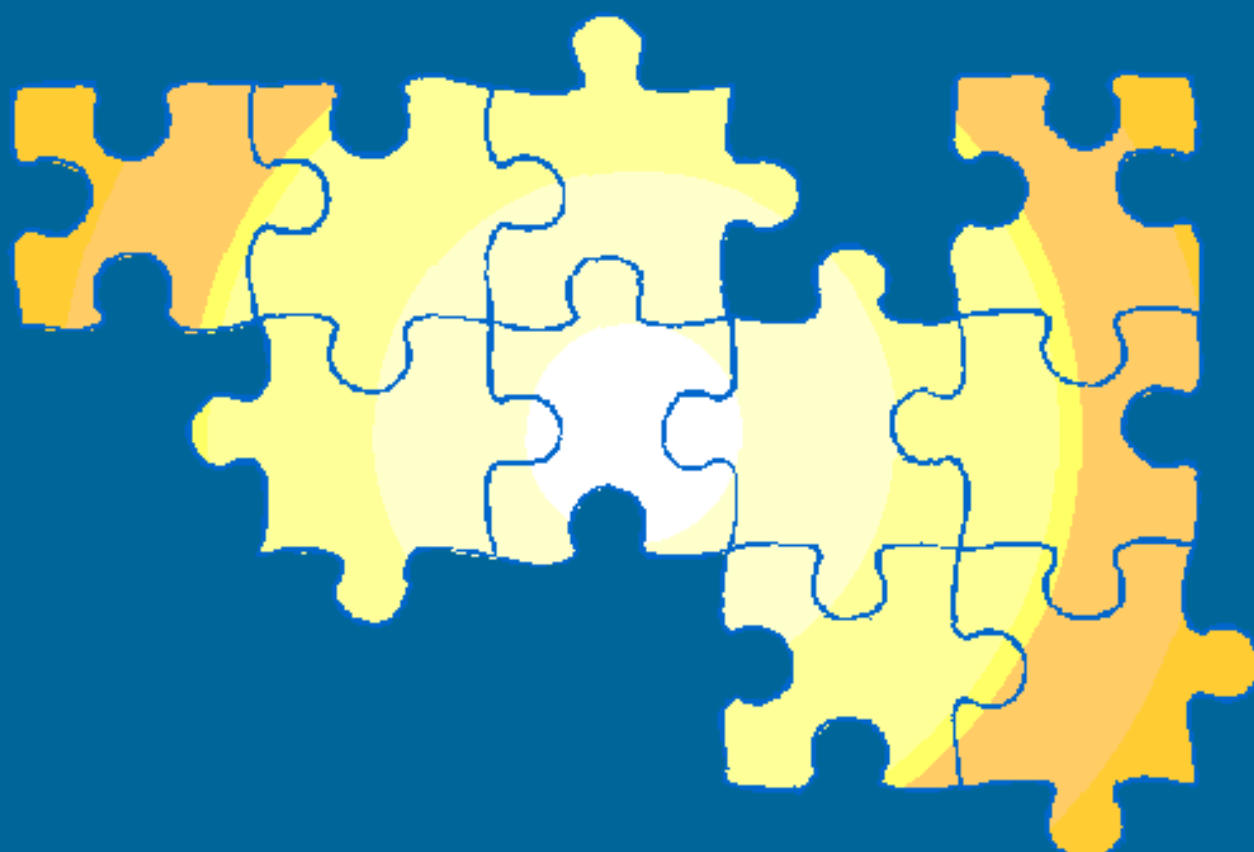


Special Educational Needs in Gateshead

A Graduated Response: Areas of Need



A Response to the SEN Code of Practice (2001)

A Graduated Response: Areas of Need

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A Graduated Response: Areas of Need

Introduction

The SEN Code of Practice emphasises the importance of early identification and assessment of children with special educational needs. Developing a wide range of flexible and responsive strategies will help prevent difficulties hindering the pupils' progress. Decisions on the most appropriate type of action should always be applied individually, by considering attainment, nature of difficulty, strengths and achievements and whether current strategies should be changed or amended.

The range of needs

To alert schools, teachers and parents to the individual needs of pupils, the SEN Code of Practice suggests four broad areas of need:

- Cognition and learning
- Communication and Interaction
- Behavioural, emotional and social
- Sensory, physical and/or medical

Cognition and learning - general learning difficulties

How do you recognise general learning difficulties?

Children and young people with general learning difficulties:

- are characterised by limited development of knowledge and skills across the curriculum;

- are often recognised by having lower academic achievement than their peers;
- have problems acquiring and/or retaining basic skills and developing concepts in literacy and numeracy;
- may have poor social skills, or experience emotional and behavioural difficulties; and,
- have difficulty in dealing with abstract ideas and generalising from experience.

Many children with general learning difficulties, particularly younger children, have a range of associated difficulties including speech, language and communication difficulties.

How can you help children with general learning difficulties in the classroom?

A range of strategies may be used such as the following.

- Flexible teaching arrangements.
- Help with development of social competence and emotional maturity.
- Help in adjusting to school expectations and routines.
- Help in acquiring the skills of positive interaction with peers and adults.
- Provision of a safe and supportive environment.
- Help with processing language, memory and reasoning skills.
- Help and support in acquiring literacy skills.

- Help in organising and co-ordinating spoken and written English to aid cognition.
- Help with problem solving and developing concepts.
- Programmes to aid improvement of fine and motor competencies.
- Support in the use of technical terms and abstract ideas.
- Help in understanding ideas, concepts and experiences when information cannot be gained through first hand sensory or physical experiences.

School Action Strategies

In addition to the strategies above, the following should take place if a child is at School Action:

- Collection and collation of relevant information and documentation - parental concerns, diagnosis, professionals involved, timetable of events, etc.
- Meetings with the parents to discuss their concerns and to seek parental permission to contact other professionals, if relevant, and liaise as appropriate.
- Discussion with members of staff previously involved with the child and observation of the child in various situations.
- Joint planning within the school and close liaison with parents.
- Preparation and implementation of an Individual Education Plan (IEP).
- A regular cycle of reviews.

Intervention in the early years - a pathway for action.

Early intervention can make a major difference to children with learning difficulties. This means that effective identification, assessment and intervention in the early years is particularly important. The following provides a pathway for assessment and intervention where there are significant concerns:

- Compile record of observations, concerns and events.
- Collate relevant entry documentation and other information about parental concerns, medical information and involvement of outside specialists.
- Seek parental permission to contact other professionals, if relevant, and liaise as appropriate.
- Allow child time to settle into the setting bearing in mind the difficulties they may encounter.
- Decide on introductory strategies that may be useful at this point. (Copy should go into child's file.)
- Ensure there are discussions between all members of staff involved with the child so that all understand the concerns and the strategies being used.
- Observe the child in various situations. (e.g. exploratory play, free play, symbolic play, group situations.)
- Complete relevant checklists to help highlight strengths and weaknesses.
- From information gathered, set simple, observable objectives. (e.g. "Mary will complete a 3-piece form board".) Agree responsibilities - who, when, where.
- Discuss objectives with parents and how they could be involved at home. Offer suggestions and materials.
- Agree simple form of recording - ensure this is completed and maintained.
- Summarise agreed course of action in an Individual Education Plan (IEP)
- Ensure opportunities for the child to generalise learned skills.
- Agree time-scale to review progress.

During positive intervention, even though the child is succeeding, consideration needs to be given to the child's development in relation to chronological age and peer group abilities.

If significant concerns remain it is important to:

- Talk to parents and listen to what they have to say.
- Request parental permission to contact involved relevant professionals.
- Request parental permission to refer to appropriate service.
- Send referral with information already gathered.

While waiting for a response, positive intervention should be continued.

Sources of useful information

Books

Waugh, D (2000). *Broad, Balanced and Relevant: Meeting the Needs of Children With Difficulties Within The National Curriculum*

Nasen (1996). *Spotlight on Special Educational Needs Learning Difficulties*

Faenus, M (1997). *Children with Learning Difficulties, A Collaborative Approach to Education*

Websites

Reach, National Advice Centre for Children with Reading Difficulties
www.reach-reading.demon.co.uk/

Special Educational Needs Resources, for teachers, parents and carers
www.geocities.com.SENresources/mainindex.html

Cognition and Learning - Specific Learning Difficulties (SpLD)

What are specific learning difficulties?

Specific Learning Difficulties (SpLD) can be identified as difficulties in particular aspects of a pupil's learning relating to the processing of information. This is reflected in how children:

- see the world around themselves.
- learn to read, write and express themselves.
- make connections such as in mathematical thinking and understanding relationships; and,
- control and move their bodies.

Specific learning difficulties result in restrictions in learning development and discrepancies in attainment within the curriculum.

Dyslexia - a specific learning difficulty with reading, spelling, written language and sometimes numeracy

Dyspraxia - impairment of the organisation of movement linked to difficulties with language, thought and perception

Dyscalculia - a learning disability that results in difficulties in understanding, processing and making use of mathematical information.

What signs might there be?

Some of the key signs or effects of specific learning difficulties are as follows:

- Low attainment in one or more curriculum areas, especially with literacy and numeracy.
- Low attainment in some, but not all, areas of the curriculum.
- Difficulties with phonology, sequencing, organising or short-term memory.

- Language difficulties - receptive, expressive, following instructions.
- Difficulties/delays in forming concepts, especially when information requires first hand sensory experiences.
- Difficulties with fine or gross motor skills.
- Frustration/low self-esteem/behavioural problems.

What do schools need to do?

Schools need to look carefully at the strengths and weaknesses of their pupils in order to identify specific learning difficulties at the earliest opportunity. Specific learning difficulties are most apparent in the child who exhibits strengths in some of the following areas:

- Visual and spatial skills.
- Creative skills.
- Imagination.
- Knowledge of vocabulary.
- General knowledge.
- Grasp of mathematical and scientific concepts.

In contrast to these strengths, a cluster of weaknesses occurs, and may include some of the following:

- Rapid speech, with words running into one another.
- 'Jumbled up' production of multi-syllabic words (e.g. hopsital for hospital) beyond the age at which this is commonplace.
- Difficulty remembering and following simple oral instructions.
- Poor sense of passage of time.
- Poor organisational skills (e.g. knowing what to put on first when dressing).
- Poor sequencing skills (e.g. learning days of week, counting in order).
- Sustained visual errors (e.g. letter reversals) beyond the age or level of attainment at which this is usual.
- Difficulty acquiring phonic skills.
- Poor phonological awareness, as shown, for instance, in difficulty in learning rhymes.

- Poor auditory short-term memory (working memory).
- Poor concentration - appearing tired, forgetful, or lazy.
- Difficulty with copy-writing.
- Poor sense of direction.
- Clumsiness.
- Late right/left hand preference.

What does a profile of strengths and weaknesses show?

Schools need to be aware that where a profile of specific strengths and weaknesses occurs, resulting in unexpected delays in the development of a child's basic literacy skills and possibly numeracy skills too, then specific learning difficulties are indicated. It follows that the school needs to take action to prevent the child's further failure.

What evidence do schools need?

Schools may wish to back up their observations using evidence from the following assessments, some of which are already carried out in schools:

- Baseline assessment.
- British Picture Vocabulary Scales, or Aston Index Vocabulary Test.
- An assessment of pre-reading skills/pre-writing skills.
- Assessment of recognition and transcription of letters and high frequency words.
- An assessment of phonic skills.
- An analysis of learned reading strategies.
- An assessment of the child's rhyming ability.
- An assessment of short-term working memory for verbal items.
- An assessment of the child's gross and fine motor performances.

In addition to the collection of school evidence, information concerning the child's early development should be sought from the parents/carers. (Some of this will of course have been recorded on

admission forms. However, it is always worthwhile pursuing information that may for some reason not have been recorded previously).

- Evidence of family literacy difficulties.
- The child's early speech and language development.
- Sensory and medical problems.
- Emotional issues e.g. whether the child is happy to come to school.

Using the collated evidence, an action plan or I.E.P should be formulated to develop the child's skills within the mainstream setting.

Including pupils with SpLD in mainstream settings

There are many ways in which schools can help within their mainstream environment, some of which are suggested here:

- Ensure the child becomes fully aware of routines and expectations.
- Ensure the child has opportunities to accelerate his/her learning through the daily use of multi-sensory strategies.
- Minimise the amount of information presented to the child at any one time in order to reduce memory overload e.g. learn 5 spellings a week instead of 10.
- Teach mnemonic strategies to aid memory.
- Ensure that there is daily repetition of previously learned material during shared/starter sessions and plenaries.
- Increase emphasis on development of phonological skills during word work sessions.
- Ensure that learning targets are SMART.
- Give the child frequent reassurance and regular reward.
- Ensure that the child understands his/her responsibility for learning.

Sources of useful information

Dyslexia

Books

Snowling, M (2000). *Dyslexia*
Turner, M and Townend, J (2000). *Dyslexia in Practice, a Guide for Teachers*

Websites

British Dyslexia Association
www.bda-dyslexia.org.uk
Dyslexia the gift, The positive side of being dyslexic, best ways to learn.
www.dyslexia.com

Dyspraxia

Books

Portwood, M (1999). *Developmental Dyspraxia, A Manual on Identification and Intervention for Parents and Professionals*
Ripley, K (2001). *Inclusion for Children with Dyspraxia DCD, A Handbook for Teachers*

Websites

Dyspraxia Foundation
www.emmbrook.demon.co.uk/dysprax/homepage.htm
Dyspraxia, Treatment, prevention, cure.
www.healthlinkusa-com/dyspraxia.htm

Dyscalculia

Books

Powstie, J (2000). *Mathematics Solutions, How to Identify, Assess and Manage Special Needs Difficulties in Mathematics*
EL-Naggar, O (1996). *Specific Learning Difficulties, A Classroom Approach*

Websites

Dyscalculia, A very useful source of information: www.dyscalculia.org
Maths Learning Disabilities:
<http://pages.cthome.net/cbristol/capd-mth.html>

Communication and interaction - speech and language difficulties

What are speech and language difficulties?

Speech and Language difficulties can be divided into those with a physical basis, such as the inability to produce clear speech, or those affecting language use and communication. It is vitally important that early identification of speech and language disorders is made to prevent greater impairment and reduced participation in normal classroom activities.

How do you identify speech and language difficulties?

Speech and language difficulties may present as difficulties in:

- producing accurate speech;
- retrieving words from memory;
- expressing words in correct sequence that results in meaningful language;
- the acquisition and expression of one's own thoughts and ideas;
- receiving and processing language at speed in order to respond to another person's ideas; and,
- understanding and using social language appropriate to the setting or context.

What are they caused by?

Speech and language difficulties may be caused by a range of factors, including:

- sensory/articulatory disorders;
- hearing impairment;
- illness/accident/operation;
- developmental factors e.g. Dyspraxia; and,
- motor nerve damage or delayed development.

Higher and lower levels of difficulty.

Lower levels of difficulty may show themselves in the following ways:

- Measurable speech and language skills which are somewhat below those of the majority of peers.
- Speech which is not easy to understand and which limits the pupils' ability to participate in group activities, question-and-answer sessions and other activities involving speech.
- Problems with following instructions or with understanding relational or abstract concepts, requiring additional time for explanation and clarification.
- Difficulties with communication with peers and in using appropriate social strategies such as turn-taking.
- Ability to participate in aspects of classroom life and make progress within areas of the curriculum which are less language-dependant, but less progress where language skills are important. This may be particularly evident in difficulties with acquisition of literacy skills.

Higher levels of difficulty may be indicated by:

- measurable speech and language behaviours which are significantly below those of the majority of peers (e.g. in the first or second centile on standardised language assessments);
- difficulties with speech production which severely limit participation in classroom activities;
- considerable difficulties in meeting the language demands of ordinary learning activities, such as following instructions or using abstract concepts;
- difficulties in communicating with peers which lead to social isolation and apparent behavioural difficulties;
- frustration on the part of pupils at their inability to participate in the classroom or interact with peers; and,
- low rates of progress in many areas of the curriculum and particularly in literacy.

School Action Strategies

The first step at School Action should be to collate information, involving the parents and the pupil in this. This may include information about:

- child's early speech and language development;
- involvement with health professionals (e.g. speech and language therapists);
- family history of speech and language difficulties;
- sensory and medical history (e.g. hearing acuity);
- peer relationships; and,
- child's view of problem.

Careful observation of child's oracy skills in different contexts will help carers and staff identify specific areas of need (e.g. speech, understanding, expression). See Language Development Checklist for guidance). It must be remembered that verbal skills are the main means of access to the curriculum and language difficulties may have a profound effect on performance in the classroom.

There are many ways in which carers and schools can help, some of which are suggested below:

Speech

- Give the child opportunities for talk. For example, ensure 5 minute daily conversation with picture support.
- Promote positive relationships and increase confidence. For example, give the child a special post of responsibility.
- Focus on meaning rather than pronunciation.
- Introduce a home/school book, which will provide school staff and parents with topics for conversation, as context (e.g. about what the child has done at weekend or during school day) will help cue the listener in.
- Encourage the child to use other strategies to aid interpretation (e.g. gesture, pictures, etc.).

- Liaise closely with the speech and language therapist, supporting the programme where possible in class and elsewhere.
- Provide phonological awareness training to improve child's awareness of sounds in words.

Understanding

- Consider the positioning of child in group discussion. For example, place the child at the front where he or she can see your face.
- Use short simple sentences, accompanied by visual clues, (e.g. gestures, pictures) to support the spoken word.
- Talk about what is happening in the 'here and now'.
- If child appears confused, simplify language accordingly.
- Identify essential topic related vocabulary and vocabulary from key curricular areas and focus on these specific words in communication with child.
- Inform parents of vocabulary being taught in class for further reinforcement at home.

Understanding and using language with others

- Avoid ambiguity, use visual clues to support language.
- Provide clear, predictable routines.
- Prepare child for change.
- Child may need space if agitated.
- Use child's special interests as a reward.
- Identify sympathetic peer to befriend child.
- Focus on comprehension of text rather than reading accuracy.

Expressive language

- Focus on child's intended meaning rather than the detail of the language used. Avoid repeated correction of errors of grammar, word meaning and pronunciation.

- With young child, give commentary on child's play and activity.
- Provide an appropriate grammatical model.
- If child is struggling to retrieve word from memory, provide prompts such as: *Tell me about it. What does it do? Where do you find it? Is it a long word? What does it begin with?*

It is important for the child to be aware of specific targets. However, the child's level of comprehension will determine the child's level of involvement. For a child with severe difficulties use appropriate visual stimuli to reinforce the target.

Sources of useful information

Books

Nation, J (1990). *Diagnosis of Speech and Language Disorders*

Wright, J.A & Kersner, M (1998). *Supporting Children With Communication Problems*

Martin, D, Miller, C (2000). *Speech and Language Difficulties in the Classroom*

Websites

Afasic - Parent-led organisation to help children and young people with speech and language impairment:
www.afasic.org.uk/

Speech and Language Disorders and their effect on learning.
www.stcatherines.org.uk/SALT/salt_detail.htm

Communication and interaction - autistic spectrum disorders

What are autistic spectrum disorders?

Children with autistic spectrum disorders are likely to experience difficulties across a range of developmental areas including communication, behaviour, social interaction, and cognition and learning. Their communication needs may be both diverse and complex. They will need to develop their skills of speech, comprehension, language and communication.

Children with ASD may appear to be withdrawn, isolated, disruptive, hyperactive, lack concentration and have immature social skills.

How are autistic spectrum disorders identified?

Diagnosis of autistic spectrum disorders is usually carried out by specialist multi-disciplinary teams. Possible indicators of autistic spectrum disorders include the following:

- Difficulty in behaving in a sociable way.
- Difficulty relating to others in a group.
- Unwillingness to communicate in the same way as their peers.
- One-sided conversation with little listening and inappropriate responses.
- Frequent misunderstanding of social conventions.
- Lack of empathy or awareness of the feelings of others.
- Tendency to insist on following set routines or intricate rituals.
- Excessive, even obsessive, interest in a subject.
- Behaviour that may appear inflexible and self-determined.

- Spoken language that is punctuated with mannerisms, gestures and words out of context.
- Literal interpretation of idioms and metaphors.
- Avoidance of eye contact.
- Inability to understand body language, facial expression and voice tone.

How can schools support children with autistic spectrum disorders?

Teaching Arrangements

- Flexible teaching arrangements.
- Help in acquiring, comprehending and using language.
- Help in acquiring literacy skills.
- Help in using augmentative and alternative means of communication.
- Help to build up length of time on task - using tasks to gain a concept of time.
- Ensuring that pupils have the opportunity to respond.

Behaviour management

- Help with development of social competence and emotional maturity.
- Help in adjusting to school expectations and routines.
- Help in acquiring the skills of positive interaction with peers and adults.
- Specialised behavioural and cognitive approaches.
- Re-channelling or re-focusing to diminish self-injurious behaviours.
- Systematic class and school systems with clear consequences for negative or difficult behaviours and which reward positive behaviour.
- Provision of safe and supportive environment.

Relating and Communicating

- Help with processing language, and with improving memory and reasoning skills.

- Help and support in acquiring literacy and numeracy skills.
- Help in organising and co-ordinating spoken and written English to aid cognition.
- Help with sequencing and organisational skills.
- Help with problem solving and with developing concepts.
- Programmes to aid improvement of fine and gross motor competency.

Learning

- Use of ICT to develop use of symbols and visual representations to help learning.
- Learning programmes based on small steps and controlled language.
- Work areas defined with words and symbols.
- Use of visual prompts where abstract thinking is needed - photographs, pictures, diagrams.

Asperger's Syndrome: the higher ability aspect of the autistic spectrum

A child with Asperger's Syndrome may:-

- be socially awkward in relationships with adults/children;
- be easily upset by changes in routines and lesson transitions;
- be over-sensitive to sounds, lights, colours, odours;
- have an unusually accurate memory for details;
- use inappropriate body language or facial expressions; and,
- have an unusually loud, monotonous voice.

Schools can help a child with Asperger's Syndrome by:

- having high expectations;
- being calm and avoiding shouting;
- being precise with instructions;
- using concrete apparatus;
- using visual lists;

- presenting small, manageable tasks with prompts;
- providing a structured classroom environment; and,
- ensuring everyone who comes into contact with the child knows how to react.

Sources of useful information

Books

Siegel, B (1996). *World of the Autistic Child - Understanding and Treating Autistic Disorders*

Seach, D (1998). *Autistic Spectrum Disorders: Positive Approaches to Teaching ASD*

Jordan, R (1999). *Meeting Needs of Children With Autistic Spectrum Disorders*

Websites and Helplines

www.autism-society.org/

www.mental-health matters.com/autism

www.oneworld.org/autism-uk

www.aspennj.org

National Autistic Society:
0207 833 229

- Changes in the pupil's performance, such as deterioration in recording written work, a decline in areas of academic performance, tonal changes in speech, progressive failure to respond to verbal cues or increasing requests for the repetition of instructions.
- Physical changes such as persistent discharges from the ears, tilting of the head to maximise aural input, excessive efforts to focus on the teachers face when instructions are being relayed.
- Increased reliance on peers for the understanding or relaying of instructions.
- Signs of frustration with themselves or with others leading to emotional or behavioural problems not previously observed and for which there are no obvious causes.

It is possible for specialists to assess and quantify a pupil's hearing loss and in many cases this will have been done before the child reaches statutory school age. However, the level of hearing loss alone does not determine the level of difficulty that the pupil experiences in school. It has to be set alongside other factors more directly related to the classroom.

Low level of difficulty may be indicated by:

- day-dreaming, slowness to respond, asking for repetition, watching speaker's face for clues;
- reading difficulties, confusion when attempting phonic work and sound discrimination activities;
- fluctuating pace of working, tiring quickly, discrepancy between verbal and practical skills;
- poor attention and listening skills, distracting others; or,
- immature vocabulary, language structure or speech.

Sensory and physical disabilities - hearing impairment:

Higher and lower levels of difficulty

Hearing impairments range from mild through to severe and profound. They may be temporary or permanent and become apparent in many different ways including the following:

Higher levels of difficulty may be indicated by:

- performance and progress that does not fulfil earlier expectations;
- inability to make progress within the curriculum without considerable amplification of hearing and increased use of visual means of communication;
- significant speech and language difficulties restricting communication with peers and teachers and inhibiting language use in the curriculum;
- difficulties in making and sustaining peer relationships leading to concerns about social isolation, the risk of bullying and growing frustration;
- emotional and/or behaviour problems perhaps including periods of withdrawal, disaffection and reluctance to attend school; or,
- difficulties in maintaining and sustaining concentration in the classroom leading to problems in completing work and a need for adapted materials and a level of support beyond what it is realistic to expect from the class teacher.

Types of hearing impairment

The term "hearing impairment" is a generic term used to describe all forms of hearing loss. Hearing impairments are described more specifically in terms of the **type** and **degree** of loss:

Monaural: Hearing loss in one ear only. This condition is relatively easy to cope with in the classroom if the child is positioned appropriately.

Conductive Loss: This impairment affects the mechanism by which sound waves reach the nerve endings in the cochlea. One of the most common forms of conductive loss is "glue ear" where an excess amount of fluid collects in the middle ear.

Sensory Loss: Sensory loss is caused by damage to the nerves and there are no

surgical procedures available to restore hearing. Hearing aids are prescribed to maximise residual hearing.

Mixed Loss: A mixture of conductive and sensory loss usually found in young children.

Degree of hearing loss

Mild: The child will hear nearly all speech but may mis-hear if not looking directly at the speaker. This condition can be hard to identify.

Moderate: The child will have great difficulty in hearing anyone speaking without a hearing aid. He/she will rely on lip-reading and visual clues, often without realising. You may notice a child misses word ending such as ss, sh.

Severe: Even with a hearing aid the child will need visual clues to gain information. The spoken voice may be comprehensible but the child will be limited in the use of verbs, adjectives.

Profound: Radio aids are often used and the child will rely on visual clues and the British Sign Language to communicate. The child's own voice may be incomprehensible although many pupils can achieve a high level of oral language.

School Action Strategies

At School Action it is important that the IEP focuses on support for hearing impairment and that advice is obtained from a relevant specialist, such as a speech and language therapist. Appropriate strategies include the following:

- Sitting the child where he/she can hear instruction clearly and see the speaker.
- Providing more time to complete task.
- When changing an activity always checking understanding of instructions.
- Using circle time to structure participation and build self-confidence.
- Using headphones when using a computer/tape recorder, to focus

- attention and cut out background noise.
- Providing opportunities to practise auditory skills.
- Developing auditory memory using numbers/words
- Using strategies to develop perception skills

Support for pupils with hearing impairment at School Action Plus

At School Action Plus the school may seek support from the SEN Support Service (SENSS) or the Psychological Service.

Referral to SENSS must be supported by evidence of School Action including the pupil's IEPs and records of the IEP reviews. If the referral is appropriate the Liaison Teacher for Hearing Impaired Children will take on the case and will start by collecting and collating information from:

- parents/carers;
- school staff;
- child; and,
- other professionals (including a medical diagnosis).

Following this information collecting stage, intervention may include:

- observation;
- assessment;
- report with recommendations;
- school support or a programme of intervention;
- advice or consultation;
- contributions to IEP; and,
- monitoring.

The involvement of the Psychological Service is negotiated directly with the named psychologist for the school.

Sources of useful information

Books

Pappas, D (1998). *Diagnosis and Treatment of Hearing Impaired Children*

Nasen (1996). *Spotlight on Special Educational Needs Hearing Impairment*

Websites

British Association of Teachers of the Deaf www.batod.org.uk/

Deaf child International www.deafchild.org/

Other Sources of Information

For an information leaflet on glue ear contact:

Defeating Deafness (Hearing Research Trust) tel: 020 7833 1733

Sensory and physical disabilities - visual impairment

Classification of visual impairment

Visual Impairment is the consequence of functional loss of vision. Impairments are classified as follows:

- Partially Sighted - some type of visual problem.
- Low Vision - severe visual impairment.
- Legally Blind - profound visual impairment.
- Totally Blind - needs Braille or other non-visual media.

Higher and lower levels of difficulty

Visual impairments range from mild to severe. They may be temporary or permanent. Signs or symptoms may include the following:

- Difficulty in certain areas of academic performance such as:
 - deteriorating handwriting;
 - slowness in copying from the board; and,
 - increasingly asking for written instructions to be given orally.
- Difficulty in other areas such as hand/eye co-ordination, excessive straining of eyes to read the board, needing to be at the front of the group to look at television programmes or share in story/picture books etc.
- Over anxiety and tentativeness in certain physical activities or a reticence in moving around suggesting that mobility is impaired.
- Possible associated stress leading to increasing withdrawal or frustrated behaviour.

It is possible for specialists to assess and quantify a pupil's visual impairment and in many cases this will have been done before children reach statutory school

age. However, the level of visual impairment alone does not determine the level of difficulty which pupils experience in school. It has to be set alongside other factors more directly related to the classroom.

Lower levels of difficulty may be indicated by:

- educational underachievement relative to apparent cognitive ability;
- poor self organisation;
- evidence of visual fatigue;
- avoidance strategies which impact on progress;
- frustration and/or low self-esteem; and,
- isolation during social activities or over-dependence on staff and peers.

Higher levels of difficulty may be indicated by:

- performance and progress that does not fulfil earlier expectation;
- the need for specialist materials and equipment in order to access the curriculum;
- mobility problems which impact on independent travel and self-help skills; and,
- psychological problems which result in disaffection, low self-esteem and social exclusion.

Some of the signs of visual impairment?

Signs of visual impairment include the following:

- Swollen, sore eyelids.
- Eyes watery, cloudy, itchy or inflamed.
- Continuous or uncontrolled eye movement.
- Eyes not aligned or co-ordinated.
- Complaints about dizziness or blurring of vision.
- Work or books arranged at an unusual distance or angle.
- Complaints of words or lines merging.

- Difficulties copying from the board.
- Handwriting is not on the line.
- Poor balance.
- Lack of response to visual signals in class.

Strategies to use in the classroom at School Action.

Appropriate strategies at School Action include the following:

- Address child by name when asking a question and to get attention.
- Make sure a child who has glasses is wearing them and that the lenses are kept clean.
- Give extra time when completing tasks.
- Make sure the child is not sitting in direct sunlight.
- Be clear with instructions and directions relating to position.
- Keep equipment and resources in specific and consistent places. Keep the floor clear.
- Stand with the light in front of you. Try to avoid silhouettes.

Strategies at School Action Plus

At School Action Plus, the school may seek support from the SEN Support Service (SENSS) or the Psychological Service and the child's IEP should be informed by advice from a visual impairment specialist.

Appropriate strategies, at this level of intervention, may include the following:

- Very focused individual support, with pupil seated appropriately.
- Access to all areas of the curriculum through specialist aids e.g. white boards with broad, black markers, sloping height adjustable frames, visual/touch aids.
- Access to alternative forms of communication e.g. reading out instructions which may be written for other children.

For a child with the most complex visual impairment, it is likely the LEA will consider a statutory assessment to be necessary. The governing factors are the extent of specialist teaching or aids and adaptations which are required.

Sources of useful information

Books

Sardegna, J (2002). *Living with Vision Problems. The Sourcebook for Blindness and Vision Impairment*

Websites

RNIB (Royal National Institute for the Blind) www.rnib.org.uk

V.I Guide to Internet resources about visual impairments, for parents and teachers www.viguide.com

Sensory and physical disabilities - physical or medical difficulties

The nature and range of physical and medical difficulties

A physical difficulty (PD) or disability may be caused by an illness, an injury with short or long-term consequences or a congenital condition.

The majority of children with a significant physical or medical condition are identified prior to school entry via a medical route. However, some conditions develop in later years and can be progressive while other conditions are managed at a clinical level and do not have an impact on the child's education.

Some children who experience physical and medical difficulties have no problems in accessing the curriculum and in learning effectively. Others, particularly those with congenital and severe conditions, enter school with well-understood educational needs.

Higher and lower levels of difficulty

Physical and medical difficulties range from mild to severe. They may be temporary or permanent and show their effects on the child in school in a number of different ways.

Lower levels of difficulty may be associated with:

- Educational underachievement relative to apparent cognitive ability.
- Ability to participate in most classroom activities, but problems undertaking some specific tasks and activities.
- Signs of frustration or low self-esteem in the classroom.
- Difficulty in forming relationships with peers and evidence of isolation during social times.

Higher levels of difficulty may be associated with:

- Attainment in tasks and curriculum areas most affected by the pupil's physical or medical difficulty falling well below what might be expected from their performance in other areas and relative to their cognitive ability.
- Inability to make progress without the use of specialist equipment, materials or support.
- Mobility problems impacting significantly on participation in activities.
- Emotional and behaviour problems.

School Action Strategies

A child with a physical or medical difficulty may be receiving treatment or therapy from one or more health professionals. In itself, this would not justify implementation of School Action. School Action is only necessary where the physical or medical difficulty has a significant impact on the child's access to the curriculum and educational progress.

At School Action it is important that the IEP focuses on enabling effective access to the whole curriculum. Appropriate strategies at School Action include the following:

- Flexible teaching arrangements
- Appropriate seating.
- Reasonable adaptations to the physical environment of the establishment.
- Adaptations to school policies and procedures to ensure that the child is not treated less favourably than other pupils in the school without justification.

Strategies at School Action Plus

In many cases the child will already be receiving treatment or therapy from one or more health professionals before the school considers a move to School Action Plus. At School Action Plus, however, the school will have sought support from the

SEN Support Service (SENSS) or the Psychological Service. At this stage, the child's IEP should always be informed by advice from the educational support services but it will often be important to draw on the expertise of the health professionals involved as well.

Referral to SENSS must be supported by evidence of School Action including the pupil's IEPs and records of the IEP reviews. If the referral is appropriate the Liaison Teacher for Children with Physical disabilities will take on the case and will start by collecting and collating information from:

- parents/carers;
- school staff;
- child; and,
- other professionals (including a medical diagnosis).

Following this information collecting stage, action may include:

- observation;
- assessment;
- report with recommendations;
- school support or a programme of intervention;
- advice or consultation;
- contributions to IEP; and,
- monitoring.

The involvement of the Psychological Service is negotiated directly with the named psychologist for the school.

Action Plus Strategies

Appropriate strategies, at this level of intervention, may include the following:

- Focused individual support, with pupil seated appropriately.
- Access to all areas of the curriculum through specialist aids e.g. white boards with broad, black markers, sloping height adjustable frames, visual/touch aids.
- Access to appropriate ICT.

- Access to alternative forms of communication (e.g. reading out instructions which may be written for other children).

For the children with more complex physical needs it is likely that the LEA will consider a statutory assessment to be necessary. The governing factors are the extent of specialist teaching aids and adaptations which are required. However for many children with a lesser level of physical needs intervention at School Action Plus will be appropriate.

Sources of useful information

Books

Block, M (2000). *A Teacher's Guide to Including Children with Disabilities in General Education*

David Fulton Publishers (1999). *Individual Education Plans, Physical Disabilities and Medical Conditions*

Websites

BILD - British Institute of Learning Disabilities www.org.uk

Disability Net, Information - Forum - Database www.disabilitynet.co.uk

Behavioural emotional and social difficulties

The nature of behavioural emotional and social difficulties

Behavioural, Emotional and Social Difficulties (BESD) are difficulties which involve behaviour that directly interferes with the pupil's own educational progress or the progress of other pupils in the same school and class. The behaviour often has its roots in social factors and disrupted family histories but, in some cases, may be the result of medical or physiological factors. The behaviour may be disruptive and challenge schools and teachers to a degree considered unacceptable for the pupil's age or social norms or it may involve high levels of anxiety or withdrawal that prevent the pupil learning effectively or even attending school. The behaviour often affects social relationships, with pupils being excluded from social activities by peers or relating to other children in ways that are aggressive and abusive. With some children, the behaviour is so challenging that it results in exclusion from school.

What are the signs of BESD?

Children with behaviour, emotional and social difficulties may present one or more of the following:

- Relationship difficulties with peers or adults.
 - Disruptive, defiant and unco-operative behaviour.
 - Anti-social, rule-violating behaviour.
 - Over-reaction to frustration or anxiety.
 - Anger and threat of, or actual, violence.
 - Poor concentration and/or hyperactivity.
 - Withdrawn, isolating or depressive tendencies.
 - Threats of, or actual, self-harm.
 - Severe anxieties or phobias.
- Obsessional preoccupations.
 - Toileting problems.
 - School avoidance, either wholly or in part.
 - Substance misuse.
 - Other symptoms associated with psychiatric illness.

Although children and young people with behaviour, emotional and social difficulties will not necessarily have general learning difficulties, they will almost certainly underachieve academically if their difficulties are not addressed. Their difficulties may result from a variety of causes such as:

- abuse or neglect;
- emotional deprivation;
- physical or mental illness;
- psychological trauma;
- underdeveloped social skills; or,
- mismatch between physical or emotional development and age-norm expectations.

Behaviour, emotional and social difficulties exist along a continuum between, at one end, so called normal naughty behaviour, and, at the other, psychiatric disorders. Many children may exhibit some emotional or behavioural disturbance at some time in their development, but for the child to be described as having BESD, such difficulties would be intense, pervasive and persistent.

Despite the difficulties they can present to schools, the expectation is that their needs will normally be identified and met within their local mainstream schools or early education settings.

Early identification of BESD

Schools can measure a child's progress by referring to:

- their performance monitored by the teacher as part of ongoing observation and assessment;

- the outcomes from baseline behaviour assessment results;
- details of any progress and assessment reports from other schools/settings;
- standardised screening; or,
- assessment tools, such as those that may be used with any of the other three areas of learning need.

Strategies at School Action

The triggers for action could be the teachers', or parents' concerns about a child who, despite receiving appropriate educational experiences, presents persistent emotional or behavioural difficulties which hinder their social and academic progress.

School Action would normally include the following measures:

- Liaison with parents.
- Collection and analysis of information from teachers.
- Analysis of patterns of behaviour across the day and week and between different subjects, activities and lessons.

At this stage, an IEP with behaviour targets must be produced and implemented. In accordance with the guidelines in the SEN Code of Practice, the IEP should have the following features:

- 3 or 4 Key Individual Targets with information on;
- the short term targets set for or by the pupil;
- teaching strategies to be used;
- provision;
- review details; and,
- success or exit criteria.

Because of the nature of BESD, reviews should be carried out more frequently than for other areas of learning difficulty and ideally at half termly intervals. Strategies specified in the IEP could include the following:

- Work differentiation.
- Grouping changes.
- Changes to physical environment, e.g. seating arrangements.
- Reinforcement of rules and routines.
- Application of a systematic sanctions and rewards systems.
- Involvement of the child in discussion of their difficulties and possible strategies which may be used.
- Use of different teaching styles.
- Change of learning context.

Schools should also consider how the resources available to them, such as the following, might be used differently and more effectively:

- Classroom assistants.
- Learning mentors.
- Learning support units (secondary).
- Learning support staff (primary).
- Nurture units/groups.

In considering the progress made by the child in relation to the targets set, adequate progress might be progress that:

- demonstrates measurable improvement in the child's behaviour;
- demonstrates a measurable improvement in self-help, social or personal skills;
- closes the attainment gap between the child and their peers;
- prevents the attainment gap from growing wider; or,
- ensures access to the whole curriculum.

School Action Plus

School Action may be sufficient to manage the child's behaviour effectively. However, if the child is not progressing in relation to targets set in the IEP, support from external agencies may be sought and School Action Plus implemented. At School Action Plus, the school may seek support from the Behaviour Support Service (BSS) or the Psychological Service

and the child's IEP should be informed by advice from a behaviour specialist. In some cases, depending on the particular circumstances, it would also be appropriate for other agencies to be involved, such as the following:

- SEN Support Service (For example, if the child has additional learning difficulties).
- REALAC Team [Raising Educational Achievement of Looked After Children].
- Child and Family Unit at the Queen Elizabeth Hospital.
- Other Health Professionals.
- Community Based Services.
- Youth Offending Team.

In addition to School Action Plus, a Pastoral Support Programme (PSP) should be initiated as part of the child's IEP if the pupil is judged to be at serious risk of permanent exclusion.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD is a condition characterised by a constant pattern of inattention or hyperactivity, or both. Children of all levels of ability can have ADHD which is considered to be a neuro-biological-based disability, more common in boys than girls. In more severe cases, the child may be treated with medication such as methylphenidate (Ritalin) which has been proved to give significant benefit to many children.

The inattention is characterised by:

- short attention span;
- not paying attention when spoken to;
- an inability to finish tasks;
- difficulty in organising themselves;
- regularly losing things; and,
- distractibility and forgetfulness.

The hyperactivity is characterised by:

- continual movement and restlessness. The child may sometimes run about the classroom inappropriately shouting out comments or answers;
- talking excessively;
- low tolerance levels;
- acting impulsively without thinking of the consequences; and,
- difficulty in waiting or taking turns.

Sources of useful information

Books

Nasen (1997). *Spotlight on Special Educational Needs, Emotional and Behavioural Difficulties*

McNamara, S (2001). *Changing Behaviour, Teaching Children with Emotional and Behavioural Difficulties in Primary and Secondary Classrooms*

Gateshead Council and Gateshead Health. (2003). *Attention Deficit Hyperactivity Disorder - Information and Guidance for Schools.*

Websites

Strategies for teaching children with behaviour disorders
www.central.edu/education/REX/bd.

Association of Workers for Children with Emotional and Behavioural Difficulties. www.awcebd.co.uk

Attention Deficit Hyperactivity Disorder
www.nih.gov/publicat/adhd.cfm