma informed strategies within class. If required, develop a nurture group, or foster a nurture ethos.

> Review the appropriateness of existing discipline procedures and behaviour policies. Discuss an individual support plan if necessary. The law states that 'reasonable adjustments' must be made.

> Liaise with the virtual school for care experienced children, educational psychology service (EPS), learning behaviour advisory team (LBAT) or autism and social communication team (ASCT) for training.

Identified barriers and/or need:

Low level disruption or attention needing

Provisions and /or strategies:

> Adapt your use of voice, gesture, and body language. Position yourself where the child or young person is comfortable.

> Focus on reducing anxiety and thereby behaviours. Work with the child or young person to understand and support anxiety triggers.

> Positive reinforcement of expectations through verbal scripts and visual prompts.

> Ensure that everyone working with the child or young person understands their needs and consistently uses the agreed strategies to support. Consider whether anyone needs more training to develop therapeutic relationships.

> Have a 'time in/out' or quiet area. Ensure that this is a space that the child or young person is comfortable with.

> Focus on the behaviour and what it is you would like the child or young person to do – what is it you (the adult) want to achieve? Provide support to achieve the aim.

> Ensure a pro-social relational approach to managing behaviour is taken, not a punitive behaviourist approach. For example, Therapeutic Thinking, Thrive or trauma-informed practice.

Identified barriers and/or need:

Difficulty in making and maintaining healthy relationships

Provisions and /or strategies:

> Use small group/nurture group activities to support personal, social, and emotional development.

> Model appropriate emotional responses to disagreements or difficulties, for example sharing or turn taking.

> Think about who the child or young person can maintain a relationship with, for example, adults only, younger children. Why might that be? Can you use this information to build the child or young person's capacity to maintain relationships?

> Try adapted opportunities for social and emotional development for example, a buddy system, paired learning activities or by scaffolding group work.

> Use restorative approaches when relationships break down, for example Comic Strip Conversations or social stories.

> Use a key worker to rehearse and replay more appropriate social communication methods, provide opportunities to practise the social communication skill being learned in class.

> Discuss the use of dedicated and planned time with your special educational needs co-ordinator (SENCO) to support the child or young person where necessary, such as during unstructured break and lunch times.

> Do not use the school / settings 'special educational needs' base purely as a reactive strategy when friendship issues arise. Use the views of the child or young person alongside their parent carers to consider proactive strategies to promote healthy friendships.

> Consider using a 'Circle of Friends' technique or similar.

Identified barriers and/or need:

Difficulties following and accepting adult direction

Provisions and /or strategies:

> Look for patterns and triggers to identify what may be causing behaviours for example, the use of language.

> Use clear language and ensure that instruction or direction is not too complicated for the child or young person to process.

> Be aware that these behaviours may underlie an unmet need for safety. Use the views of the child or young person and their parent carers to unpick what makes them feel safer.

> Use positive scripts – positive language to re-direct and reinforce expectations. Ensure that these are consistently used by all adults working with the child or young person.

> Consider calming scripts to de-escalate, including for example, use of sand timers for 'thinking time'. Ensure that these are consistently used by all adults working with the child or young person.

> Provide limited choices to give the child or young person a sense of control whilst following adult led activities.

> Allow take up time for the child or young person to process instructions or direction, rather than expecting an immediate response. Repeat instruction or direction of necessary.

> Use meaningful rewards and consequences flexibly and creatively such as 'catch them being good' sticker charts or whatever the child or young person is personally motivated by, for example hair care, personal care, sports, shooting baskets, controlled access to iPad, YouTube and so on.

> Create a visual timetable and use visual cues such as sand timers to support the end of activities and sharing. Be aware that for some children and young people, a visual timetable may be perceived as an additional demand. In this case, the child or young person may need more ownership of their timetable, with an adaption to decide what to do when.

Identified barriers and/or need:

Presenting as significantly unhappy or stressed

Provisions and /or strategies:

> Identify a key adult within class or the SEND team who can provide an emotional secure base and build on preferred learning styles.

> Establish a calm place/quiet area which is chosen and agreed with the child or young person. Use the parent carer and child or young person's views to inform decision making.

> Ensure feedback is used to collaborate and plan with parent carers, to ensure consistency between the home and school or setting.

> Consider the use of Comic Strip Conversations to identify triggers and identify an alternative action or ways to approach similar situations in the future.

> Provide opportunities to reflect emotional states and develop strategies to support self-regulation. Build emotional literacy so that the child or young person builds self-awareness and can recognise when they begin to feel unhappy or stressed.

Identified barriers and/or need:

Patterns of non-attendance

Provisions and /or strategies:

> Talk to parent carers to identify barriers and possible reasons for non-attendance.

> Think about 'push and pull' factors. What factors are driving non-attendance? What motivators would support them to attend?

> Use the West Sussex Emotionally Based School Avoidance (EBSA) materials, as these can be useful diagnostic tools for early intervention.

> Collaborate and plan with parent carers, to ensure consistency between the home and the school or setting.

> Consider the impact of suspensions and exclusions on individual attendance in the long run – will the child or young person learn that certain behaviour enables them to go home?

Post-16 social, emotional and mental health difficulties: additional guidance

The move to college can be an exciting and invigorating time for students with SEND. Many yearn for the opportunity to be more independent and focus on subjects which nurture their strengths and interests.

Although college continues to mirror the school / setting's environment and the systems may be familiar, there are key differences which can cause difficulties to arise. These difficulties may be ones which the young person has either not experienced during their school years or ones they have been able to successfully manage, (sometimes with additional support), up to this point in their education.

Some key factors which may be common causes of Social, Emotional Wellbeing and Mental Health issues amongst post-16 students with SEND:

> The emphasis and expectation regarding independent learning at all levels of qualification. To thrive in a college or post-16 setting, a young person needs to be equipped with good study skills and an increasing level of independence, particularly in relation to organisation of time and workload, and life skills such as independent travel and financial management.

> The pace of the curriculum, particularly at level 3. 'A' levels, 'T' levels and BTEC qualifications demand strong memory retention, note taking and the ability to disseminate knowledge within set time constraints, whether these be via assessment deadlines or exam conditions.

They have more intensive specifications, which must be taught, continually assessed, and revised within a relatively short time span. In many colleges and post-16 settings, there has been an increasing emphasis on 'flipped learning' where the young person is expected to acquire the factual knowledge for a topic area via their independent learning. The classroom is very much for checking, consolidating, and practising how to use this knowledge in formal assessed work.

> Transitioning to adult services which may include the reduction of some external services and support. As the young person reaches their 16th birthday and, where applicable, moves from children to adult services, some types of support may cease. It is important that this is known and planned for ahead of time as part of the young person's transition strategy.

> The structure of the young person's timetable might remove them from previous, long term friendship groups, which they may have previously relied upon for support and interaction. Consider how the setting can support the development of new friendships by organising social activities so young people can get to know others through shared interests.

> The young person may not wish to disclose their SEND. This may be due to their desire not to be 'labelled', a fear that disclosure will prejudice their place at college, or, as many now complete their application forms without support, they did not think to include it or understand the question on the form. Be sensitive to these

young people and have an identified member of staff who will check in with each young person regularly to pick up on any difficulties. Speak to the young person about their needs and use their chosen terminology to describe their neurodivergence.

> Transition to a new setting can invoke strong emotions within some young people who struggle with change and fear the unfamiliar. Put into place a range of strategies that can support young people to cope with their emotions. See below for more ideas.

Anxiety

Anxiety in young people may be general, social or in relation to learning and is often one of the key difficulties which a college/sixth form's SEND team is asked to support. Learning related anxiety is prevalent amongst this group. Young people with SEND can experience difficulties relating to speed of processing, working memory, time management and organisation. When they experience high levels of worry or anxiety and their threat response is triggered, working memory and the ability to process information will be further hampered as their brain shifts into 'survival' mode. This can add to the young person's distress and feelings of failure which can then impact their attendance and performance in their courses.

Some support strategies:

> Wellbeing courses specifically aimed at young people who are experiencing issues with their mental health, such as anxiety, can be beneficial. For example, courses on:

>> Mindfulness

>> Academic anxiety

> > Cognitive based skills

> Referrals for counselling may also be used as a support strategy.

> Provide a drop-in facility for young people for help with generic study skills and emotional wellbeing.

> Provide transition support or programmes with a focus on the acquisition and development of the study skills required for further education and higher education study subjects.

> Be aware of referral routes within college. These routes may be different in different colleges but may include pastoral mentors, mental health advisers, counsellors, and safeguarding leads.

Isolation

Isolation can have a devastating impact on a young person's experience of college and can impact on their emotional wellbeing, mental health, and their ability to engage with their courses. Feedback from post-16 settings suggests that feelings of isolation are becoming more prevalent amongst young people.

Some support strategies:

> Provide supervised or facilitated social opportunities on a regular basis, which young people know about and are comfortable to attend and participate in at whatever level suits them.

> Provide other spaces that offer opportunities for social interactions and connections. For example, a 'Comfort Zone' for quiet work. Often young people using this facility begin to chat to others and form friendships.

> Peer mentoring – this might be an informal arrangement supported by the setting's SEND support team or a more formal arrangement such as Circle of Friends. In addition, careful pairing and grouping within the classroom can encourage peer interaction. It is important that all students with SEND or any other vulnerable groups (for example disadvantaged students, care leavers, young carers) are seen as individuals requiring tailored support to meet their needs. Many post-16 settings develop an 'integrated approach' to providing extra support to young people. This means that any young person who accesses support is initially assessed not only in terms of their learning needs, but also their wellbeing. WSCC post-16 settings report that they often find that young people requiring additional support, benefit from a package of support rather than just one discrete intervention.

For more information on other potentially vulnerable students please see the Inclusion section of the 'Tools for Schools' website.

4. Sensory and / or physical needs

See the NHS [Children's Occupational Therapy Sensory Strategies and Resource (sussexcommunity.nhs.uk)](#) page for further support and guidance.

Identified barriers and/or need:

Developmental co-ordination difficulties or motor delays

Developmental co-ordination difficulties were previously known as dyspraxia. In addition to the strategies suggested in the cognition and learning section, the following may be of help.

Provisions and /or strategies:

> Develop the child or young person's core stability for example, through using a wobble cushion, exercises, and games.

> Ensure correct seating position with appropriately sized table and chairs.

> Provide support for letter formation through using a multi-sensory handwriting scheme, pencil grips or sloping boards for example.

> Provide physical activities to support development of gross motor skills (throwing, catching, hopping and so on).

> Develop fine motor skills through hand and arm exercises, specialist scissors, pegboards, threading, play dough or pincer grip activities (for example, placing pegs onto washing line).

> Provide support for sequencing and organisational skills for example now / next boards, writing frames, or visual timetables.

> Adapt PE and sports day activities by scaffolding and grading tasks. If required, use adapted apparatus.

> Use the school age occupational therapy (OT) resource pack. This gives comprehensive guidance to support and develop a range of functional needs, including: [postural control, attention and concentration, handwriting, using scissors, managing at mealtimes, dressing](#) and [ball skills.](#)

Identified barriers and/or need:

The child or young person is D/deaf. D/deafness can be mild, moderate, severe, or profound.

We use the term 'D/deaf' to refer to all types of hearing loss from mild to profound. This includes deafness in one ear or temporary hearing loss such as glue ear.

Indicators of possible D/deafness

> The child or young person may not respond consistently to environmental sounds, voice, or their own name. There may be a change in their usual communication.

> The child or young person may use amplification equipment: a hearing aid, cochlear implant, or bone anchored hearing aid.

> The child or young person may mishear words or instructions and need reinforcement and reassurance before beginning task. Repeat instructions as necessary.

> If D/deafness is severe or profound, the child or young person may not hear words or instructions at all.

> The child or young person may experience fluctuations in attention or may struggle concentrating. If so, strategies suggested in the social, emotional, and mental health section of the OAIP may prove useful. Their attention may seem fleeting or inconsistent or may appear to be ignoring at times.

> The child or young person may have delayed language, if they are unable to hear certain parts of speech. They may have delayed communication, understanding of language, spoken language and/or social skills.

> The child or young person may need more time to process information. If they are concentrating on accessing speech, they may experience fatigue due to the effort this requires.

> The child or young person may have difficulty understanding peers in group discussions or in noisier environments. To help, it is important to reduce background noise as far as possible.

> Particular environments such as group/class discussions, noisy or busy spaces, corridors, school halls or canteens may be overwhelming or challenging for the child or young person to access. They may avoid these spaces.

> The child or young person's progress may slow down.

> The child or young person may show signs of frustration and/or fatigue.

Provisions and /or strategies:

> If the child or young person has been issued with a hearing aid/hearing aids please make a referral to West Sussex Sensory Team for specialist advice and strategies.

> Remove or reduce background noise. Establish a quiet working environment, particularly for specific listening work.

> Employ techniques to monitor and support all children and young people with ambient noise levels. One example of this is at the following website: Bouncy Balls – Manage classroom noise with bouncing balls!

> Check amplification equipment daily. As the child or young person gets older, support them to develop independence in checking their equipment. Keep spare batteries on site.

> Seat the child or young person away from any source of noise for example, the window, corridor, fan heater, projector, or the centre of the classroom.

> Give the child or young person access to a D/deaf awareness programme. This may include equipment management, understanding of deafness, D/deaf role models and D/deaf identity.

> Ensure that the child or young person has access to D/deaf role models.

> Attract the child or young person's attention before speaking to them, for example with a tap on the shoulder. Ask the child or young person if they have a preferred way of attracting their attention.

> Where appropriate, use acoustic materials to support sound clarity. Hard surfaces cause echoes and may lead to sensory overload or processing difficulties. Where possible, use sound absorbing materials such as hessian, felt or carpet.

> During PE or games lessons, it may be more difficult to access and follow instructions, particularly in large open spaces or in halls with echoes.

> The child or young person may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions. Try not to move around the room whilst talking.

> Avoid standing in front of a light source when speaking (for example windows). This can make lip-reading difficult.

> Stand or sit still when speaking to the child or young person.

> Pre-warn the child or young person about fire alarm testing. If appropriate use an alternative exit route or devise a personal evacuation plan for the child or young person. Ensure that alarms flash as well as ringing if the child or young person is severely or profoundly D/deaf. Consider fire evacuation procedures and make plans for the eventuality that the child or young person does not hear the fire alarm.

> Complete robust risk assessments for school trips – consider traffic noises, alarms and listening to unfamiliar adults.

> Ensure staff work together with other professionals for example, the sensory support team. Ensure all staff and visitors who work with the child are aware of how best to support them. They should be familiar with the child's one-page profile or equivalent.

> Ensure instructions are delivered clearly and at an appropriate pace and volume (raised voices and shouting distorts speech and lip pattern, whispering and mumbling are a challenge to hear).

> Check the lesson content has been effectively communicated and understood, particularly when delivering new information, instructions, or homework; or using unfamiliar vocabulary.

> Ensure that the child or young person has heard comments by peers in group activities – this may be done by repeating / rephrasing and asking open questions to check understanding.

> Explicitly teach new vocabulary with physical objects or visuals to support. D/deaf children and young people may not be able to overhear language so will not pick this up as quickly as peers with hearing in the normal range.

> Always use subtitles when showing videos. Support access to audio clips by providing a transcript. Words spoken on an audio or visual recording may need a person to repeat what is being said. Provide a written copy and/or use subtitles.

> Repeat or rephrase pertinent comments made by other children and young people ensuring the child can access.

> Repeat, rephase or model the child or young person's comments back to them, using correct grammar.

> Use a variety of communication strategies – this includes good eye contact, body language and facial expressions.

> Use visual reinforcement (pictures and handouts), to support learning. Use gesture, British Sign Language (BSL) signs or Makaton as appropriate.

> Use visual timetables and visual cues such as sand timers.

> Encourage and model good listening behaviour: sitting still, looking, and listening.

> Support children and young people to ask when they are not sure what to do. They may need a visual way of letting adults know that they need support.

> Ensure all staff who work with a child or young person with hearing impairment (HI) are aware how best to support in school and settings.

> Ensure all staff who work with a child or young person with hearing needs are aware of how best to support them in school, through deaf awareness training (delivered by the sensory support team).

> Arrange for adults working directly with children and young people with hearing impairment to have appropriate training. Where the child or young person uses British Sign Language as their communication preference, staff need to be appropriately trained. They will need at least British Sign Language (BSL) level 1/2 proficiency.

Identified barriers and / or need:

Visual impairment.

Provisions and /or strategies:

> Work together with other professionals for example, the sensory support team, to share strategies and advice to enable the child or young person to access the learning environment. For example, using technology, alternative visual resources, or pre-learning.

> Consider lighting and position for child or young person and how it supports their vision.

> Provide uncluttered space and plain backgrounds to help the child or young person focus on the appropriate object or text.

> Use auditory reinforcements and cues.

> Use talking books and literature. Use books with braille if the child or young person is a braille reader.

> Use apps that can support text-to-speech functionality, so that the child or young person can access texts with independence.

> Use talking equipment for life skills or curriculum activities.

> Create a folder or toolkit of frequently used (transferable) resources, which the child or young person can access during lessons.

> Provide additional resources for inclusive play, for example a bell in the ball, so all can play together.

> Ensure the child or young person has time to map the room daily. Allow re-mapping to occur when furniture and resources change place to reduce confusion and potential injury.

> Consider lighting and position at group time or lunchtime.

> Use a 3D printer to create tactile representations for the child or young person to feel.

> As appropriate, provide access for the child or young person to develop their mobility needs. They may need to access mobility or cane training.

> Provide access to low light visual aids.

> Provide access to quieter learning environments when the child or young person needs this.

Identified barriers and / or need:

Physical sensitivity. Sensory processing differences, including over or under sensitivity.

Provisions and /or strategies:

> Speak to parent carers to identify potential trigger times and activities.

> Conduct a sensory audit of the school or setting environment. Some children or young people may need an individual sensory checklist assessment to identify their needs and inform which strategies to use.

> Use sensory reduction planning if necessary to manage the triggers for over or under stimulation.

> Provide individual workstations, where the child or young person would find this supportive.

> Liaise with an autism and social communication advisory teacher to access sensory environment bitesize training. Access further staff training (such as sensory integration) if needed.

> Share strategies and advice with all members of staff to support the child or young person's sensory diet.

> Consider referral to the occupational therapy service.

> Work together with other professionals to share strategies and advice to support the children and young people's sensory diet.

> Identify activities which help the child or young person to regulate. Use these at appropriate times of day to promote access to learning.

> Consider the impact of break times, lunch time and transitions. Work with the child to develop strategies which help them feel ready to learn.

> Build independence using timers.

Identified barriers and / or need:

Tasting (gustatory) differences. The child or young person may have aversion to certain food tastes and textures or may also seek input from foods and food textures.

Provisions and /or strategies:

> Consider the eating environment and discuss this with the child or young person. Is it too loud, too messy, or too busy?

> Speak to parent carers about eating preferences at home. Are there particular foods or textures that the child or young person prefers or avoids?

> Use visual supports to support with choices and awareness of what is for lunch, snack, dinner.

> Have a consistent mealtime routine involving opportunities for positive adult role modelling and support. Support positive interactions with peers and staff to build confidence.

> Offer an element of choice, for example peas or carrots.

> If supportive, separate foods of different types or texture on a plate.

> Allow and provide opportunities for the child or young person to explore food texture with their hands.

> Ensure that there are alternatives available at mealtimes and foods that suit a sensory preference.

> Keep pressure to eat low, especially when trying new foods. Plan how the child or young person will access meals and snacks to reduce stress and any pressure to eat. Involve them when making this plan.

> Try a range of cutlery to support the child or young person to find a preference. Be mindful of cultural differences.

Identified barriers and / or need:

Smelling (olfactory) differences. The child / young person may have a strong aversion to smells or indeed seek smells out.

Provisions and /or strategies:

> Set up a 'no scent' zone, free from air fresheners, flowers, perfumes and so on.

> Staff should consider the perfume or aftershave and other products that have a smell that they wear.

> Consider if the cleaning materials used in the setting have a strong smell.

> Provide access to scented resources, if the child or young person is sensory seeking in this way.

> Allow the child or young person to have opportunities to bake and cook to create different smells.

> Be aware of smells from the outdoor environment, for example refuse collection and mitigate these smells where possible.

Identified barriers and / or need:

Touch (tactile) differences.

Provisions and /or strategies:

> Consider the proximity of others - would a carpet tile or a chair help?

> If helpful, allow the child or young person to be at the front or the back of a line.

> Approach the child or young person within their visual field.

> Consider the challenges that the child or young person may face with different floor surfaces.

> Allow the child or young person to transition to another place a few minutes before their peers, to avoid busy spaces.

> Ensure that there are opportunities for the child or young person to engage in sensory opportunities to meet their tactile seeking needs. Provide a sensory box of items to feel.

> Adjust and adapt uniform policies for individuals who experience tactile differences.

Identified barriers and / or need:

Proprioceptive differences. The child or young person may seek extra input for their proprioceptive sense.

Provisions and /or strategies:

> Offer need-appropriate movement opportunities for the child or young person to regulate. For example, run, jump, join in weight bearing or deep pressure activities.

> Recognise that a child or young person may seek further sensory input via leaning. Provide an opportunity for them to access table or wall pushes.

> The child or young person may rock on their chair or place the chair legs on their feet to seek grounding. Gym bands around the front chair legs may help to provide feedback.

> Provide a weighted lap pad or jacket to support grounding.

> Ask the child or young person to carry a box or bag (heavy) of toys or work to their next activity.

> Offer jumping on trampette or provide a space hopper. Alternatively, a wobble cushion may be used.

> Use timers to support the start and finish of the activity.

> Provide sensory circuits or regular access to a gym trail.

> Offer alternative seating arrangements or a standing desk.

Identified barriers and / or need:

Vestibular differences.

Provisions and /or strategies:

> Give the child or young person daily opportunities to perform gentle stretches, rocking back and forth, slowly marching; or try yoga activities.

> Provide opportunities to work in pairs with another child or young person working on 'rowing' (sitting opposite, legs in a 'V' touching feet with partner, holding hands, gently 'row' forward and back), wheelbarrows etc.

> A child or young person may need support negotiating space, for example, walking up the stairs and with balancing activities.

> Allow the child or young person to transition to another place a few minutes before their peers, to avoid busy spaces.

> Vestibular activities can help to raise a child or young person's level of arousal or alertness. Activities may include jumping or working against gravity, hanging upside down, swinging, crunchy strong-tasting foods, climbing, running, movement breaks, moving furniture.

Identified barriers and / or need:

Interoceptive differences.

Provisions and /or strategies:

> Ensure adults regularly talk about internal feelings both physical and emotional. Model through description, for example "I wonder if you are tired today, because you are yawning."

> Build mindful activities into daily routine.

> Use body mapping to support the child or young person in developing their interoceptive awareness.

> Plan activities that link physical sensations to labelling emotions.

Identified barriers and / or need:

Physical disability.

Provisions and /or strategies:

> Ensure that transition arrangements have been put into place prior to the child or young person joining the setting. This would include ensuring that the necessary adaptations are in place:

> Refer to the child or young person's individual health care plan if they have one. Check in with parent carers if you are unsure whether there is a plan in place.

> Undertake appropriate moving and manual handling training.

> Use support equipment for example work chairs, walkers, standing frames, hoists.

> Ensure that appropriate accessibility plans are in place for example, a Personal Emergency Evacuation Plan.

> Undertake appropriate care training and use of school and setting's hygiene facilities.

> Procure and learn how to use and maintain (where necessary) specialist or supportive equipment.

> Use adapted equipment to facilitate access specific activities throughout the day for example cutlery, crockery, scissors.

> Maintain progress by having a detailed handover with the child or young person's previous setting or teacher to have a clear understanding of their strengths, coping strategies, and any areas of need. Consider those that also relate more broadly to their development or emotional well-being such as opportunities to develop confidence or developing and maintaining friendships.

> Keep a focus on promoting independence and resilience within planning and adaptation. Provide accessible 'stretch' opportunities if the child or young person needs this. Some children and young people require support to change their position to ensure comfort and readiness to learn.

> Refer to an occupational therapist for support, and consistently implement suggested strategies and advice.

5. Medical needs

Always refer to the Department for Education guidance for supporting medical needs.

[Supporting pupils with medical conditions at school - GOV.UK](#)

> Link with another setting to see support or new equipment in use.

> Borrow equipment from the sensory library service to try before buying.

> Involve as many staff members as possible in specialist training, to share the responsibility and safeguard wellbeing.

> Support the child or young person to develop independence in managing their health, scaffold them to self-advocate in a developmentally appropriate way.

> Continence (bowel and/or bladder) or period care may be part of the child or young person's medical needs. Support them in line with guidance in section 1 of the OAIP.

Identified barriers and / or need:

Severe and complex medical needs, or a life-threatening diagnosis or condition.

Provisions and /or strategies:

> Ensure that staff have the equipment they need, for example support equipment such as lockable medicine cabinets, first aid bags, fridges.

> Ensure that transition arrangements have been put into place prior to the child or young person's entry to the setting.

> Consider how staff establish and maintain good communication links with parent carers and share information in a timely manner.

> Read all documents related to managing medical needs. Speak with parent carers if you are unsure whether a child or young person has a personal plan. Establish contact with the oncology service if a child or young person has cancer.

> Access relevant training prior to transition, such as rotated medication sites, care training, or manual handling.

> Identify what additional support may be required for example, with diet, toileting, swimming, use of PE and science equipment, cooking, breaktime and to attend clubs and trips.

> If the child is just starting school in reception, refer to the specialist advisory teachers for early years SEND transition for support.

> If a child or young person has a terminal or life-limiting condition, ensure staff feel supported and equipped to support the child or young person, their family, and the peer group through bereavement. Discuss this with your SENCO / lead professional for support. You may need access to bereavement training. The educational psychology service can help with this.

> Review and update individual support plans to ensure that they reflect the level of need being presented and are informative for other members of staff (for example cover teachers).

> Discuss use of assistive technology with the SENCO to support communication and learning.

> Provide achievable opportunities for child or young person to experience success and be as independent as possible. For example, provide scaffolding opportunities to take part in paired or small group work.

> Consider fatigue levels when making adaptations. Some children and young people may require frequent rest breaks.

> Maintain regular home school contact if the child or young person is not attending the setting (for health reasons). Maintain a sense of belonging with peers and the community.

> Where appropriate, provide blended and online learning opportunities for the child or young person to access the curriculum during periods of absence.

> Absence due to medical needs or hospitalisation may require a reintegration plan to address learning gaps.

> Authorise absence for planned medical appointments and consider the impact of the child not being able to achieve attendance awards – they may need adjustments to the usual procedure, so that they are recognised for attending as much as they are medically able.

> Ensure advice from medical professionals is recorded along with support received in the child or young person's individual support plan. Regularly review and update this.

> Children and young people with mobility needs may need a Personal Emergency Evacuation Plan (PEEP). The sensory support team can advise and support with this if required. If the child or young person has a degenerative condition, their mobility may worsen over time, therefore updates to the PEEP are crucial.

Identified need:

Diabetes

Provisions and /or strategies:

> If a child or young person is newly diagnosed with diabetes, the paediatric medical team will contact the child or young person's setting. Liaise with the team to secure training and advice. If you are unsure of the specialist nurse's contact details, parent carers will have these.

> All diabetic children and young people will have a medical care plan. Make sure that you have read and understood this.

> Communicate with parent carers regularly, in a mutually agreed way. Most are happy for education staff to shadow or watch them administering medication if the child or young person is new to your setting.

> Most diabetic children and young people are discharged from hospital with a continuous glucose monitor. There will likely be a mobile phone app connected to this to allow monitoring, therefore the child or young person will always need access to their device. An adjustment to the setting's mobile phone policy is crucial to facilitate this.

> Access the free of charge JDRF training modules prior to having the specialist nurse's training. These modules include basic awareness and information about insulin pump care. Education professionals | JDRF

> Access the DigiBete website for information and video learning: there is a section for education professionals. Some children or young people use the DigiBete app for support. Home - DigiBete

> Medication and testing kits may need to be handed over daily between home and school. Prepare to facilitate this.

> You may need to keep snacks on site for treatment in the event of hypo-glycemia (low blood sugar levels) and provide access to these when necessary.

> Support the child or young person to develop independence to check that insulin is in date. Medication in pumps should be changed monthly.

Glossary

ABCC (antecedent, behaviour, consequence, communication): an observation tool that helps to understand the causes of behaviour which may present as challenging, by recording what happened before, during and after the behaviour. It helps teachers, parents, and carers to track the behaviours of children and young people.

Adaptation: the act of changing practice or policies to make them suitable for to meet a child or young person's needs.

Aided language board: a symbol board that has a range of relevant vocabulary for a specific event or activity such as bubble play, doll play, snack time or getting dressed.

Assess, Plan, Do, Review: a system that follows four stages, often referred to as a 'cycle': Assess, Plan, Do, Review. For further information about this cycle, often referred to as the 'graduated approach', see Chapter 6 of the SEND Code of Practice 2015. This cycle should not be considered a single process.

Backward chaining: you start by breaking the task down into small steps. You teach a child or young person the last step first, working backwards from the goal. You complete all the steps except the last one.

Chunking: a process by which small individual pieces of a set of information are bound together to create a meaningful whole later in memory.

Circle of Friends: this intervention is aimed primarily at improving the inclusion of children and young people with challenging behaviour, disability, or personal concerns within mainstream settings. It works by gathering peers in a circle of friendly support to help the child or young person with problem solving. This approach can also be widely used with pupils who are struggling to find support or friendship.

Community: a group of people with a common characteristic or interest living together within a larger society.

Comic Strip Conversations: an intervention that aims to break down social situations that may have been confusing or upsetting for a child or young person. Using a comic strip with a young person can help them to understand more about the way they and others communicate and why a misunderstanding occurred.

Co-production: when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned, and delivered.

Developmental Co-ordination Difficulties (DCD): a common disorder affecting fine and/or gross motor coordination. Also sometimes known as dyspraxia.

Disadvantaged groups: groups of people experiencing circumstances that make it more challenging to access education or to make progress. Commonly identified groups include pupil premium, forces children, those who speak English as an additional language, refugees, asylum seekers, those with medical needs and/or SEND.

Double empathy: when people with very different experiences of the world interact with one another, they will struggle to empathise with each other. This is likely to be exacerbated through differences in language use and comprehension.

Dual coding: a strategy used in traditional classroom teaching to improve learner engagement and knowledge retention. It refers to the process of combining visual (image-based) and verbal (language-based) elements to convey information.

Emotional literacy: self-awareness and recognition of your own feelings and knowing how to manage them, such as the ability to stay calm when you feel angry or to reassure yourself when in doubt. It includes empathy, i.e., having sensitivity to the feelings of others.

Flexible grouping: opportunities for children or young people to be part of many different groups based on their readiness, interest, needs, or learning style. Groups are fluid. Groups are dynamically altered and disbanded when their purpose is served.

GDPR: General Data Protection Legislation. It is a European Union (EU) law that came into effect on 25th May 2018. GDPR governs the way in which we can use, process, and store personal data (information about an identifiable, living person).

Graduated approach: a way of meeting needs through effective implementation of support before moving a child or young person onto higher levels of support by following the assess, plan, do and review cycles.

Impact: the significant or direct changes that happen because of planning and intervention.

Implementation: the execution or practice of a plan or strategies.

Intensive Interaction: an approach that is used to develop positive social communication with people who have communication or social communication needs.

Interoception: an internal sensory system in which the physical and emotional states of the person are consciously or unconsciously noticed, recognised, and responded to. For example, a person notices their stomach is rumbling and they have a pulling sensation in their abdomen.

Local Offer: information about education, health and care services, leisure activities and support groups in one place. It has two main purposes: To provide clear, comprehensive and accessible information about the support and opportunities that are available.

Meta-cognition: the process by which learners use knowledge of the task at hand, knowledge of learning strategies, and knowledge of themselves to plan their learning, monitor their progress towards a learning goal, and then evaluate the outcome.

Neuro-affirming: neuro-affirming practice is a strengths and rights-based approach to developmental differences and neurodivergence. Settings and staff aim to provide support and adaptations that affirm the child's neurodivergent identity. This is rather than thinking that we need to fix a child or cure them of their neurotype.

Neurodiversity: the unique ways people's brains work. While everyone's brain develops similarly, no two brains function just alike. Being neurodivergent means having a brain that works differently from the average or "neurotypical" person.

Oral language modifier: a reasonable adjustment for people who require a level of language support beyond that provided by a reader.

Pastoral Support Plan (PSP): a process intended to support a child or young person. A PSP is a planned intervention for pupils who have received suspensions or are at risk of permanent exclusion.

Person-centred approaches: focusing support on the needs of individual. Ensuring that people's preferences, needs, and values guide decisions, and providing support that is respectful of and responsive to them.

Picture Exchange Communication System (PECS): is a way for autistic people to communicate without relying on speech. To communicate, people use cards with pictures, symbols, words, or photographs to ask for things, comment on things or answer questions. PECS is an augmentative and alternative communication system.

Pre-teaching: the teaching of certain skills, specific vocabulary, knowledge, and concepts that will support a child or young person to access a particular lesson successfully. It lays the lesson foundations.

Proprioception: your body's ability to sense movement, action, and location.

Pro-social behaviours: social behaviour that benefit other people or society, such as helping, sharing, donating, co-operating, and volunteering.

Protected characteristics: characteristics in the Equality Act (2010) to protect against discrimination. These include age, gender reassignment, being married or in civil partnership, being pregnant or on maternity leave. Nationality and ethnic or national origin fall under 'race'.

Relational practice: a universal approach to teaching and learning which influences whole school ethos, systems, and policy as well as everyday practice. It is also a targeted approach to support those children and young people who are most in need.

Re-teaching: additional repeats of key learning or skills, provided to reinforce learning and/or memory.

Scaffolding: providing temporary support for an inexperienced learner to help them to complete a task or acquire a skill, and then gradually withdrawing that support.

SEN Information Report: information on legal obligations and guidelines, the school's aims, objectives and vision, the roles and responsibilities of staff and arrangements for monitoring and evaluation. The SEN Information Report should tell you about how the SEN Policy is applied in practice.

Sensory reduction planning: support to self-regulate, including repeated movement ('stimming'), access to hobbies and favourite possessions, quiet spaces, outdoor space, and access to items such as noise cancelling headphones, caps, blankets. Proactive planning to support sensory over- or under-stimulation.

Social stories: methods to provide guidance and directions for responding to various types of social situations. The stories are used to describe social situations specific to individuals and circumstances while promoting self-awareness, self-calming, and self-management.

STAR (situation, trigger, action, response): an observation tool that helps to understand the causes of behaviour which may present as

challenging. It helps teachers, parents, and carers to track the behaviours of children and young people.

Total communication: an approach based on valuing all means of communication equally. No single form of communication is valued above others and the aim is for individuals with communication difficulties to communicate in whichever way, or combination of ways, works for them.

Vestibular senses: the vestibular system provides the sense of balance and the information about body position that allows rapid compensatory movements in response to both self-induced and externally generated forces.

Visual stress: a perceptual processing condition that causes reading difficulties, headaches, and visual problems from exposure to patterns in text, such as lines of text. Visual Stress is linked to dyslexia and similar visual learning difficulties. Sufferers experience print distortion and fatigue when reading.

Zones of Regulation: a curriculum framework organised around four coloured zones to describe feelings, energy, and emotions.

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