



Special Educational Needs and Disabilities Inclusion Framework

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Contents

Acknowledgement	2
Section 1: Meeting needs in Tower Hamlets	5
Universal provision	7
Special Educational Needs support	8
Graduated approach	9
Person centred working	11
Section 2: High quality teaching	12
Partnership with learners, parents, and carers	13
A supportive, and inclusive environment	14
High quality teaching and curriculum	16
Inclusive leadership and management	18
Section 3: Provision guidance	19
Communication and interaction	21
Speech, language, and communication needs	21
Whole school inclusive practice	23
Practice to support receptive language	24
Practice to support expressive language	25
Practice to support social interaction	26
Sources of support and information	29
Autism and social communication differences	32
Developing whole school inclusive practice	32
Planning to meet the needs of individuals	34
Social communication differences	35
Engagement and participation in learning	38
Emotional regulation: routines and transition	39
Emotional regulation: emotional understanding and energy regulation	40
Emotional wellbeing: anxiety	42
Emotional positive self-identity	43
Sensory preferences	43
Autism and girls	44
Sources of support and information	45

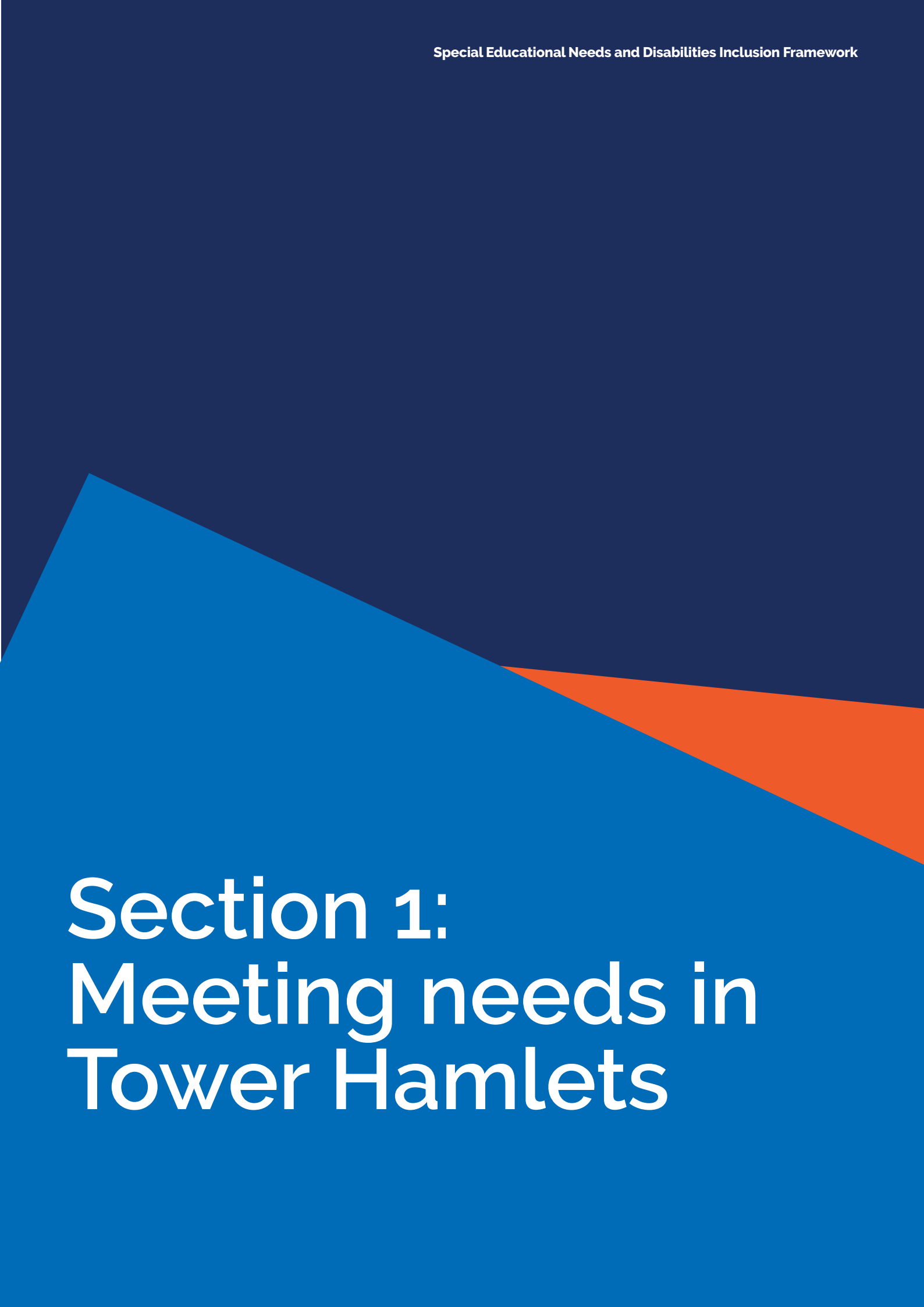
Cognition and learning	46
Literacy	47
Tower Hamlets literacy assessment	54
Dyslexia	57
Mathematics	66
Memory, attention, and learning	68
Thinking about thinking	70
Social, emotional, and mental health	71
Assessment	72
Difficulties participating, withdrawn or socially isolated behaviour	74
Displaying distressed or oppositional behaviour	76
Worries, fears, disinterest, and other changes in behaviour	78
Attention difficulties, impulsivity	79
Difficulties with relationships, making and maintaining friends	80
Emotionally based school non-attendance	82
Behaviours that cause concern or put children at risk	84
Sensory and physical	87
Sensory impairment	87
Hearing	88
Vision	91
Multisensory impairment	93
Physical and complex medical needs	94

Section 4: Glossary

98

This document is organised into four sections:

- **Section 1: Meeting needs in Tower Hamlets** outlines ordinarily available practice, SEN support, the graduated approach to supporting SEND, and person-centred planning.
- **Section 2: High quality teaching** summarises effective inclusive practice and approaches when supporting children's needs
- **Section 3: Provision guidance** provides detailed guidance on SEND provision for children with special educational needs, specific to areas of need
- **Section 4: Glossary** explains the terms and acronyms used in this document.



Section 1: Meeting needs in Tower Hamlets

This document outlines the strategies and provisions in place to support school aged children (4 to 16 years) with Special Educational Needs and Disabilities (SEND) in Tower Hamlets schools.

The Tower Hamlets SEND and Inclusion Strategy (2024-29) reflects our core aspiration: A child-friendly borough where children and young people from all backgrounds thrive, are listened to, achieve their best, and have a broad range of opportunities.

There are many strengths in education support for children and young people with SEND in Tower Hamlets. 96.7% of children attend schools rated Good or Outstanding (2024). Attainment for children with education, health, and care (EHC) plans or SEN support exceeds the national average at Key Stage 1, Key Stage 2, and GCSE levels. Rates of absence, exclusions, and suspensions for children with SEND are also better than average.

This SEND Inclusion Framework details the provision that all educational settings in Tower Hamlets are expected to provide for statutory school-aged children who may have special educational needs (SEN) and disabilities in order for us to continue to achieve a great education and support for every school-age child with SEND.

Universal provision

Universal (or Ordinarily Available) Provision refers to the support that is available to everyone in our schools. The terms 'universal' and 'ordinarily available' both refer to the support available for anyone facing barriers to progress socially, emotionally, or academically.

Universal provision must include a broad, balanced, and relevant curriculum, delivered through high quality teaching, and adapted to the appropriate individual developmental level.

The majority of the curriculum must be taught by a qualified teacher and be interesting and engaging.

Activities, interventions and lessons which are led by other staff including curriculum specialists, learning mentors, or teaching assistants must be of high quality and challenging. This should include interventions and support available to help any learner who needs it such as:

- those who speak English as an additional language (EAL)
- those who have missed school or face additional barriers and need extra input.

Having English as an additional language is a strength and not part of SEND however children especially those who are new arrivals may need additional language support initially.

www.the-partnership.org.uk/school-improvement/eal-primary

Early identification followed by appropriate support, action and intervention are essential to make sure everyone is included in all aspects of educational life and that no needs are left unmet and develop into a special educational need that requires SEN (Special Educational Needs) Support.

Special Educational Needs support

SEN Support is provision for those who require support which is additional to, or different from, the general support available to all other children of the same age. They may have a learning difficulty or disability which requires extra provision which must be provided through the school's notional budget, which is a notional amount based on the number of children in the SEN category using a combination of child funding.

SEN Support should not exclude children from learning alongside their peers.

SEN Support may vary across settings, however there is an expectation that all our schools will continue to provide an expected level of SEN Support alongside their excellent universal provision. Many of our schools go beyond this level of support already.

Schools should reflect on the quality of their inclusive teaching practice, their universal offer, and on their graduated approach of 'Asses-Plan-Do-Review' as outlined by the Department of Education (DfE) and Department of Health and Social Care in their statutory guidance 'Special Educational Needs and Disability Code of Practice: Age 0-25 years' (DfE/DoH, 2015 – also known as SEND Code of Practice 2015).

When reading this SEND Inclusion Framework, it is important that staff remember that all children and young people are different and have different strengths and difficulties in accessing and understanding learning.

There is no 'one-size fits all' model and all support should take a person-centred approach. There is an expectation that schools will provide appropriate levels of inclusive provision to ensure consistency across all settings.

Evidencing which SEN Support strategies have been implemented and their impact is key to informed decision making. Recording engagement and impact should elicit the views of the child, parents and carers, and the views of professionals.

SEN support is necessary before considering if a request for statutory assessment might be required. In most cases, a child's special educational needs should be met through SEN Support.

Graduated approach

In Tower Hamlets, we meet the varying needs of children and young people with SEN through a 'Graduated Approach.' When a child is identified as having SEN, educational settings should act to remove learning barriers and implement effective special educational provisions using this approach. Effective settings provide timely, effective, and well-coordinated support for children and young people with SEND.

At the Universal Level, the support provided is available to all children and young people, including those with SEN, through Quality First Teaching and universal health and care services (e.g. GPs, dentists). This means all teachers are responsible for the education of children with SEN, adapting their approach through assistive technologies, individual or group teaching, or in-class support as needed.

For children with more complex needs, the Graduated Approach includes additional support. If external agency evidence, such as from Educational Psychologists, Specialist Teachers, or Speech and Language Therapists, suggests that a child may need more support beyond the 'SEN Support' level, an Education, Health, and Care (EHC) needs assessment may be conducted. If an EHC Plan is required, it will be developed accordingly.

Most children with SEN will have their needs met through additional support within mainstream settings, but some may require specialist provisions. This is determined through a multi-agency decision-making process involving evidence from external specialists, indicating that specialist settings are necessary according to an EHC Plan.

The SEND Code of Practice: 0-25 years states that children with SEN but without an EHC Plan should be educated in mainstream settings unless specific circumstances (like hospital schools) apply.

The Graduated Approach is guided by a cycle of **Assess, Plan, Do, Review**, as detailed in the SEND Code of Practice: 0-25 years. This iterative cycle helps refine interventions based on a growing understanding of the child's needs, supporting their progress and outcomes.



Assess: Conduct detailed assessments by those teaching the child, regularly reviewing to match support with needs. If progress is minimal, seek specialist assessments from health, social care, or other external professionals.



Plan: Collaborate with parents, the child, and relevant professionals to agree on outcomes, interventions, expected impacts, and review dates. Select interventions based on reliable evidence of effectiveness. Provide appropriate space, resources and trained staff to deliver selected interventions.



Do: Teachers remain responsible for daily support, with the SENCO assisting in assessment, problem-solving, and support implementation.



Review: Regularly evaluate the effectiveness of support and interventions. Adjust plans in consultation with the child, parents, and involved professionals, revisiting the cycle to refine and improve strategies based on the child's evolving needs.

Support for all children with SEN should be reviewed continually, whatever level of support they need.

Person centred working

Person-centred planning keeps children at the heart of all decisions made about them. When children are meaningfully involved in decisions that affect them, this can change their attitude and behaviour, making them active partners in their learning and bringing about positive changes. This approach emphasises understanding what is important to the child, balancing their needs with support to help them reach their potential. It involves continual listening, learning, and collaborative problem-solving to allocate appropriate resources and support.

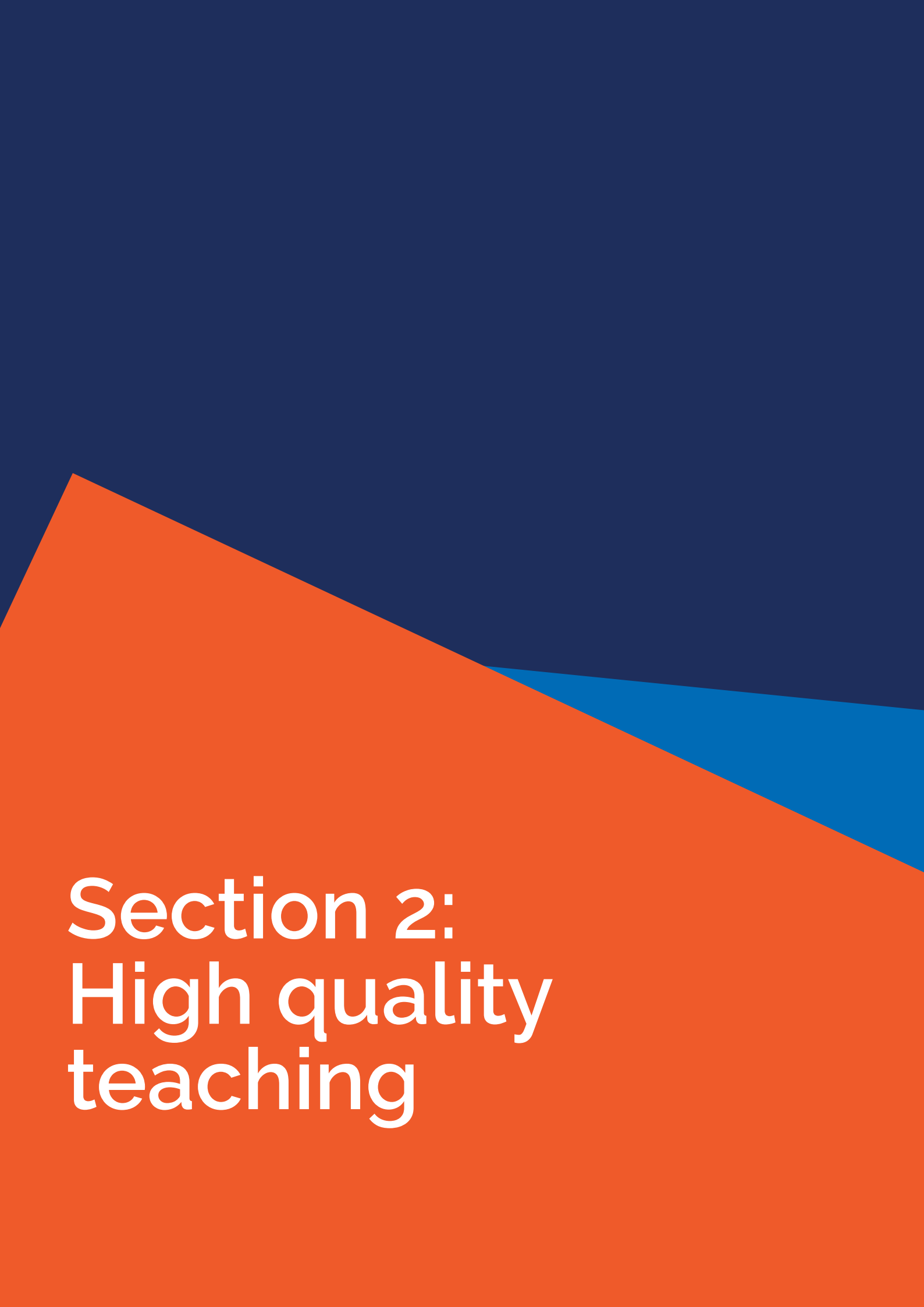
The SEND Code of Practice: 0-25 years highlights the importance of this approach, ensuring that assessments and plans:

- focus on the child as an individual
- enable active participation from children, young people, and their parents
- use clear, accessible language
- highlight strengths and capabilities
- tailor support to individual needs
- minimise demands on families
- bring together relevant professionals for coordinated planning.

This approach aims to deliver outcomes-focused support, centred on what is most effective in helping the child achieve their goals.

At the universal level, person-centred planning covers planning for children and young people to help them access learning, the curriculum, or social activities. This should include planning for activities during free time, on the playground, PE, school visits, residential trips etc. It should also cover support for transition. It should include access to appropriate technology to enable independent learning and reduce reliance on adult support.

For more information on person centred planning in Tower Hamlets, please see the booklet: *Person Centred Planning with Children and young people: A Tower Hamlets Model* Tower Hamlets Educational Psychology Service.



Section 2: High quality teaching

This section summarises the high quality provision that schools in the borough and nationally make available for all children, including those requiring SEN Support. The section is organised into the following areas:



Partnership with
learners, parents,
and carers



A supportive
and inclusive
environment



High quality
teaching and
learning



Inclusive
leadership and
management

Partnership with learners, parents, and carers



Expectations	Examples of good practice
Partnership with learners, parents and carers	• Parents, carers and children are meaningful participants in assessment, planning, and evaluation of support. • An effective partnership with children and parents through participation in assessment and review processes. • Parents and carers know who to talk to in the setting about their child. • Consistently two-way communication with parents and carers (including meetings, surveys, coffee mornings, home school diaries). • Children are asked for their views regarding SEND, such as through the student council. • Staff are aware of the Tower Hamlets Local Offer and can signpost parents and carers as appropriate.

A supportive, and inclusive environment



Expectations	Examples of good practice
A positive and supportive environment	• A positive and supportive environment for all children, where they feel safe socially, emotionally, and academically. • Consistent positive relationships and communications between all staff and all children. • Staff are confident supporting and including children experiencing challenges. • A positive and sensitive approach to behaviour is part of policy and practice. • Staff have identified children experiencing circumstances which may require additional support, including children who: - have experienced adversity or disrupted attachments - are in care or have been in care - have child protection plans or are children in need - have sought asylum - are neurodiverse - have experienced trauma or loss - have mental health needs - have parents in the armed forces.

Expectations	Examples of good practice
Preparation for transition and change	• There is a school transition policy, which covers types of transition and where appropriate lists schedules and steps. • Parents and carers of new starters are contacted early with information about the school and support for children with SEND, and to request information about children to inform preparation for support. • Children are supported to understand and manage transitions and expected changes. • Information is provided as soon as possible regarding new staff, systems, and other children before transitions. • Advanced notice of changes to an activity or routine to all children, supported with visuals. • Support is provided to help children prepare for the next stage in their education and adulthood such as study, interview, and independent living skills. • All staff working with children (including supply staff) have concise information about individual children's preferences, needs, and any key support strategies.

High quality teaching and curriculum



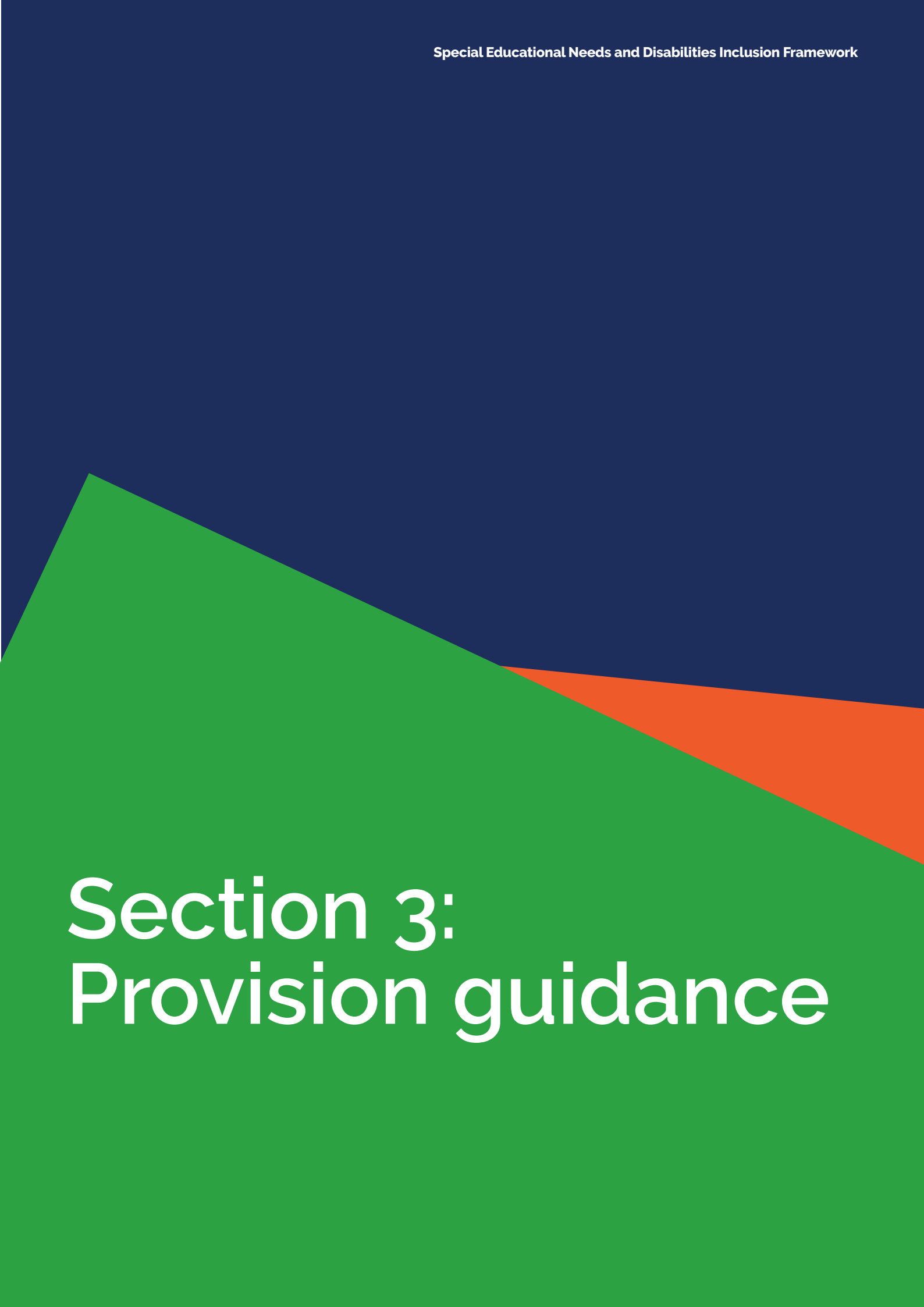
Expectations	Examples of good practice
Effective classroom management	• Staff consistently use visual timetables, task planners, and time-based activities within lessons to support focus and task management. • Classes use flexible seating arrangements, individual workstations or other quiet workspaces, and access to ear defenders to reduce noise and external distractions. • Classrooms are clear, tidy, and structured, balancing minimal distractions with a welcoming and purposeful environment. • Lessons and other activities are of an appropriate length for the developmental level of all children in the class. • School policies have the flexibility to allow teachers to make adjustments according to individual needs and development, this might include: - presentation of materials (for example text size or colour) - environmental modifications (such as adapting lighting or working in a different location) - modifying, reducing, or removing homework demands - a flexible uniform policy.
Effective communication strategies	• There is a consistent whole school approaches to language and communication. • Staff give information at an appropriate pace for individual children: repeating, simplifying, and checking for understanding as necessary. • Children are given time to process information before being asked to respond. • Visual supports for language are used consistently in school. • Staff provide a range of communication opportunities across the day and in many different contexts, particularly for children who find communication challenging.

Expectations	Examples of good practice
Support and interventions	• Teachers have a holistic understanding of their children; their strengths, interests, differences, and support needs. • Schools systematically identify need and provide early intervention and support quickly, looking to build on the early gains interventions produce. • Where learning is harder or slower, staff present new material in smaller steps with more practice after each step. • Intervention are often short and focused, both in terms of the whole intervention and individual sessions. • The impact of interventions is evaluated and alternatives are explored to deliver better outcomes when appropriate.
Supporting working memory and attention	• Interesting and engaging lessons are at a suitable length for the developmental stage of the child. • Important information is repeated and rehearsed frequently. Staff highlight connections between new learning and prior knowledge. • Teaching is repetitive and new skills are taught to a high level of accuracy and speed across different contexts. • Skills are taught to mastery using an approach such as Direct Instruction. • Consistent whole-school routines, expectations, and terminology across subjects and year groups, with consistent use of visuals.

Inclusive leadership and management



Expectations	Examples of good practice
Effective and purposeful staff training	• A continuing professional development (CPD) plan for all staff including teaching assistants so that they can meet the needs of all children, including: - whole school training around identified needs - specific training for staff working with individual children's SEND, medical needs, and developmental levels - relevant targeted interventions (such as speech, language, and communication, or autism) - induction for new staff regarding relevant SEND and health needs - provision for whole school training needs (for example, on communication approaches used in the school, trauma informed practice and attachment, and developing a Growth Mindset). • Up-to-date training is provided for relevant staff in line with the medical needs of individual children. • The induction programme for new staff includes training on special educational needs, disabilities, and health needs.
Leadership of SEND at all levels in school	• The school SENCo has the time, support, and resources to lead SEND in the school effectively. • The school SENCo should be part of the senior leadership team of the school. • Curriculum leads, subject leads, senior leadership team, governors, and the headteacher have responsibility for planning and evaluating SEND provision. • Regular cycles of assess/plan/do/review are used to ensure learners are making progress. School leadership use data from these cycles to evaluate and plan effective provision and training. • All staff (including supply and new staff) are informed about the needs of children and young people with physical and medical needs and are supplied with an up-to-date Individual Health Care Plan. • Leadership staff regularly review school policies and practices with regard to inclusiveness and removing barriers to children with SEND and sensitivity to the lives and experiences of their children.



Section 3: Provision guidance

This section contains detailed information regarding ordinarily available provision in schools. It is organised into the following areas:



Communication and
interaction



Autism and social
communication
differences



Cognition and learning



Social, emotional, and
mental health



Sensory and physical

These follow the four broad areas of special educational needs identified in the 2015 SEND Code of Practice. Due to the nationally high number of children in Tower Hamlets who have social communication needs or a diagnosis of autism, there is also specific guidance on provision for autism and social communication needs. Children commonly have needs across more than one area.

Communication and interaction



Speech, language, and communication needs

Developing good Speech, Language and Communication (SLC) skills is essential to a child's ability to learn, connect with others, and develop the academic and formal language that will help them to succeed at school and beyond. Oral language skills are the foundation for reading, writing, and learning. Improving a child's spoken language skills will benefit all areas of the curriculum. Effective speech, language, and communication skills are important to emotional health and well-being.

Speech, language and communication needs (SLCN) is an umbrella term that refers to the many types of speech, language and communication difficulties that children might face. It includes conditions such as:

- stammering/stuttering
- speech sound disorder
- situational/selective mutism
- language 'difficulties' perhaps due to lack of communication-supportive experiences in early childhood (for example, children living in areas of high social disadvantage).

Speech, Language and Communication Needs (SLCN) as a category is the primary need for children in Tower Hamlets. Many children will have developmental language disorder (DLD), which on average two children in every class nationally will experience but is not always identified.

Children with DLD have problems understanding or using spoken language. This may impact on many other areas including literacy, learning, processing and memory, emotional wellbeing, social interaction, behaviour, and forming friendships.

Children with SLCN may also have other learning differences, such as ADHD, literacy difficulties, or developmental coordination disorder. Children with autism, brain injury, hearing impairment, or a genetic disorder such as Down syndrome may also have SLCN. The strategies described below will help to support these children.

Receptive language

Understanding information conveyed through a range of communication channels such as spoken language, written text, or non-verbal communication. It requires skills such as listening, comprehension, understanding instruction and interpreting gestures.

Expressive language

Communicating information to others through spoken language, written language, or other methods such as sign language. It includes speech production, vocabulary development, organising thoughts clearly, using appropriate language and tone, grammar and sentence structures, and expressing ideas and emotions effectively.

Social Interaction

Ability to communicate and engage with others, develop relationships, and understand social norms and cues. It involves skills such as turn-taking in conversation, active listening, understanding non-verbal cues like body language, and adapting their communication style based on the social context.

Whole school inclusive practice

All schools and settings will aim to provide an environment where children can become confident competent communicators. This will include some or all of the following.

Task	Description
A whole school/ setting approach	To the development of SLC as part of school policy.
Well-trained staff	With an understanding of SLC development and how to support SLCN. Training could include: • raising awareness of different areas of SLCN, such as DLD, Situational Mutism, Social Communication Needs • developing a whole-school approach to aspects of communication e.g. oracy, vocabulary, grammar (colourful semantics) • meeting the specific needs of individuals and groups of children using targeted interventions.
Recognising and assessing SLCN early	Providing effective support including evidence and practice-based interventions.
Using a Total Communication approach	Including visuals, and a sign supported speech system such as Signalong.
Using technology	To facilitate interactive participation and communication. This may include: • speech-to-text apps • communication boards • other alternative and/or augmentative communication (AAC) methods.

Practice to support receptive language

What this looks like

Task	Description
Reduce background noise and other distractions where possible	
Organise learning environments purposefully	• Seating arrangements • Child groupings • Well organised resources that support independent learning • Use visual timetable to provide clear information about the structure of the day.
Use language thoughtfully	• When giving instructions, check for understanding • Repeat instructions and simplify further if necessary • Some children will need language to be concrete e.g. 'put your book in the tray', rather than 'tidy up your things' • Frame language positively e.g. say 'walk' instead of 'don't run' • Give children sufficient time to process instructions or information • Give information in chunks and deliver at a relaxed or slower pace • Use questioning effectively, ensuring that questions are at the appropriate level for a child's language level (e.g. Blank's levels of questions).
Foster good listening and attention skills	• Reducing background noise and other distractions to create a favourable listening environment • Teaching and modelling active listening • Cueing – gain a child's attention by using their name before asking a question • Praising and reinforcing good listening.
Use visuals	• Have key concepts and vocabulary clearly displayed • Provide additional visual including objects, photos, pictures and symbols • Provide graphic organisers (e.g. mind maps and word webs) to help children organise their knowledge, concepts, and ideas • Use task planners to simplify tasks and promote independence (e.g. Now/Next boards, visual schedules/timetables) • Use colour coding (e.g. Colourful Semantics) to support children's ability to understand and use language structures • Consider using a signing system such as Signalong to support language where appropriate.

Task	Description
Support Working Memory	• Build memory networks by making links to other learning • Be consistent and give opportunities for overlearning and consolidation • Reduce the demands on memory load by chunking information • Teach metacognitive skills so that childrens can have techniques for remembering e.g. note taking.

Practice to support expressive language

What this looks like

An environment that supports expressive language for all children, including the following:

Task	Description
A Whole School Approach	A Whole School Approach to Oracy which raises the status of talk across the school, develops confidence and the ability to think critically, and provides regular focused opportunities for all children to speak and be listened to. This could include: • classroom discussions • presentations • debates • assemblies led by children • role-play • storytelling.
An Environment that motivates and stimulates communication	• Use motivating topics and engaging learning materials to encourage the desire to communicate • Provide communication opportunities within all learning (both in and out of the classroom), especially for those who find this area challenging.
Reducing background noise	And other distractions where possible.
Organising learning environments purposefully	See above.

Task	Description
Supporting and scaffolding children's efforts at communication	- Recast and/or remodel children's talk to extend and offer correct models - Offer opportunities to respond and make choices by forced alternatives ('is it X or is it Y?') - Scaffold language by providing structures such as sentence starters at the child's developmental level e.g. "I want..." - Prepare children before they are asked to speak e.g. tell them when and what you will be asking them, and give time to be ready to speak.
Using visuals	- Have key concepts and vocabulary banks clearly displayed - Support text with additional visual including objects, photos, pictures and symbols. Ensure these are consistent - Provide graphic organisers (e.g. mind maps and word webs) to help children organise their knowledge, concepts, and ideas - Consider using a signing system such as Signalong to support expressive language where appropriate.

Practice to support social interaction

What this looks like

Intervention	Description
Carefully planning the curriculum	Consider what children know, and identify the concepts and vocabulary associated with it.
Teaching social communication skills consistently	Embed them throughout all areas of the curriculum and explicitly teach through games and rules.
Using consistent language	Ensure consistency with language used to convey social rules between home and school.
Reinforcing positive social communication throughout the school day	Use a range of strategies including: - modelling and role play - prompt cards and visuals - social games - story telling - feedback and reward systems.

Assessment: Assess Plan Do Review

Children showing difficulties with any area of SLCN may need further assessment to identify strengths and needs in their communication profile. This will provide valuable information on how best to support the child to progress.

Intervention	Description
Assessment tools	These may include: • classroom observations • discussion with SENCo, Advisory teachers from the LLC or EPS • discussions with carers or others involved with the child • taking a language sample to analyse areas of need.
Use of screeners to identify areas of strengths and needs	These may include: • Verbo checklists • Universally Speaking Checklists • Speech Language UK online profiler • Progression Tools (SLUK) • Down Syndrome International Vocabulary checklists.
Formal assessments	This may include: • referral to speech and language therapist • discussion with link educational psychologist.

Intervention

For some children, high quality teaching and inclusive practice will need to be supplemented with more targeted interventions. These are evidenced based, time-limited and structured. Progress and impact need to be carefully monitored. Interventions have minimal impact on participation in other areas of the curriculum, particularly areas that the child feels positively about.

See below for some suggested interventions designed to improve Receptive and Expressive Language skills. Further suggestions for developing Social Interaction can be found in the section on Autism.

Intervention	Area of Need
Talkboost (Early Years/KS1/KS2)	Receptive, Expressive Language and Social Interaction (includes assessment tool)
Blacksheep press Narrative packs	Receptive and Expressive Language
Colourful Semantics	Receptive and Expressive Language
Shape Coding	Receptive and Expressive Language
WordAware	Receptive and Expressive Language
See and Learn	Receptive and Expressive Language (early stages, designed for children with Down Syndrome but useful for other with more complex needs)
Targeted intervention based on advice from SALT	Addressing identified areas of need

Sources of support and information

Local training, advice, and information

The Language Literacy and Communication Team (LLCT) provide free training, advice and support to educational settings to increase their capacity to include children with language, literacy and communication needs in Tower Hamlets. Training can be at whole school level, or bespoke to target specific areas of need. Examples of training packages include:

Action	Description
Whole School	• How to make your school more Communication-Friendly (including an audit of current practice and tailored advice and training) • Developing staff awareness of Speech, Language and Communication needs and how to support children with SLCN • Word Aware – A structured whole school approach to promote vocabulary development of children • Raising awareness of Developmental Language Disorder (DLD) for schools and parents.
Targeted	• Talk Boost – A structured language intervention for EYFS/KS1/KS2 • Using visuals to promote a total communication environment, including symbols (widgit) • Signalong – A key word sign supported communication system based on British Sign Language • How to run a targeted intervention to improve narrative and vocabulary skills in Y9.

The LLC also provide advice and support via regular blog posts, including 5 minute presentations on a range of SLCN areas that can be used by schools for staff meetings and training: towerhamletslas.edublogs.org

NHS speech and language therapy: www.bartshealth.nhs.uk

Educational Psychology Service: www.localoffertowerhamlets.co.uk/pages/local-offer/send/educational-psychology-service

Local Offer: www.localoffertowerhamlets.co.uk

National training, advice, and information

For information on SLCN

Organisation	Link
Speech and Language UK Universally Speaking' booklets showing communication skills at any given age	speechandlanguage.org.uk/talking-point/for-professionals/the-communication-trust/universally-speaking
CPD Online short course: An introduction to speech and language (1/2 day)	speechandlanguage.org.uk/talking-point/cpd-online-short-course
Communication Friendly Checklists	speechandlanguage.org.uk/talking-point/for-professionals/the-communication-trust/more-resources/communication-friendly-checklists
Elklan Training Limited	www.elklan.co.uk
Black Sheep Press - site for Narrative Pack and other SLCN resources	www.blacksheepress.co.uk
Shape Coding	shapecoding.com
Verboapp - an online speech and language therapy toolkit	verboapp.co.uk
Site for WordAware	thinkingtalking.co.uk/word-aware

For information on DLD

Organisation	Link
RADLD	radld.org

For information on Down Syndrome

Organisation	Link
DS Store	store.down-syndrome.org

For information on Situational/Selective Mutism

Organisation	Link
SMiRA	www.selectivemutism.org.uk/about-selective-mutism

For information on using Signalong

Organisation	Link
Sign along	signalong.org.uk

Links to support Alternative and Augmentative Communication (AAC)

Organisation	Link
NHS England	www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/guid-comms-aac.pdf
Great Ormond Street Hospital for Children	www.gosh.nhs.uk/wards-and-departments/departments/clinical-specialties/neurodisability-information-parents-and-visitors/clinics-and-services-related-wolfson-neurodisability-service/augmentative-communication-service
AceCentre	acecentre.org.uk
Communication Matters	www.communicationmatters.org.uk



Autism and social communication differences

Nationally, 40-50% of autistic children and young people are supported at SEN Support.

The following frameworks, interventions, strategies and provision are recommended at SEN Support, both for children with a diagnosis of autism and those with identified social communication differences. They are evidence informed, practice informed or based on the lived experience of autistic adults.

Schools can discuss appropriateness of strategies or interventions with their link educational psychologist, Phoenix outreach teacher, or NHS speech and language therapist.

Developing whole school inclusive practice

The Autism Education Trust (AET) promotes 'culture change' and aims to provide schools with knowledge, understanding and resources to enable autistic children and young people to progress and fulfil their potential.

Schools can refer to the AET Good Autism Practice guidance and use the AET standards and competency frameworks when auditing their inclusive practice:

www.autismeducationtrust.org.uk/resources/good-autism-practice-guidance
www.autismeducationtrust.org.uk/framework-documents

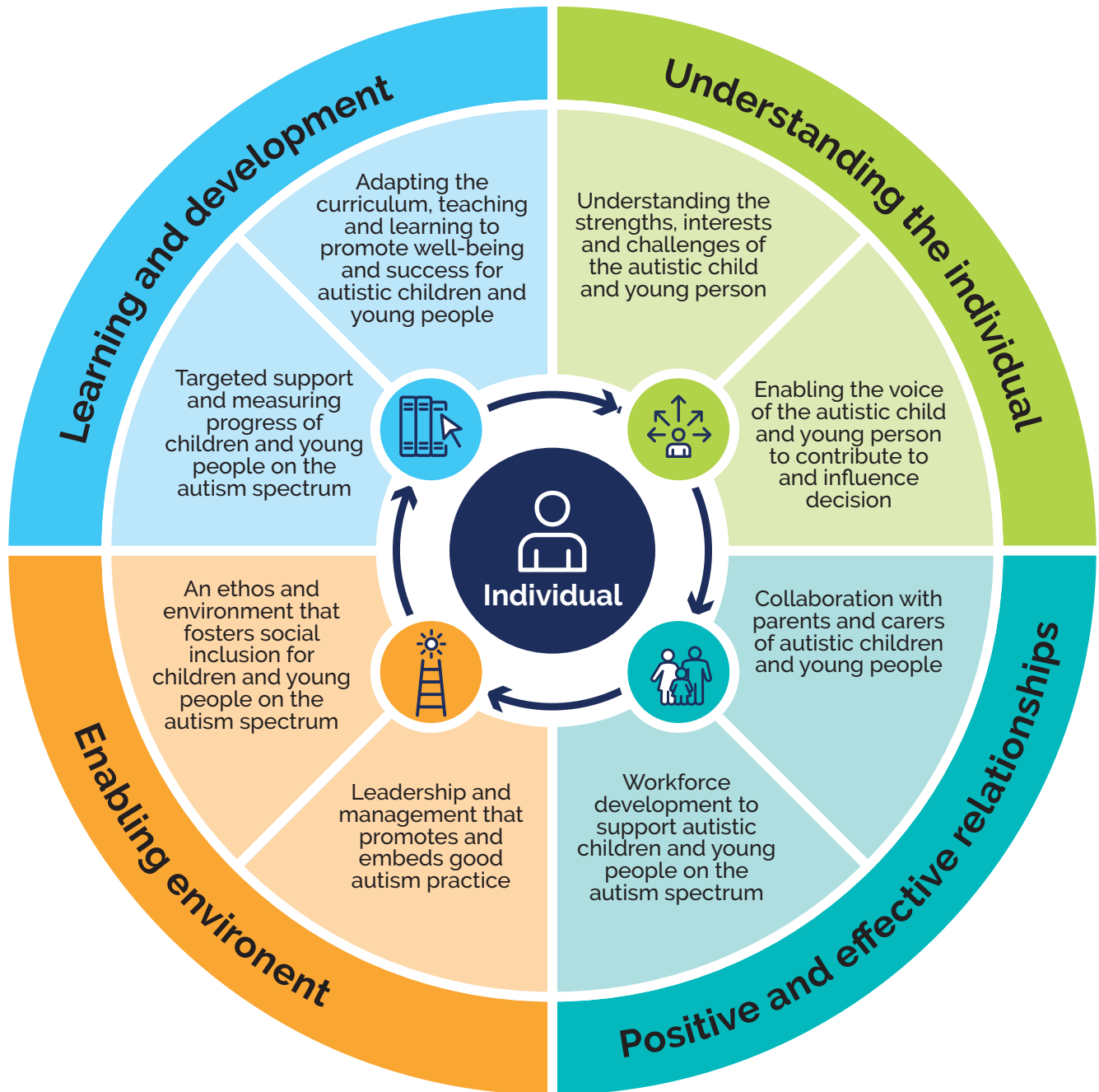
The AET have published a number of other tools that can be used to support specific areas of assessment and planning for autistic children and young people:

www.autismeducationtrust.org.uk/aet-shop

Phoenix school and outreach service is an AET Training Hub and delivers accredited AET courses as well as courses on a range of other topics to support inclusive practice in schools: phoenix.towerhamlets.sch.uk/training

Some AET tools are available for free if staff have attended AET training - please contact your Phoenix Outreach teacher to find out more.

AET Good Autism Practice principles



Planning to meet the needs of individuals

The SCERTS Model can be used to support the assess-plan-do-review cycle when planning for individual learners. The Phoenix Outreach Service, LBTH educational psychologists and NHS speech and language therapists use the SCERTS Model to inform their practice. This model is used when supporting schools, depending on the needs of children at the time.

The SCERTS Model focuses on:

- **Social Communication:** the development of spontaneous, functional communication, emotional expression, and secure and trusting relationships with children and adults
- **Emotional Regulation:** the development of a well-regulated emotional state to cope with everyday stress and be most available for learning and interacting
- **Transactional Supports:** the development and implementation of supports to help adults respond to the child or young person's needs and interests, modify and adapt the environment, and provide tools to enhance learning.

The SCERTS Model identifies children to be at one of three developmental stages so that appropriate educational objectives and supports can be identified:

- **Social Partners** (of any age) communicate primarily through body language, gesture, facial expression and vocalisations (noises, sounds). Social Partners do not use words to communicate
- **Language Partners** have emerging language and communicate through single words or phrases, as well as the use of gesture and body language
- **Conversation Partners** use a range of phrases and sentences. They are moving towards conversational effectiveness but may still benefit from support.

Schools can attend SCERTS training: <https://scerts.com>. Schools can also be supported to use the SCERTS Model by their link LBTH educational psychologist, NHS speech and language therapist or Phoenix outreach teacher.

Social communication differences

Autistic children have differences in the way they communicate, understand and use language. They engage in social life from a different perspective. This leads to differences in how the child interacts and develops relationships.

Learning supports and interpersonal supports

Visual supports used throughout the day to support expression, understanding and choice including:

- visual timetables
- real objects or objects of reference
- photographs, pictures or symbols
- Now Next board
- Choice board.

For further details see: www.autism.org.uk/advice-and-guidance/topics/communication/communication-tools/visual-supports

Staff help when they:

- provide frequent opportunities for the child to initiate interaction
- pause and wait to allow time for the child to express themselves
- respond to all communicative attempts
- provide a model of familiar actions and sounds (such as, clapping; ready, steady, go; familiar songs)
- pair words with objects for a language rich environment
- provide a verbal prompt immediately after sound/action to indicate 'your turn'
- teach names, verbs, emotions and language to regulate. Model simple sentences and word combinations focusing on 'name action noun'
- use key word sign supported speech such as Signalong.

Visuals to support turn taking and groupwork including:

- turn taking visuals
- timers or visual countdowns
- clearly defined roles for groupwork, question/conversation prompts and sentence starters.

Staff help when they:

- plan turn taking activities with other children
- plan and lead structured playground or lunchtime activities
- support children recognise their interests and provide structured opportunities to engage with peers with a shared interest. Such as, a chess lunchtime club
- plan frequent opportunities to interact with peers, with visual supports to remind when to talk, volume, what to talk about (question prompts, photos, objects, words, visuals, modelling), arm's length rule for personal space
- provide a quiet space to go to during breaks
- teach conversation skills using everyday events. Such as, how to introduce yourself, conversation starters. Use scripts and visual supports to support social language
- implement approaches to develop mutual understanding, communication and support between autistic children and their peers such as buddy systems, peer mentoring schemes.

Evidence and practice-based interventions

Intervention	Description
Attention Autism	To develop the early fundamentals of language including awareness of others, attention, listening, shared attention, switching attention and turn-taking. ginadavies.co.uk
Adult-child interaction approaches	To teach early communication skills such as eye contact, facial expression, vocalisations leading to speech, joint attention and turn taking. The supporting adult joins the child's play and is responsive to all the subtle communications a child makes. Intensive Interaction is one example of an adult-child interaction approach. www.intensiveinteraction.org
Signalong	A sign-supporting system to be used alongside speech to develop understanding.
Lego Therapy	To develop social communication skills, such as sharing, turn-taking, following rules, using names and problem-solving. Children work in groups of three with each participant having a distinct role to build a Lego model collaboratively. Recommended for 6yrs+. buildingskillsorg.wordpress.com
Social Stories	A short description of a particular situation, event or activity, which includes specific information about what to expect and why. Often used to prepare a child for a change to routine, a new event or a new skill. www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx
Comic Strip conversations	Visual representation of a conversation using stick people and symbols to help understanding of social situations. www.autism.org.uk/about/strategies/social-stories-comic-strips.aspx
LEANS programme	A free curriculum introducing all children aged 8-11 years to the concept of neurodiversity and helping them to explore how it impacts experiences at school. salvesen-research.ed.ac.uk/leans

Engagement and participation in learning

Autistic children have differences in their attention, information processing and how they learn. This can include being very focused on particular interests.

In addition to the National Curriculum, Pre-Key Stage Standards and the Engagement Model, schools may use Phoenix Steps as an assessment tool, where school staff have been trained in this. Please speak with your link Phoenix Outreach teacher for more details.

Learning supports

Intervention	Description
Motivating, meaningful and developmentally appropriate activities incorporating interests	This might include: • sensory play, motor and exploratory play, cause and effect play, ready-steady go games, social games such as peekaboo, imitation and clapping games, bubble play • desirable hands-on activities • meaningful tasks with real world application and relevance clearly explained.
Clearly defined beginnings and endings to activities	This might include: • song signifiers, such as, tidy up songs • showing an object of reference • countdowns, timers • simple within task schedule with clear finish – to do / finish • within-task schedules with instructions and expectations broken down.
Visual and graphic organisers	This might include: • storyboards • sequencing cards • colourful semantics to teach how words combine into phrases and sentences. Used to teach both speech and writing • writing frames • Mind Maps • word banks.

Allow flexibility for children to complete activities at an appropriate pace. Plan frequent opportunities for children to use, apply and generalise skills and learning.

Emotional regulation: routines and transition

Autistic children have a different way of being flexible, so often feel safer and more comfortable with routines and structure as this lessens uncertainty.

Learning supports and interpersonal supports

Intervention	Description
Visual timetables	To support everyday routines using: • real objects or Objects of Reference • photographs, pictures or symbols • written information such as a calendar or diary.
Transition supports to pre-warn when an activity is finishing	Such as: • objects of reference • song signifiers (such as tidy up song) • Now-Next board • timers and visual countdowns.
Transition booklets	Information to support transitions to new school/year group. This could include Social Stories, maps and photographs.
Transition visits	Additional visits to a new classroom or school to familiarise with the environment, preferably when it is quieter.

Staff can help when they:

- Provide enhanced predictability, clear and consistent structures and routines
- Minimise changes to routine and staffing, and when necessary, prepare children for upcoming changes
- Prepare children for transitions to new staff, groups, rooms and peers each year
- Explicitly teach learning to cope with change by introducing a change card (or ZigZag) within the visual timetable. This supports the idea that something different is going to happen. The change card might initially be associated with something the child will enjoy and can gradually be used for any unfamiliar or unexpected activity

Emotional regulation: emotional understanding and energy regulation

Even with supports in place, there are times when autistic children might become emotionally dysregulated, due to their differences in sensory processing, flexibility or social communication.

If there are incidences of distress behaviours, a STAR (Setting, Triggers, Action, Result) chart can be helpful to record and analyse behaviours and inform planning.

www.autismeducationtrust.org.uk/resources/tool-5-star-chart

Interpersonal supports

Adults can help when they:

- notice subtle signs of dysregulation and reduce demands and language
- recognise when behaviour is communicative and/or regulatory
- provide sensory-motor activities to aid regulation linked to the child's preferences
- use critical communication visuals such as, break, toilet, stop and help cards on lanyards. Offer a 'break' or 'help' when the child is dysregulated
- provide a discrete (visual) system for the child to alert an adult when a break or help is needed
- ensure regular and planned movement breaks and available calm spaces
- provide a visual choice of agreed coping strategies to support understanding and choice making during times of distress
- model use of agreed coping strategies where necessary
- recognise and support children's own strategies to regulate their arousal level and use these when possible.

Evidence and practice-based interventions

Intervention	Description
Movement breaks	To move to support self or mutual regulation.
The Zones of Regulation toolkit	To support talking about and regulating feelings. Feelings are organised into four coloured zones to make it more concrete. children are also taught coping strategies to use when in each zone. zonesofregulation.com
Energy Regulation - Autism Level UP!	The Energy Meter is designed to help children reflect on their own arousal states in relation to the demands of the task to help them Level Up or Level Down. The Regulator for the Classroom is designed to help individuals explore various aspects of classrooms, learning and teaching that may influence their regulation and access to educational content. www.autismlevelup.com
Social Stories and Comic strip conversations	See above.
Restorative approaches	To help build, maintain and repair relationships, also see the later SEMH section.
Emotion coaching	Uses moments of heightened emotion and resulting behaviour to guide and teach the child about more effective responses. Through empathetic engagement, the child's emotional state is verbally acknowledged and validated, promoting a sense of security and feeling 'felt'. www.emotioncoachinguk.com

Emotional wellbeing: anxiety

Anxiety disorders affect over 40% of autistic children and young people compared with 3% of non-autistic children and young people. Increased anxiety is associated with difficulties coping with uncertainty; sensory differences; alexithymia (difficulties understanding their own emotions); social situations that are confusing or unpredictable; and communication differences between autistic people and non-autistic people.

Learning supports

Intervention	Description
Mapping the Landscape of Fear	Explore the child's anxiety about school using the Mapping the Landscape of Fear activities to inform planning.
A flexible start and end to the day routine.	This might include a key adult present to greet the child, and/or a calming space/activity.
Body mapping	To develop self-awareness of the physiological symptoms of anxiety (or any emotion) which may help the child respond to the body's warning signals. www.middletownautism.com/social-media/body-maps-10-2021

Evidence and practice-based interventions

Age group	Description
For Key Stage Two aged children and older	There are a number of manualised programmes to teach coping and self-regulatory skills and reduce anxiety such as, Homunculi Approach teaches social and emotional resilience (aged 7-teens).
For Key Stage Three aged children and older	Know Your Normal toolkit helps young people outline what their 'normal' is so they can explain to those who support them when they aren't feeling themselves. www.ambitiousaboutautism.org.uk/what-we-do/connecting-young-people/youth-led-toolkits/know-your-normal
For Key Stage Four aged children and older	Molehill Mountain app helps autistic people understand and self-manage their anxiety. www.autistica.org.uk/molehill-mountain

Emotional positive self-identity

Learning supports

Age group	Description
All	Positive neurodiverse role models are promoted.
All	Opportunities to meet with other autistic children.
For Key Stage Two aged children and older	Teaching about neurodiversity for the peer group to increase understanding and peer support. Such as LEANS programme (see above).
For Key Stage Three aged children and older	NAS Know Yourself series helps autistic young people understand themselves more. www.autism.org.uk/advice-and-guidance/topics/resources-for-autistic-teenagers

Sensory preferences

Processing everyday sensory information can be difficult for autistic children and young people. Any of their senses may be over- or under-sensitive, or both, at different times. This can lead to sensory-seeking or sensory avoidance behaviours.

To identify a child's sensory preferences in order to inform strategies, use the AET sensory preferences checklist and/or AET learning environment checklist. These are available for schools who have attended AET training. Please speak with your link Phoenix outreach teacher for details.

www.autismeducationtrust.org.uk/sensory-resources

Learning supports and interpersonal supports

Intervention	Description
A lower-arousal workstation or space	To support focused learning when needed.
A toolbox of sensory tools and objects	based on the child's sensory preferences, available within the classroom. Such as, ear defenders, sensory cushion. See Fidgets are Tools: www.autismlevelup.com
Physical and sensory activities	That enable the child to reach and sustain a calm alert state based on their individual profile.
A break card	With an agreed and rehearsed exit strategy. A calm breakout space for the child to regulate their sensory experience.
Early transition	To avoid crowds/busy corridors.

Staff help when they:

- consider the effects of disrupted sleep, eating and drinking on the child
- consider children's sensory needs when planning lessons, lunchtimes, transitions, breaks and leisure activities
- review the physical environment to reduce sensory overload and distractions where possible
- recognise early signs that the child may be experiencing sensory overload such as, fidgeting or agitation and reduce sensory information: lights, noise, touch
- allow the child to access group times (such as assembly or carpet time), for shorter periods of time
- are flexible around the school uniform policy.

Autism and girls

Research has identified higher levels of misdiagnosis, delayed diagnosis, difficulty in accessing diagnosis, and a lack of diagnosis for girls. Autistic girls may have a different experience to boys and may be better at 'masking' their needs and adapting their behaviours within the school environment, often resulting in significant emotional dysregulation at home. Some boys may also 'mask' and 'camouflage' their needs. To better understand the presentation of autism in girls refer to:

nasen.org.uk/resources/girls-and-autism-flying-under-radar

Sources of support and information

Local training, advice and support

Organisation	Link
Local Offer	www.localoffertowerhamlets.co.uk/pages/local-offer/send/information-and-support-about-autism
Phoenix Outreach Service	phoenix.towerhamlets.sch.uk/training
NHS speech and language therapy	www.localoffertowerhamlets.co.uk/organisations/28008-speech-and-language-therapy-children-s-service
Educational Psychology Service	www.localoffertowerhamlets.co.uk/pages/local-offer/send/educational-psychology-service

National training, advice and support

Organisation	Link
Autism Education Trust	www.autismeducationtrust.org.uk
SCERTS	scerts.com
National Autistic Society	www.autism.org.uk
Ambitious About Autism	www.ambitiousaboutautism.org.uk
Autism Level UP!	www.autismlevelup.com

Cognition and learning



Support for learning difficulties may be required when children learn at a slower pace than their peers even with appropriate differentiation. (Code of Practice Para 6.30). Cognition learning and difficulties can affect a child's ability to learn and think.

Cognition and learning difficulties may be general or specific. Specific difficulties include persistent difficulties with word level reading and spelling (often called dyslexia) and persistent difficulties with numeracy (often called dyscalculia). General difficulties might extend to several or all areas of learning.

Children who have language needs often also find reading, writing, mathematics, and other learning. More challenging. In Tower Hamlets many children with speech, language and communication needs often need support with language as well as with the first steps into literacy and mathematics.

The main areas of cognition and learning included in this section

- Literacy
- Mathematics
- Memory, attention and listening
- Thinking about thinking

There is also guidance on what provision might look like for children with dyslexia.

Literacy

Whole school policy and training

- Provide a consistent whole school approach to the development of literacy alongside reading and writing.
- Provide a structured approach to the teaching of early phonics with opportunities for consolidation and catching up.
- Engage children and foster an enjoyment of literature, providing a diverse range of reading material from a range of cultures, and in a range of formats including audiobooks.
- Have time for children to read and share and discuss their reading to support reading fluency and comprehension, (including being read to).
- Have time for children to write regularly and share and discuss their writing.

Thoughtfully organised and structured learning environment

- Plan teaching based on assessment to ensure that children make progress based on their existing level of achievement.
- Teach skills to a high level of fluency and accuracy across a range of contexts, with new learning interleaved with practice of already learned skills.
- Organise learning space and resources so that children know where resources are and how to access them.
- Use pre-teaching to introduce information and skills in preparation for learning.
- Provide resources to structure and support reading and writing skills, such as Now and Next Boards, graphic organisers, writing frames, sentence starters, or Cloze sentences.
- Encourage a range of different methods for recording or demonstrating understanding (e.g. diagrams, mind maps, charts, oral presentations, and appropriate use of IT).
- Use assistive technology appropriately to promote independence and remove barriers to learning.
- Use peer supported learning (as learner and supporter) and consistent and frequent peer and self- evaluation and marking.
- Provide opportunities for children to work collaboratively (e.g. paired reading, shared writing).
- Be mindful of children's feelings about themselves regarding literacy, for example checking with children before asking them to read aloud to others.
- Provide resource packs for specific literacy skills and concepts (for example key sight vocabulary or an alphabet strip).
- Set homework at a reduced, appropriate level.

Accessing information and demonstrating learning

- Present information using visual supports (including symbols and signing).
- Ensure visual displays of information are available e.g. word banks and sentence starters – to support independent working.
- Use word webs and graphic organisers e.g. to develop vocabulary and spelling.
- Teach visual learning strategies e.g. highlighter pens for vocabulary or to highlight 'tricky' part of a spelling.
- Present visual information clearly, using clear uncluttered visual support with a clear font, print size at least 14.

Assessment

- Children whose progress is not at expected levels may need further assessment to identify strengths and areas of difficulty. This will inform planning and next steps for these children.
- Many schools in Tower Hamlets use a consultative graduated approach to literacy assessments based on Assess, Plan, Do, Review.
- Teaching staff directly involved with the child's learning are best placed to assess their literacy needs, and to identify strengths and weaknesses through their delivery of the curriculum and using existing school assessments and records.
- The Tower Hamlets Literacy Assessment Checklist provides further suggestions on what information could be used and where that might be obtained.
- Assessment of skills that underpin literacy may include:
 - general health and development
 - spoken language skills, vocabulary, and phonological awareness
 - decoding (phonemic awareness/phonics)
 - reading fluency and accuracy
 - reading comprehension
 - spelling fluency and accuracy
 - writing (composition, transcription/handwriting)
 - working memory.
- Assessment tools may include:
 - discussion with children, carers and others involved
 - classroom observations
 - language samples
 - single word reading and spelling fluency and accuracy checks
 - curriculum progress checks
 - checklists, including vocabulary checklists, high frequency word lists
 - assessments from the LBTH Literacy Checklist.

Teaching staff should monitor the child's response to an intervention to address needs using an approach to measure small amounts of improvement such as Precision Teaching. www.leedsforlearning.co.uk/Article/98210

For children whose progress continues to be of concern despite assessment and appropriate provision over time, more detailed assessment might be useful.

Identification of a child's needs begin as early as possible as soon as risks are evident. Diagnostic assessment can then be used to inform planning and provision following the Assess Plan Do Review model.

Intervention to support children in class

Once a child's needs have been identified, intervention can be targeted to meet that need. For many children, intervention will involve adjustments to teaching or to the learning environment to ensure that barriers to progress are reduced. Where appropriate, children are be involved in this process.

See table below for some suggested approaches to support specific areas of literacy.

Area of need	Intervention
Early reading	Make personal books using photos and simple words and phrases – use IT apps that support book making using dictated text and easy adding of photos e.g. Our Story 2.
Sight vocabulary	The Match, Select and Name approach from See and Learn.
Phonic decoding	Use booster phonic elements of the structured whole school phonics scheme.
Reading and decoding	- Some children (especially at KS2 and secondary) may need an alternative approach synthetic phonics which could include: - analytic Onset and Rime - morphemes-root words and affixes - recognition of high frequency words - focusing on comprehension and inference skills - strategies to develop motivation and emotions about reading. - Assistive technology to support independent reading skills e.g. Immersive Reader.

Area of need	Intervention
Reading comprehension	• Guided reading sessions where texts at an instructional level are read and discussed. • Comic strip conversations can be used to support reading comprehension as well as understanding of social situations.
Writing (including handwriting)	• Colour-coding to support writing composition and organisation and language skills e.g. colourful semantics. • Clicker Word grids or typed text with spelling options to support writing composition, organisation and spelling. cricksoft.com • Dictate function on computer/electronic device • Apps that allow text to be dictated using speech-to-text technology for book making e.g. Our Story 2. www5.open.ac.uk/apps/our-story-2 • Apps that support writing planning and organisation e.g. mind mapping apps e.g. Popplet. www.popplet.com • Structured touch-typing programmes e.g. Typing Club. www.typingclub.com • Apps which provide a simplified keyboard e.g. Keedogo Plus. www.assistiveware.com/products/keedogo-plus • Children aged nine or over who are still struggling with handwriting are encouraged to use Assistive Technology.

The number of accessibility features and tools is growing all the time. Students are taught to make best use of the accessibility tools available within their classroom tools before considering specialist software and tools.

- Microsoft: support.microsoft.com/en-us/topic/learning-tools-eff7f7e3-7e21-42f0-a6f1-da7027f98261
- Google: edu.google.com/intl/ALL_uk/our-values/accessibility
- iPad: support.apple.com/en-gb/guide/ipad/ipad9a2465f9/ipados
- Accessibility guides to every platform: Abilitynet – My Computer My Way mcmw.abilitynet.org.uk/?Condition=Dyslexia

Intervention

For some children, high quality teaching and inclusive practice will need to be supplemented with more targeted interventions.

See table below for some suggested interventions to improve literacy skills.

Area of need	Intervention
Phonological awareness	Newcastle Intervention for Phonological Awareness (NIPA) research.ncl.ac.uk/phonologicalawareness/assessmentandintervention/aboutthenipa
Phonemic decoding	- Additional units from structured phonics schemes in school e.g. THEP Phonic Catch Up booklets (Phases 2 and 3) www.the-partnership.org.uk - Fresh Start RWI (for children over 9 years of age) www.ruthmiskin.com/fresh-start - Teaching Reading Using Games (TRUGS) Phonics using motivating card games with simple ongoing assessments www.readsuccessfully.com
Reading and spelling single words	- Wordshark online games www.wordshark.co.uk - Precision Teaching approach www.edpsyched.co.uk/blog/what-is-precision-teaching-guide-for-primary-school-teachers
Early reading single words and sentences	- See and Learn www.seeandlearn.org - Reading and Language Intervention (RLI) www.down-syndrome.org
Reading fluency	- THEP Phonic Catch Up booklets (Phases 2 and 3) www.the-partnership.org.uk - Paired Reading approach - Reading Coach – free app coach.microsoft.com/en-gb - Small group or 1:1 supported reading of levelled texts to practice decoding and comprehension skills e.g. Catch Up Literacy www.catchup.org
Early handwriting	Writing Like a Pro – recommended by Tower Hamlet OT Service for younger children (children 9 years+ still struggling are encouraged to use assistive technology).

Sources of support and information

Local sources of support and information

Organisation	Description
The Language Literacy and Communication Team (LLC)	Provide free training, advice and support to educational settings to increase their capacity to include children with language, literacy and communication needs in Tower Hamlets. Training includes: • WordAware for language and literacy • completing a school-based literacy assessment • using visual strategies to support writing • strategies for spelling • using Assistive Technology to support literacy. Contact LCC Team: linda.hall@towerhamlets.gov.uk Referrals for advice and support around Assistive Technology contact Ben Annett, Specialist Advisor for Assistive Technology and Inclusion at forms.office.com/e/akt9c6jdpq
Educational Psychology Service (EPS)	The EPS offer training in Positive Behaviour for Learning – a whole-school approach that promotes positive behaviours across the school and explicitly teaches the expected behaviours while establishing clear but caring and consistent boundaries. www.localoffertowerhamlets.co.uk/pages/local-offer/send/educational-psychology-service
Tower Hamlets Local Offer	www.localoffertowerhamlets.co.uk

National sources of support and information

Organisation	Description
Education Endowment Foundation Toolkit	Advice on interventions and information about research and evidence www.localoffertowerhamlets.co.uk/pages/local-offer/send/educational-psychology-service
University College London (UCL)	Offer a range of training courses to address areas of SEND including: • developing Quality Inclusive Practice • High Quality Teaching • cognition and Learning (including Dyslexia, dyscalculia and mathematical learning difficulties) • working with Teaching Assistants. www.ucl.ac.uk/short-courses/search-courses/special-educational-needs-and-disability-send-developing-quality-inclusive-practice

Tower Hamlets literacy assessment

What to assess	Why	Where I might find the information
Child's learning history/ attendance	Provides learning context	• Child records/attendance • Talk to staff and parent/carer and child • Look at interventions tried and outcomes • Look at outcomes of formal assessments (SATs, CATs, etc).
General health	Are hearing, vision, or other medical issues impacting on learning?	• Child records • Talk to parents/carers • Reports from professionals.
Child perspective	To find out child attitude/ self-esteem/confidence	• Literacy interview and general discussion with child • Self-evaluation scales.
Classroom environment	To see how the child functions in the classroom – what supports and what barriers are there?	• Classroom observation/learning walk • Discussion with class teacher/TA • Book Look.
Spoken language skills	Do difficulties with spoken language underpin literacy difficulties?	• Talk to parents/carer, CT, TA • EYF records – any early difficulty? • SALT involvement? – check reports • Informal language checklists • Universally speaking checklist • Sample of child's oral language.
Listening, attention, concentration	Are there difficulties with aspects of learning behaviour?	• Talk to parent/carer, colleagues, child • Classroom observation • Past records – any history of poor attention via SALT reports, EP reports?
Basic skills	Has child mastered basic age-appropriate knowledge?	• Informal assessment of skills e.g. days of week, months, full name and address, counting to 20, left and right, etc.

What to assess	Why	Where I might find the information
Phonological Awareness (PA)	Has the child got basic PA skills (rhyme, alliteration, syllables, blending, segmenting, etc)?	• PA development cycle • PA assessment (informal) • PA assessment (formal) e.g. PhAB.
Phonics	What phonic stage is the child at?	• Phonic checklists from school scheme (e.g. THEP, RWI) • Intervention assessment (e.g. TRUGs) • Outcomes of Y1 phonic screening.
Alphabet knowledge	Does the child have basic alphabet knowledge?	• Reciting the ABC • Writing the ABC (in order) • Letter names (lower/upper case in random order).
Reading continuous text	Can the child decode continuous text at expected levels with accuracy and fluency	• Observation of child reading/running record • Current reading level • Assessment of reading level – (Book Bands, PM Benchmarking, Accelerated Reader, Catch Up Levels, etc) • Standardised Reading Test (Salford Sentence Reading Test, YARC, etc).
Single Word Reading (SWR)	To measure accurate and fluent word recognition/decoding	• High frequency word lists • Non-word lists • Formal SWR assessments e.g. TOWRE.

What to assess	Why	Where I might find the information
Reading comprehension	Is the child understanding what they read at expected levels and on a range of different levels?	• Current reading comprehension level • PM benchmarking or other assessment e.g. Rising Stars • Analysing child responses to literal and inferential comprehension questions • Standardised assessments e.g. Salford Sentence Reading Test, YARC, etc.
Spelling	Can the child spell at expected levels? Is spelling delayed/disordered?	• Spelling level • Assessment of high frequency words • Writing samples/book look • Spelling error analysis • Standardised Spelling Test (e.g. HAST).
Independent writing	Is the child communicating effectively through writing?	• Current writing level • Analysis of Independent writing sample using indicators/writing tool (grammar, vocabulary, punctuation), etc.
Handwriting	Has the child developed fluent legible HW?	• Writing sample • Assessment of letter formation • Assessment of writing speed (words per minute).
Verbal memory	Ability to retain and recall information and instructions	• Feedback from parent/carer/teachers • Comparison to peers • SALT reports, EP Reports, etc • Digit Span Memory Test (e.g. Turner and Ridsdale) • Working memory assessment e.g. PhAB2).
Verbal processing	Time taken to process and recall information and instructions	• Feedback from parent/carer/teachers • Comparison to peers • SALT reports EP reports, etc • RAN Tests (e.g. PhAB2).

Dyslexia

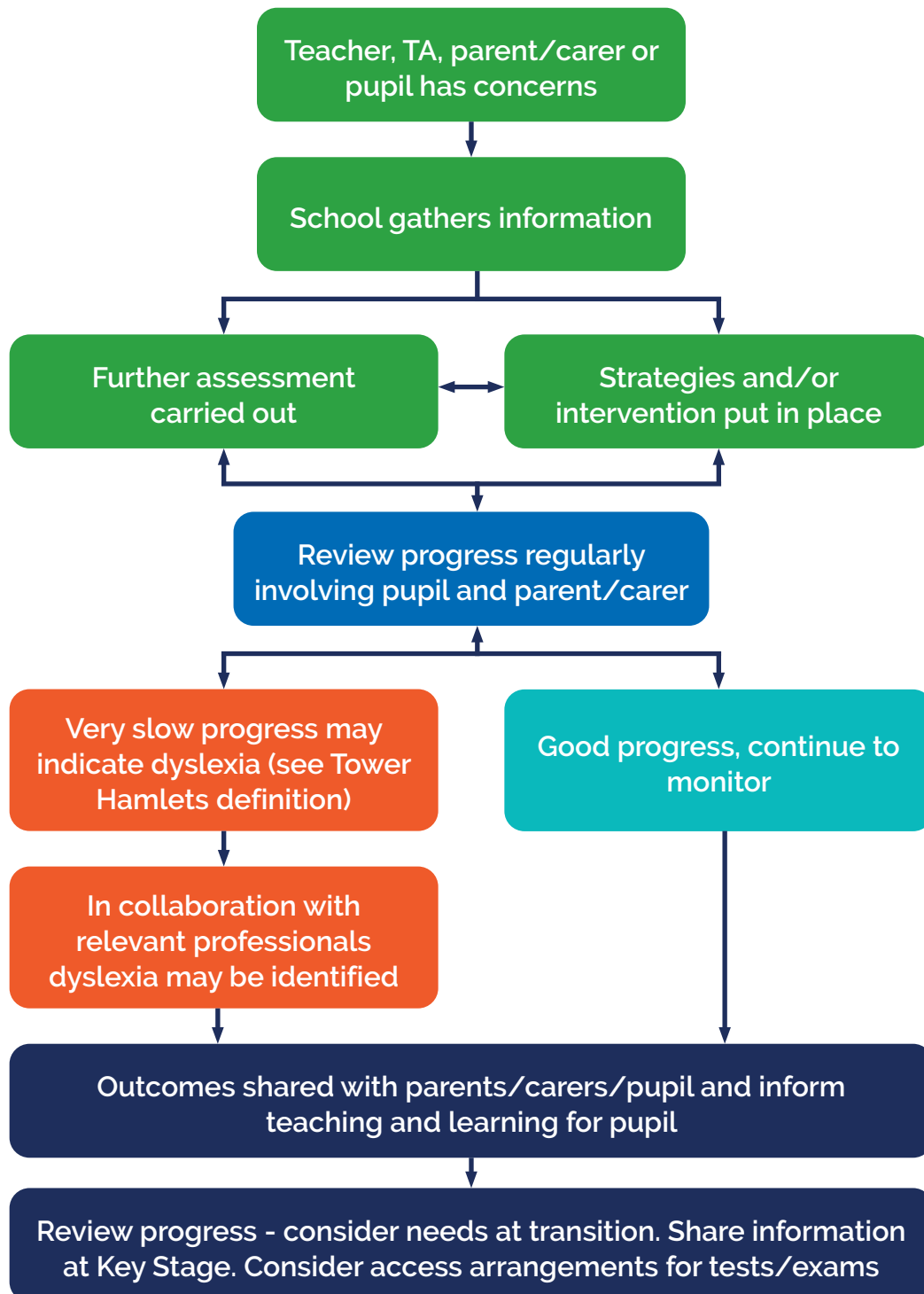
Most children with literacy difficulties will respond well to appropriate support. The guidance below might be useful when planning support for those who do not make progress in response to support, or who make very gradual progress in response to a high level of effort and support.

According to the Delphi Study (2024) Dyslexia describes a set of processing difficulties that affect the acquisition of reading and spelling. The Tower Hamlets Dyslexia Guidance document provides more information on the approach to identification and support in the borough.

Dyslexia occurs across the range of abilities. A discrepancy between cognitive and literacy skills does not indicate dyslexia. How a child responds to effective teaching of word-level reading and spelling is an indicator. See the Tower Hamlets Dyslexia Guidance document for more information on the current definition of dyslexia.

Identification will involve building a detailed understanding of the child's learning using the Assess, Plan, Do, Review model. This graduated process of identification is shown in the Identifying and Supporting children with Dyslexia in Tower Hamlets flowchart on page 57.

Identifying and supporting children with dyslexia in Tower Hamlets



Teaching staff directly involved with the child's daily learning in schools are best placed to do this graduated process of assessment. They might seek advice from their link educational psychologist or the Advisory Teachers for Language, Literacy and Communication at the Learning Advisory Service.

Whole school inclusive practice for dyslexia

Staff help when they:

- plan their teaching based on assessment to ensure that children make progress based on their existing level of achievement
- teach skills to a high level of fluency and accuracy across a range of contexts, with new learning interleaved with practice of already learned skills
- organise the learning space and resources so that children know where resources are and how to access them
- use pre-teaching to introduce information and skills in preparation for learning
- provide tools/resources to structure and support reading and writing skills (e.g. task planners, knowledge/graphic organisers, writing frames, sentence starters, cloze sentences, etc)
- encourage a range of different methods for recording or demonstrating understanding (e.g. diagrams, mind maps, chats, oral presentations, and appropriate use of IT)
- use peer supported learning (as learner and supporter) and consistent and frequent peer and self- evaluation and marking
- provide opportunities for children to work collaboratively (e.g. paired reading, shared writing)
- are mindful of children's feelings about themselves regarding literacy, for example checking with children before asking them to read aloud to others
- explicitly teach metacognitive skills and support children to understand their own learning strengths and challenges
- provide resource packs for specific literacy skills and concepts (containing e.g. key sight vocabulary, alphabet etc)
- avoid asking children to copying from the board. Give the child their own handout to look at
- use assistive technology appropriately to promote independence and remove barriers to learning
- set homework at an appropriate level.

Assessment: Assess Plan Do Review

Task	Description
Monitor progress	• Progress with literacy will continue to be monitored as part of the Assess, Plan, Do Review cycle, as outlined in the Literacy section. This may be in consultation with other professionals where appropriate. Also refer to LBTH Dyslexia Guidance. • To gather a full picture of the child's strengths and weaknesses schools/settings can use existing school assessments.
LBTH Literacy Assessment Checklist	The LBTH Literacy Assessment Checklist (see end of Literacy section) also provides suggestions.
Additional assessment tools	May include screeners to identify areas of strengths and needs, (including phonological awareness, memory, decoding/phonics, reading fluency, and spelling) and standardised assessments including: • Phonological Abilities Battery 2nd Edition (PhAB2), • Newcastle Assessment for Phonological Awareness (NAPA) • Test of Word Reading Efficiency 2 (TOWRE2) • Salford Sentence Reading Test 5 (SSRT5), • York Assessment of Reading and Comprehension (YARC) • Helen Arkell Spelling Test 2 (HAST2).

Intervention to support children in the learning setting

Once a child's needs have been identified, intervention can be targeted to meet that need. For many children, intervention will involve adjustments to teaching or to the learning environment to ensure that barriers to progress are reduced. Where appropriate, children are involved in this process.

Below are some suggested approaches to support specific areas of literacy. These are also included in the section on literacy more generally. In most cases appropriate intervention, based on assessment of need, will not be different for dyslexic learners.

Area of need	Intervention
Early reading	Make personal books using photos and simple words and phrases – use IT Apps that support book making using dictated text and easy adding of photos e.g. Our Story 2.
Poor sight vocabulary	Match, Select and Name approach from See and Learn.
Phonic decoding	Use booster phonic elements of the structured whole school phonics scheme.
Reading/decoding For older children who have shown poor progress with phonics	- Some children may need an alternative approach to synthetic phonics which could include: - Analytic Onset and Rime - Morphemes-root words and affixes - recognition of high frequency words - focusing on comprehension and inference skills - strategies to develop motivation and emotions about reading. - Assistive Technology to support independent reading skills e.g. Immersive Reader.
Reading comprehension	- Guided reading sessions where texts at an instructional level are read and discussed - Comic Strip Conversations can be used to support reading comprehension as well as understanding of social situations.

Area of need	Intervention
Writing (Including handwriting) Children aged nine or over who are still struggling with handwriting are encouraged to use Assistive Technology	• Colourful semantics – coloured question words which can support writing composition and organisation as well as language skills • Clicker - Word grids or typed text with spelling options to support writing composition, organisation and spelling • Apps that allow text to be dictated using speech-to-text technology for book making e.g. Our Story2 • Apps that support writing planning and organisation e.g. mind mapping apps e.g. Poppet • Structured touch-typing programmes e.g. Typing Club • Apps which provide a simplified keyboard e.g. Keedogo Plus • Dictate function on computer.

The number of accessibility features and tools is growing all the time. Students are taught to make best use of the accessibility tools available within their classroom tools before considering specialist software and tools.

- Microsoft: support.microsoft.com/en-us/topic/learning-tools-eff7f7e3-7e21-42f0-a6f1-da7027f98261
- Google: edu.google.com/intl/ALL_uk/our-values/accessibility
- iPad: support.apple.com/en-gb/guide/ipad/ipad9a2465f9/ipados
- Accessibility guides to every platform: Abilitynet – My Computer My Way mcmw.abilitynet.org.uk/?Condition=Dyslexia

Targeted Intervention

See below for some suggested targeted interventions. Most of these are also included in the general section on Literacy.

Area of Need	Intervention
Phonological Awareness	Newcastle Intervention for Phonological Awareness (NIPA) research.ncl.ac.uk/phonologicalawareness/assessmentandintervention/aboutthenipa
Phonemic decoding Additional units from structured phonics schemes in school	- Additional units from structured phonics schemes in school eg THEP Phonic Catch Up units (Phase 2 and 3) www.the-partnership.org.uk - Fresh Start RWI (children over 9 years of age) www.ruthmiskin.com/fresh-start - Teaching Reading Using Games (TRUGS) Phonics using motivating card games with simple ongoing assessments www.readsuccessfully.com - Toe-by-Toe 1:1 with adult and child workbook toe-by-toe.co.uk
Reading/spelling single words	- Wordshark online games www.wordshark.co.uk - Precision Teaching approach www.edpsyched.co.uk/blog/what-is-precision-teaching-guide-for-primary-school-teachers
Early reading single words and sentences	- See and Learn. www.seeandlearn.org - Reading and Language Intervention (RLI) www.down-syndrome.org
Reading fluency	- THEP Phonic Catch Up units (Phase 2 and 3) www.the-partnership.org.uk - Paired Reading approach - Reading Coach - free app coach.microsoft.com/en-gb - Small group or 1:1 supported reading of levelled texts to practice decoding and comprehension skills, such as Catch Up Literacy. www.catchup.org
Early handwriting	Writing Like a Pro for younger children (children 9 years + who are still struggling are encouraged to use Assistive Technology).

Sources of support and information

Local training, advice and information

Organisation	Description/contact
Language Literacy and Communication Team (LLC)	Provide free training, advice and support to educational settings to increase their capacity to include children with language, literacy and communication needs in Tower Hamlets. LLC Team can be contacted at linda.hall@towerhamlets.gov.uk
Assistive Technology	Referrals for advice and support around Assistive Technology contact Ben Annett, Specialist Advisor for Assistive Technology and Inclusion at forms.office.com/e/akt9c6jdpq
Educational Psychology Service (EPS)	www.localoffertowerhamlets.co.uk/pages/local-offer/send/educational-psychology-service
Tower Hamlets Local Offer	www.localoffertowerhamlets.co.uk

National training, advice and information

Organisation	Description/contact
British Dyslexia Association (BDA)	Provides helpline and training (including free webinars) for parents, students and teachers for primary and secondary children. Holds a list of assessors www.bdadyslexia.org.uk/services/training helpline@bdadyslexia.org.uk
Call Scotland	Useful resources for literacy and learning (including dyslexia) www.callscotland.org.uk addressingdyslexia.org

Organisation	Description/contact
Delphi Study on Dyslexia	- Paper 1: Carroll, J., Holden, C., Kirby, P., Snowling, M. J., & Thompson, P.A. (2024) forthcoming. Contemporary concepts of dyslexia: A Delphi study osf.io/preprints/osf/tb8mp - Paper 2: Holden, C., Kirby, P., Snowling, M.J., Carroll, J., & Thompson, P.A. (2024) forthcoming. Towards a consensus for dyslexia practice: Findings of a Delphi study on assessment and identification osf.io/preprints/edarxiv/g7m8n
Dyslexia Action	Training and resources dyslexiaaction.org.uk
Education Endowment Foundation Toolkit	Advice on interventions and information about research and evidence educationendowmentfoundation.org.uk/education-evidence/teaching-learning-toolkit
Helen Arkell Dyslexia	Support, advice and consultations offered for parents or teachers helenarkell.org.uk
Patoss	Professional association of teachers of students with specific learning difficulties. Training and a list of assessors www.patoss-dyslexia.org/all-events
SASC	Assessment guidance, training, and a list of assessors sasc.org.uk
University College London (UCL)	Offer training courses to address dyslexia www.ucl.ac.uk/short-courses/search-courses/special-educational-needs-and-disability-send-developing-quality-inclusive-practice

Mathematics

Task	What this looks like
Tasks and approaches	• A direct teaching approach which focuses on high quality, explicit, and systematic instruction with a high level of repetition, supported with concrete materials, manipulatives and representations. This includes: - providing clear models for solving a problem type using examples - giving children extensive practice in new strategies and skills - providing chances to think aloud and talk about their steps and decisions - providing extensive feedback - ensure that teaching includes a cumulative review in each session. • Learning about the number system, calculation facts and thinking strategies is distributed, with daily short teaching sessions preferable to one long session. • Skills are taught to a high level of fluency and accuracy across a range of contexts, with new learning interleaved with practice of already learned skills. Children have access to regular progress monitoring, revisions, reviews, and recaps. • Pre-questioning to preview the problem, quick check-ins to assess understanding during problems and elaborative interrogation ('why' questions) to enhance deeper learning.
Effective inclusive practice	• A structured approach using task analysis that ensures one skill is taught at a time (for example, targeting specific aspects of counting and the number system separately from time). • Promoting self-marking or self-reflection of work by children. • Peer-supported learning to promote children' independence and motivation.
Assessment	• Structured assessment to build on children' existing knowledge and understanding. • Effective marking, feedback and feedforward.

Task	What this looks like
Intervention	• Early interventions that help children to catch-up and perform better as soon as difficulties arise. This helps with confidence and reduces maths anxiety. Early interventions are most valuable when schools find ways to build on the early gains interventions produce. • Tried and tested maths interventions provided by a trained professional to a small group of children. These interventions include: - mastery learning - multi-sensory and developmentally relevant activities, e.g. the use of games, puzzles, songs and rhymes, etc. - metacognition and self-regulation - collaborative learning - feedback. • Short interventions are effective. Some interventions can deliver an impact in ten minutes a day on a one-to-one basis. • Interventions work best when they use resources and staff strategically. The EEF notes that TAs should not be used as an informal teaching resource for low-attaining children. Instead, TAs should focus on retaining access to high-quality teaching, for example by delivering brief, but intensive, structured interventions. • Any intervention is something children will enjoy doing, turning children on to maths, rather than turning them off. A regular feature of effective maths programmes is the use of maths games. • Factor in what children might miss out on elsewhere to ensure that interventions don't impact other areas of the curriculum, e.g. holding interventions during assembly time.
Environmental modifications	• Empathic teaching that accounts for different language needs, thinking styles, pace, levels of involvement and interaction. • The promotion of safe, 'risk-free' learning and a growth mindset around mathematical skills. • Explicit and systematic instruction when teaching content that learners couldn't discover for themselves or when discovery may be inaccurate, inadequate, incomplete, or inefficient. • The provision of resource packs for specific maths skills and concepts.
National training, advice, and information	Awareness of Developmental Dyscalculia and Mathematical Difficulties toolkit (ADD UP) www.ucl.ac.uk/ioe/departments-and-centres/departments/psychology-and-human-development/child-development-and-learning-difficulties-lab/awareness-developmental-dyscalculia-and-mathematical-difficulties-toolkit-add

Memory, attention, and learning

Task	What this looks like
Effective inclusive practice	• Staff recognise that children may display attention in different ways; they might appear disengaged but could still be listening. • Staff allow for the demands on working memory of learning activities, particularly if a task involves a significant amount of verbal material out of context, requires writing from memory or the board, or requires additional processing.
Assessment	• Complete a digit memory test to obtain an informal understanding of working memory capabilities. • Observation assessments and collaborative planning with families and other professionals.
Intervention	• Reduce cognitive load. Minimise the impact on working memory by reducing tasks, such as by eliminating the need to write names and dates. • Use visual aids and organisers (e.g., mind maps, graphic organisers) to help recall key information both visually and verbally. • Incorporate frequent breaks (whole class or individual) and lessons that match children's developmental levels. - Number lines, unifix blocks and other counting devices, cards, teacher notes on the class white board, wall charts. • Develop the child's use of memory-relieving strategies. These will include: - rehearsal to maintain important information - memory aids - breaking tasks down into component parts where possible - asking for help when important information has been forgotten. • Reduce the complexity of new information (such as by using clear explanations and instructions) and minimise distractions. • Enable deep processing by linking to previous knowledge and making work meaningful. The deeper the information is processed, the stronger the memory trace and the less cognitive effort is required to recall it. • Make links beyond the immediate to interesting, familiar and meaningful contexts that relate to the child's experiences, to encourage deeper processing of information.

Task	What this looks like
Environmental modifications	• Minimise Distractions: Use flexible seating arrangements, individual workstations, or alternative quiet workspaces to reduce noise and external distractions. Ear defenders or headphones may also be used where appropriate. • Support: Provide visual timetables, task planners, and time-based activities within lessons to support focus and task management. Use of attention-supporting resources like visual cues and auditory prompts to support engagement. Include movement breaks or learning breaks, ensuring that the length of activities is developmentally appropriate. • Reduce working memory load by reducing the overall amount of material to be stored, increasing the meaningfulness familiarity of the material to be remembered, simplifying the linguistic structures of verbal material and re-structuring multi-step tasks into separate independent steps, supported by memory aids if possible.
Training and information	• Link educational psychologist. • Positive behaviour for learning is a whole-school approach that promotes positive behaviours across the school, and explicitly teaches the expected positive behaviours whilst establishing clear but caring and consistent boundaries. • LBTH Literacy, Language and Communication Team (LLCT) specialist advisory teachers can provide free training, advice and support to schools to increase their capacity to include children with literacy difficulties. • UCL Special Educational Needs and Disability (SEND) Short courses - Developing Quality Inclusive Practice - High Quality Teaching - Cognition and Learning (Dyslexia) - Working with teaching assistants. www.ucl.ac.uk/short-courses/search-courses/special-educational-needs-and-disability-send-developing-quality-inclusive-practice

Thinking about thinking

Task	What this looks like
Effective inclusive practice	- Adults begin a lesson with a short review; presenting new material in small steps with practice after each step; asking a large number of questions and checking responses of all children; modelling and guiding practice; checking understanding; gaining a high success rate; scaffolding difficult tasks; monitoring independent practice; engaging in regular review. - Thinking about thinking strategies are taught in conjunction with specific subject content as children can find it hard to transfer generic problem solving tips to specific tasks. - Adults explicitly teach children thinking about thinking strategies, including how to plan, monitor, and evaluate their learning. - Adults model their own thinking processes to help children develop their thinking about thinking and cognitive skills. - Adults set appropriate levels of challenge to develop self-regulated learning. - Scaffolded tasks, like worked examples, allow children to develop their thinking about thinking and cognitive skills without placing too many demands on their working memory.
Assessment	Child-to-child and child-teacher talk.
Intervention	- Carefully designed small group guided practice, with support gradually withdrawn as children become more proficient. - This helps children to safely develop skills and strategies appropriate to their needs before applying them in more independent practice in the classroom.
Environmental modifications	- Children regularly share their thinking with talk partners and in pair-share activities. - Displays, posters, writing frames and knowledge organisers explicitly support children to organise and manage their learning independently. - All adults are skilled at asking questions that promote thinking about thinking, such as: - What should I do first? - Am I on the right track? - What can I do differently? - Who can I ask for help? - What worked well? - What could I have done better? - How else could I use this again?

Social, emotional, and mental health



We all have mental health, reflecting emotional, psychological and social wellbeing. Mental health can change daily and over time and can be affected by a range of factors.

Children's mental health and wellbeing is a core thread running through all school activities and inclusive schools promote positive relationships, active engagement and positive mental health and wellbeing for all children.

Tower Hamlets advocates whole-school approaches to create cultures and climates that promote good social, emotional and mental health (SEMH), in line with the Mentally Healthy Schools agenda and Trauma Informed Practice (TIP).

www.mentallyhealthyschools.org.uk

Tower Hamlets has commissioned TIP training to promote positive mental health and emotional wellbeing, with the long-term aim of becoming a Trauma Informed Borough. This training can be accessed here: thrivedn.co.uk/communications/toolkits-and-resources/toolkit/trauma-informed-practice-training

Strong and effective leadership in schools promotes inclusive, warm and accepting climates. This helps emotional wellbeing and fosters positive behaviour, equipping children to be resilient to the challenges and stresses of life. Inclusive schools offer safe, calm, proactive and positive environments where the mental health and wellbeing of the whole school community is prioritised, in line with: assets.publishing.service.gov.uk/media/614cc965d3bf7f718518029c/Promoting_children_and_young_people_s_mental_health_and_wellbeing.pdf

Inclusive schools understand that the SEMH needs of all children can fluctuate due to situations, changes and challenges, and how these are understood by children. Some children are more resilient than others for many different reasons and, if a child needs more individualised support, the first step is to understand the reasons behind the behaviour, and adopt a positive and proactive approach to provide more support.

Often unmet needs can underlie SEMH needs so adults need to know and understand the influences of their children well. Staff are encouraged to reframe the behaviours they observe and understand that all behaviour is a communication. A culture of curiosity, collaboration and emotional containment can help children having difficulties get the support they need. Staff will be supported to have healthy and helpful conversations with each other, to be reflective, compassionate practitioners and to model cultures of respect, high expectation and hopefulness. By building positive relationships with children and their

caregivers, and calmly and confidently opening up conversations, schools can encourage children to understand that mental health is something that everyone has, how to be aware of it and how to develop skills to look after it. Parents can be supported in their role through a variety of routes and via support programmes such as Parenting programmes in Tower Hamlets. www.towerhamlets.gov.uk/lqnl/education_and_learning/parental_support/parenting_programmes.aspx

Assessment

Teachers need to understand the communication behind distressed behaviour, reframing this in a constructive way. Staff should work as 'Stress Detectives', asking themselves 'Why?' 'What is being communicated?' and 'Why now?' Staff may also consider 'What is triggering, maintaining or exacerbating the issue?' 'What needs are not being met?' and 'What helps, when is this this concern less likely to occur?', exploring exceptions, strengths and sources of resilience. More information about the stress detective approach can be viewed at www.youtube.com/watch?v=5CfNF7o1mHE

Schools may use:

- Consultation with children, their family members and key members of staff to make holistic sense of the child's needs, including physical, sensory, academic / cognitive demands, social and home environments, and the impact of any transitions or life events.
- Observation across different situations to map out maintaining patterns, stress responses and environmental factors including different domains of stress (e.g. cognitive, biological, emotional, social).
- Round robins and staff forums to explore the perceptions of different members of staff, and any successful or promising intervention approaches.
- Curriculum based assessment, formal assessments and progress data (including response to intervention) to explore whether any aspects of the curriculum – academic or social – are challenging.
- Observational tools such as ABC charts to unpick settings, antecedents, behaviours and consequences where distressed behaviour occurs.
www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/mental-health/child-and-adolescent-mental-health-camhs/intellectual-disabilities-camhs/useful-information/abc-chart
- Person-centred approaches that put children at the centre of planning and decisions making, making them active partners who work with adults to bring about change. Some approaches can include 'One Page Profiles' MAPs, PATHs and Circles of Support.
inclusion.com/path-maps-and-person-centered-planning
- Free online tools to measure SEMH and wellbeing, such as CORC for Schools.
www.corc.uk.net/for-schools

When working with children and young people with SEMH needs, and their parents or carers, always take into account that stigma and discrimination are often associated with these needs. Be respectful of and sensitive to gender, sexual orientation, socioeconomic status, age, background (including cultural, ethnic, linguistic and religious background), disability needs, the impact of trauma and other differences, seen and unseen, voiced and unvoiced.

School staff might consult with their link Educational Psychologist or a specialist advisor from the Behaviour and Attendance Support Service. Outreach teachers, staff from the Learning Advisory Team, THEWS (www.elft.nhs.uk/thews) and health care providers may also offer direct support. Schools may also refer to:

- the 5 Steps to Mental Health and Wellbeing Framework www.annafreud.org to audit whole school practice and action plan
- Mentally Healthy Schools quality-assured mental health resources, information and advice for schools and further education settings mentallyhealthyschools.org.uk
- Public Health England 'Every Mind Matters' teaching resources campaignresources.phe.gov.uk/schools/topics/mental-wellbeing/overview
- specific evidence-informed resources to support children affected by trauma uktraumacouncil.org

In the table below are examples of good practice and ideas of possible interventions for children experiencing SEMH needs.

Difficulties participating, withdrawn or socially isolated behaviour

Task	What this looks like
Staff help when they	• Keep in mind where children are at developmentally, the amount of stimulation they can manage - and for how long. • Build interactions slowly. Begin gently, showing consistent and appropriate interest in children, their play and their communications, while giving them the time and space they need. • Provide advocacy and reflect emotions so that children can identify and express what they are feeling and what is important to them. Help them feel safe, be seen, feel secure and be soothed. • Provide alternative options for emotional expression, e.g. choices, visuals. • A strengths-based approach matching activities to the child's interests. This might include special roles at a level where children feel comfortable, e.g. buddy, monitor.
Assessment	• Anna Freud resource on withdrawn behaviour www.annafreud.org/resources/under-fives-wellbeing/common-difficulties/withdrawn-behaviour • Co-RAY Briefing On Isolation emergingminds.org.uk/wp-content/uploads/2021/01/Co-RAY-Briefing-Loneliness-Isolation-Version-1.0.pdf

Task	What this looks like
Intervention	• Provide co-regulation (www.youtube.com/watch?v=RRMBHQ-Bmk0) and explicitly prompt, model and reinforce self-regulation and coping skills. • A planned process of desensitisation to tolerable stress to increase distress tolerance. For example, bringing children in at the end of assembly with a small-step, graduated approach. • Adult-Child interaction approaches e.g. special play times with an adult following the child's lead. • Fade in by safely and gradually exposing the child to social activities, for example, gradually increasing group size. • Provide access to a keyworker, for example, a mentor, ELSA. • Offer small group work to develop social communication and confidence, e.g. friendship or social skills. Small groups that involve peer interaction may feel safer. • Tailor interventions to recognise and support different motivations for social withdrawal – some children may want or need time alone to avoid social pressures, whereas others may find aloneness problematic and welcome support.
Environmental modifications	• Use consistent routines, so children understand expectations and feel secure. • Allow opportunities for children to observe initially before being involved. • Activities that encourage fun, enjoyment, self-chosen play and creativity within the curriculum. • Friendship bus stops and benches. • Positive, meaningful opportunities for social interaction.

Displaying distressed or oppositional behaviour

Task	What this looks like
Effective inclusive practice	• Teach learning behaviours alongside managing difficulties. Use simple approaches that engage and benefit all children. • Encourage and reward positive behaviour with simple consistent approaches to prompt, model and reinforce positive behaviours. • Ensure there are clear structures, routines, boundaries, transition supports so that children feel safe and contained. • Reframe behaviour, using language that is supportive, curious, kind and compassionate. • Use restorative approaches to build and restore positive relationships.
Assessment	• Strengths and Difficulties Questionnaire (completed by children, parent, carer or teacher): www.sdqinfo.org/a0.html • Bear in mind any complicating factors, such as coexisting mental health needs (e.g. low mood, impact of trauma), neurodiversity; learning needs; safeguarding and contextual factors.

Task	What this looks like
Intervention	- Classroom-based emotional learning and problem-solving programmes to: - increase children's awareness of their own and others' emotions - teach self-control of arousal and behaviour - promote a positive self-concept and good peer relationships - create opportunities to support and build resilience and problem-solving skills. - Trauma informed approaches based around principles of Playfulness Acceptance Curiosity and Empathy, for example, P.A.C.E. Daniel Hughes (www.danielhughes.org/p.a.c.e..html) also beaconhouse.org.uk/resources - Restorative approaches, for example, restorativethinking.co.uk/resources - Access to a keyworker, for example a mentor, ELSA, Youth Mental Health First Aider, counsellor. - A co-produced and agreed adult response plan, ensuring a consistent but flexible approach. - Manualised intervention programmes, e.g. Starving the Anger Gremlin; Think Good, Feel Good; Social Skills and Self Regulation Programme. - Peer interventions, for example, Circle of Friends (www.complexneeds.org.uk/modules/Module-3.4-Emotional-well-being-and-mental-health/All/downloads/m12p050c/the_circle_of_friends_approach.pdf) - Mindfulness in schools (mindfulnessinschools.org) - De-escalation and crisis intervention strategies, positive handling and safety planning, for example, Team Teach.
Environmental modifications	- Reasonable adjustments to reduce challenging behaviour, for example, flexibility of approach, curricular adaptations - Preparation for planned transitions - Resets, rest breaks, 'I need a break' cards.

Worries, fears, disinterest, and other changes in behaviour

This might include being tired, unhappy, sleep problems, changes in appetite, being self-critical. Staff should consider with their designated safeguarding lead whether sudden changes in behaviour may be a sign of a safeguarding need.

Task	What this looks like
Staff help when they	• Provide a highly predictable, structured routine, with opportunities to be successful, with lots of adult nurture and coaching. • Ensure that every day begins with an enjoyable, do-able task that enables a child to feel safe and calm. • Listen, show empathy, compassion and kindness, and problem-solve together. • Plan and provide a structure for regular check-ins with children. • Provide opportunities and promote connectedness and enhance a sense of belonging. • Approach any situation of concern with curiosity using 'WIN' - Wonder, Imagine, Notice. Model ways to monitor mood to help children recognise their own feelings.
Assessment	• Actively monitor children for signs of distress. Keep a log and analyse patterns or trends to identify stressors. • Take opportunities to notice strengths, things that work well, things that may have helped before.
Interventions	• Pay close attention and put what you think children might be feeling into words. Problem solve aloud. Co-regulation activities that are grounding and stress reducing can be explored, such as drawing and colouring, gardening, Mindfulness in schools (mindfulnessinschools.org). There are many more examples here: www.annafreud.org/resources/children-and-young-peoples-wellbeing/self-care • Increase separations slowly, with well-planned beginnings and endings. Provide transitional objects, where helpful. • Intentionally teach children about links between thoughts, feelings and behaviours and model acceptance and coping strategies. • Support from a keyworker, for example a mentor, ELSA or Youth Mental Health First Aider. • Schools may explore with THEWS the provision of Cognitive Behavioural Therapy (CBT) including digital CBT; group CBT; CBT with parent sessions.

Task	What this looks like
Environmental modifications	• Offer regular mini-resets throughout the school day. • Bibliotherapy books in the library to encourage guided self-help. • The promotion of online tools, e.g. Kooth (www.kooth.com), apps like Clear Fear, Chill Panda, Molehill Mountain CBT, Catch It, Mood Tools, Smiling Mind, Mindshift, Sleepful, Pzizz, Teen Sleep Hub (teensleephub.org.uk).

Attention difficulties, impulsivity

Task	What this looks like
Staff help when they	• Actively seek to include and involve children throughout the lesson. • Create a predictable schedule both for home and school. • Offer activities that support motivation, engagement and concentration, finding ways to actively seek to engage children. • Promote 'thinking about thinking' skills to support planning and organisational skills. • Give warnings about upcoming transitions from one activity to another. • Support working memory by: - breaking information into small, bite-sized pieces - using checklists for tasks with multiple steps - having clear, predictable routines - experimenting with various ways of remembering information - reducing 'multitask' activities.
Assessment	Strengths and Difficulties Questionnaire (completed by children, parent, carer or teacher): www.sdqinfo.org/a0.html
Interventions	• Intervention strategies are listed here: cms.bps.org.uk/sites/default/files/2022-06/DECP Nonpharmacological interventions MAY 2022 %284%29.pdf • Schools can consult with their link EP or a member of the BASS team for further advice. • Direct teaching/practice of working memory skills; social skills with peers; problem-solving skills; self-control; active listening skills; dealing with and expressing feelings. • Introduction to self-calming activities, for example, square breathing, and energy management/energy accounting techniques. • Buddy or peer support programmes.

Task	What this looks like
Environmental modifications	• Make reasonable adjustments to the classroom environment, seating arrangements, lesson plans, instructions. Provide memory aids and support verbal instructions with written/visual /multisensory support. • Offer the option of working in a distraction-free area. Provide good seating near the front of the class to minimise visual distractions during teacher talk time. • Use technology, for example, alternative methods of recording work, timers. • Provide regular movement breaks and mini-resets. • Give opportunities for physical activity at break time, followed by calming activities to help children re-adjust to engage in class.

Difficulties with relationships, making and maintaining friends

Task	What this looks like
Staff help when they	• Provide a nurturing environment and ethos that enables the child to build relationships with adults and peers, so that they can feel psychologically and emotionally safe within their learning environment. • Do small group work and activities to support relationship issues, e.g. how to take turns, how to treat each other with kindness and respect, permission seeking and giving, the concept of personal privacy and differences between appropriate, inappropriate and unsafe contact (including online safety). • Use the RSE and Health Education curriculum (assets.publishing.service.gov.uk/media/62cea352e90e071e789ea9bf/Relationships_Education_RSE_and_Health_Education.pdf) taught in a developmentally appropriate manner with lessons that are differentiated e.g. by outcomes; with keyworker buddy or small group support; repetition to consolidate, social stories / comic strip conversations, role play. • Enable well planned transitions which support the maintenance of existing peer relationships.
Assessment	Consider wider needs: attachments, language and communication, learning needs. learning.nspcc.org.uk/safeguarding-child-protection/healthy-and-unhealthy-relationships#skip-to-content

Task	What this looks like
Interventions	• Intentionally model, role play and teach social scripts, including the importance of repair and restore for example, using restorative practices. Restorative Peer Mediation Adults (anti-bullyingalliance.org.uk/tools-information/all-about-bullying/responding-bullying/restorative-practice/what-restorative) help children to think before they respond, whilst still maintaining connecting, keeping their perspectives in mind and valuing them. • Provide empathy and support, clarifying behavioural sequences and feelings to support social interaction. anti-bullyingalliance.org.uk/sites/default/files/uploads/attachments/Restorative_Practice - FINAL_O.pdf • Social skills interventions. • Peer support, buddying, Circles of Friends, activity clubs, small group games, sports clubs.
Environmental modifications	• Adult supervised safe spaces during unstructured (break and lunch) time. • The development of clubs and forums in places where children like to be: the library, breakfast club, sports hall, kitchen, art and music room.

Emotionally based school non-attendance

Task	What this looks like
Staff help when they	• Remember that EBSNA is often complex, often involving multiple factors and barriers, all of which may require support. • Reach out and connect with the child and parents or caregivers. This should be a member of staff who has a trusting relationship with the family. • Work flexibly with a focus on understanding risk factors, triggers, factors that maintain school non-attendance as well as strengths and protective factors. Drivers of EBSNA may be the result of many different underlying special educational needs (SEN), adverse life experiences and developmental needs. • Stay curious, optimistic and confident to try different approaches. • Create a sense of belonging in school by keeping in touch, greeting the child when entering school and helping them to feel safe and seen.
Assessment	Follow Tower Hamlets practice guidance for schools on the Tower Hamlets Local Offer (search EBSA guidance www.localoffertowerhamlets.co.uk/site_search?page=1&per_page=10&search_site%5Bterm%5D=EBSA). There are numerous assessment tools and activities here that can be used with children, families and teaching staff.
Interventions	• Focus on early intervention and a rapid return to the setting alongside intervention, support and adaptations as part of an 'Assess, Plan, Do, Review' process, following the Tower Hamlets EBSA guidance. • Encourage and positively affirm the child when they go to school (e.g. 'I'm really happy that you've come into school today'). • Encourage mindfulness or other activities that may make children feel relaxed (e.g. short resets, mindful colouring). • Additional strategies may include: anti-bullying programmes, buddying, mentoring, supporting coping strategies or social skills.

Task	What this looks like
Environmental modifications	• See guidance, above. It may be appropriate to offer adjustments to daily routines, timetables, or 'hot spots' in the school environment. • Consider the safe spaces that children can go to, such as a pastoral zone or library. • When the child is not at school, continue to communicate with them via email, notes, video calls. • Ensure there is a clear transition between parent/s and a trusted staff member at the start of each day. • Ensure the child sees positive interactions between home and school. • Use transitional objects such as teddies, photos, keyrings that the child can take from home into school.

Behaviours that cause concern or put children at risk

Task	What this looks like
Staff help when they	• Adults actively monitor children and take incidents seriously, staying alert to forms of harm, for example, abuse and neglect, radicalisation, criminal exploitation, bullying, sexualised behaviour and sexual exploitation. • They are confident about their safeguarding responsibilities and empowered to notice, check and share concerns. • There is a positive and supportive environment, taking a child centred and co-ordinated approach to Keeping Children Safe In Education (www.gov.uk/government/publications/keeping-children-safe-in-education--2) and Working Together to Safeguard Children (assets.publishing.service.gov.uk/media/669e7501ab418ab055592a7b/Working_together_to_safeguard_children_2023.pdf) and Prevent (www.gov.uk/government/publications/the-prevent-duty-safeguarding-learners-vulnerable-to-radicalisation/understanding-and-identifying-radicalisation-risk-in-your-education-setting) • The school creates 'safe space' environments where debate and discussion is encouraged and students feel confident to share worries, concerns, opinions and questions. • There are systems in place to quickly identify vulnerable children who may benefit from early help and intervention. • Staff understand that behaviours may be communicating unmet needs and seek to understand why the child or young person may be exhibiting 'risky' behaviour. • Explicitly teach what good behaviour looks like. Adults teach, model and promote simple rules about personal boundaries, personal safety and space. • Disruption, bullying, physical threats and abuse or intimidation are not tolerated and dealt with calmly, quickly and effectively in the context of a restorative ethos and culture. Adults avoid responses which result in blame, shame or stigmatisation.

Task	What this looks like
Assessment	• All staff have appropriate safeguarding and child protection training and fully understand the expectations, roles and responsibilities in relation to filtering and monitoring. • All staff need to know how to contact their setting's Designated Safeguarding Lead, Early Help and the Tower Hamlets Multi Agency Support Team. • Schools can draw upon a range of different assessment tools and approaches according needs, for example, Responding to children who display sexualised behaviour - The Hackett Continuum (learning.nspcc.org.uk/media/2685/responding-to-children-who-display-sexualised-behaviour-guide.pdf) and interventions listed in the Annex of Keeping Children Safe In Education (www.gov.uk/government/publications/keeping-children-safe-in-education--2) • Adults can distinguish between developmentally typical behaviours to those that may be problematic or harmful, making sure that children get the right support at the right time.
Interventions	• There is a consistent whole-school approach to promote positive relationships and safety which may draw upon, for example, restorative approaches; rights respecting schools; assertive discipline, with scaffolding for children who need more support. • Pastoral Support Plans and / or Risk Management Plans with SMART targets and regular reviews agreed between children, Parents and Professionals. • Age-appropriate Relationships and Sex Education (RSE) with information about sex and sexuality in the context of safe, healthy and respectful relationships. Some interventions might include Talk Pants (www.nspcc.org.uk/keeping-children-safe/support-for-parents/pants-underwear-rule), Brook Traffic Light Toolkit (www.brook.org.uk/education/sexual-behaviours-traffic-light-tool), Stop it Now (www.stopitnow.org.uk) and the AIM approach to understand and manage sexualised behaviour in schools, led by a trained professional AIM (aimproject.org.uk/carson-carol-2017-understanding-and-managing-problematic-and-harmful-sexual-behaviours-in-education-settings-3rd-edition-publisher-the-aim-project) • Interventions that help children increasing their understanding of the effects of their behaviour on self and others, and potential consequences, for example, small group Quality Circles, Circle Time and/or co-operative group activities.

Task	What this looks like
Environmental modifications	• All staff are well trained on relevant policies; children and parents are briefed; peer supporters are trained and respect for others is embedded in the curriculum. • The school has a toolkit of best practice to maintain high standards of behaviour, regularly reviewing this and keeping a clear audit trail of incidents of concern. • Leaders consistently support all staff in managing behaviour and promoting high expectations, child welfare, kindness and respect. • Staff anticipate likely triggers and make reasonable adjustments for children with additional needs, e.g. adjusting seating plans or groupings, providing activities that promote appropriate interaction between children.

Sensory and physical



Sensory and Physical needs in this section refers only to children and young people (children) with sensory impairment or multi-sensory impairment, and those with physical and complex medical needs.

The section is split into:

- sensory needs: hearing, vision and multi-sensory impairment
- physical and complex needs.

Sensory impairment

As hearing impairment (HI), vision impairment (VI) and multi-sensory impairment (MSI) are highly individualised areas and each child and young person's (CYP) individual needs are unique, they are almost always considered to need SEN Support as a minimum requirement.

As such, while there are ways of creating an inclusive learning environment for all children with HI, VI or MSI, schools must consult with the advisory service's qualified teachers of the deaf (QToD), qualified teacher of the visually impaired (QTVI), and/or qualified teacher for Multisensory Impairment (QTMSI) for any children with a diagnosed hearing impairment, visual impairment, or multisensory impairment.

Schools are not expected to be the specialists and are encouraged to seek support where any child or young person presents concerns.

Schools should direct concerns to our Health partners, such as audiology, or ophthalmology in the first instance working in tandem with the parents. Community Paediatric Audiology will take referrals from SENCos so long as there is Parental Consent, and the NHS number.

For new arrivals who you suspect may have significant needs, the Sensory Support Service (part of the Learning Advisory Service) can support with the process of referral. Where a child has a cochlear implant or hearing aid, please check that the child is known to the Sensory Support Service. LAS admin: 0207 364 6440.

The Learning Advisory Service can conduct an initial assessment as established by the National Sensory Impairment Partnership (NatSIP). The level of specialist teacher support provided to each children to support the school to meet their individual needs, will depend on the NatSIP eligibility criteria and the outcome of this assessment.

Hearing

A child or young person is part of the Deaf Community and may have hearing difficulties across a scale that can be corrected by external devices.

Task	What this looks like
Staff help when they	• Work with the teachers of the deaf who can advise on classroom management for each individual case. • Give an outline of the lesson's content at the beginning and briefly recap the main points of the lesson at the end. • Write key words/ideas on the whiteboard, use handouts and visual aids whenever possible. Overuse new vocabulary and display it with definitions to help embed it in her memory. • Signal changes of topic. Use a visual way to stop the class to get attention so the deaf child doesn't miss out on cues. • Repeat and rephrase information or comments made by other children. Check that children have understood the work. Use open questions. Notice and praise when the child asks for clarification or repetition in class. • Use subtitles for videos and online learning (e.g., Microsoft Teams) • Where possible, provide work beforehand for children, parents and other staff working with the child. • Give time for homework tasks to be recorded properly before the class starts to pack away. • Ensure that background noise levels are kept to a minimum. Use soft furnishings to reduce reverberation. Seat the child away from external noise such as open windows, doors, traffic noise or noisy pieces of equipment such as a fan or projector. • Ensure the room is well lit. • Where possible, give the child the option to work somewhere quiet or take listening breaks throughout the day. • If the child has been given a radio aid, use it. Ensure that all staff working with that child have basic training in how to use the radio aid. • Use the child's preferred communication method- use of CSWs or interpreters where necessary. • Use talk aloud strategies to express your thought process as you approach a task, use think aloud strategies and role-play.

Task	What this looks like
Staff support communication when they	• Ensure that only one person talks at a time. • Repeat what others have said. • Ensure questions and answers have been made clear and have been heard. • Identify the next speaker to allow the child time to turn and watch. • Summarise or review the main points that have been discussed. • Modify and extend language used. • Stand where children can see your face. Avoid standing in front of a window with the light behind you. With young children, get down to their level so that they can see and hear you more clearly. • Face the class whenever giving information. Do not talk while writing on the whiteboard or facing away from the student or class. Avoid walking around whilst talking to the class. • Speak clearly and naturally, do not over-exaggerate lip patterns, or speak too slowly. • Make full use of natural gestures and facial expression. • Use visual aids to support understanding. • Regularly check for understanding.
Staff support wider inclusion when they	• Attract the child's attention before speaking. • Ensure that you face him/her so that she can lipread. • Use a handheld white board or flip chart to give written instructions in the noisy environment of a swimming pool. Hearing aids cannot be worn. • Remind peers that In field sports children may not hear their peers calling them to pass the ball etc. • Use creative positioning (e.g., vertical seating) in assemblies so that children can access lip patterns and whiteboards more easily without the stigma of sitting at the front with younger children. • Provide opportunities to meet with other deaf children both in school (where possible) and in social events such as school clubs, community groups etc. • Use learning materials, books, videos which have deaf characters or themes about deafness. • Foster opportunities to meet and engage with deaf role models within the community. • Have school clubs and activities with deaf friendly resources and experiences. • Encourage self-advocacy so the child can explain their needs to others including peers and school staff.

Task	What this looks like
Locally available support	Tower Hamlets Learning Advisory Service: Sensory Support Service – Deaf and/or Partial Hearing Team (DPH) www.localoffertowerhamlets.co.uk/organisations/27939-tower-hamlets-sensory-support-service-for-children-and-young-people Also available • National Sensory Impairment Partnership www.natsip.org.uk • National Deaf Children's Society www.ndcs.org.uk/information-and-support • British Association of Teachers of the Deaf www.batod.org.uk For more information on NATSIP see: councilfordisabledchildren.org.uk/work-us/membership/meet-our-members/national-sensory-impairment-partnership-natsip#:~:text=NATSIP%20improves%20outcomes%20for%20children%20and%20young%20people,people%20with%20sensory%20impairment%20%28SI%29%20and%20their%20families.

Vision

This is when a child has vision difficulties that are not corrected by spectacles.

Task	What this looks like
Staff help when they	• Provide enlarged print on A4/modified large print worksheets if advised to do so by a QTVI. • Provide printed materials which are clearly presented with good contrast. • Provide contrast on other visual materials used (including presentation on the board). Black and Dark blue are preferable to lighter colours. • Avoid clutter on visual materials (less is more). • Use a sans serif font, such as Arial, avoiding italic or ornate script. Remember that lowercase letters are easier to read than capital letters because they have more ascenders and descenders, making them more visually distinctive. • Supplement visual information with clear verbal explanation • Do not expect the child to share resources. • Modify homework in the same way as classwork. • Use the child's name when seeking their attention. • Seat the child appropriately in the classroom based on the advice from a QTVI). • Give clear instructions as the child may not notice gestures and facial expressions. • Remember learners will have limited access to the incidental learning through vision available to sighted learners. • Use concrete materials and hands-on experience whenever possible. • Allow more time to complete tasks and provide breaks to combat fatigue. • Do not lower expectations because the student has a visual impairment. • Reduce the amount of work but not the level of difficulty so that the child has the satisfaction of completing tasks successfully. • Are discreet; students may not wish to appear different, especially as they get older.

Task	What this looks like
Staff support communication when they	• Have mobility and environmental awareness - a lack of incidental visual knowledge means that many learners, especially those with more severe visual loss, will need to be taught the skills to navigate their environment independently and safely. • Emphasise habilitation targets and encourage independence. Many children will benefit from individual habilitation mobility lessons such as independent travel, route learning, road safety skills, practice with public transport. • Give extra support in unfamiliar environments, e.g., on school trips, even though the child's mobility may be excellent within the school site. • Consider whether an early lunch pass or a quiet space in the playground is needed according to the outcome of the sensory audit, but in principle children should be able to eat and play alongside their peers.
Effective use of technology	• Some learners will need to learn specialist skills to enable them to read and write on equal terms with sighted learners. This may involve the use of magnifiers, ICT or braille, screen-readers - all of which require specialist support and training. • Encourage the student to use assistive technology/visual aids/resources that have been prescribed (e.g., iPad apps, glasses, magnifiers, large-print books). • Utilise digital and audio versions of curriculum texts and reading materials via sources such as RNIB Bookshare, RNIB Digital Services, and the National Accessible Library. • Identify the next speaker to allow the child time to turn and watch. • Summarise or review the main points that have been discussed. • Consider wallpapers used on the school computers – plain and simple is more accessible.
Locally available support	• Tower Hamlets Sensory Support Service • Habilitation Specialist Also available: • National Sensory Impairment Partnership NatSIP www.natsip.org.uk • Royal National Institute for the Blind www.rnib.org.uk • Royal Society for Blind Children www.rsbc.org.uk

Multisensory impairment

Children and young people (children) with Multi-sensory impairment (MSI) have a combined sight and hearing loss. Sometimes the terms Deafblind or dual sensory impaired are used. These terms are interchangeable and can refer to the degree of combined vision and hearing loss which affects the child's ability to access information, communicate with others, or access their environment. This combination of impairments can also cause additional difficulties such as problems with balance and spatial awareness

Learners with MSI will have reduced capacity to use compensatory strategies for their sensory loss they are less able to use their hearing to compensate for vision loss and vice versa. This will impact their access to incidental learning opportunities.

The combination of dual sensory impairment requires specific knowledge and approaches to help facilitate the support required for children with MSI to make progress.

Children and young people with MSI should already have access to advice and support from a QTVI and QToD. (Please see previous sections on Vision and Hearing for further details). These two specialist teachers will work in partnership with schools to help find bespoke ways to facilitate inclusion.

In certain circumstances, the QTVI or QToD may request an additional overview from a MSI specialist.

Physical and complex medical needs

A child or young person with physical or medical need may not have a special educational need. The school is responsible for meeting these needs through the Equality Act (2010), school's accessibility arrangements, and through reasonable adjustments. Schools must follow the DfE statutory guidance. www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Children and young people with health conditions such as epilepsy, diabetes, severe asthma, or eczema, are better covered under the definition of disability. Their needs must be met through the Equality Act 2010, the school's accessibility arrangements and reasonable adjustments. www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Where possible schools should continue to provide education to children with health needs who cannot attend schools.

assets.publishing.service.gov.uk/media/657995f0254aaa000d050bff/Arranging_education_for_children_who_cannot_attend_school_because_of_health_needs.pdf

The child may require an Individual Health Care Plan (IHCP) and should consult their school nurse, or the family's Health Visitor if under 5 years old.

Schools should meet with parents (and relevant professionals where available) to consider:

- supervision arrangements at unstructured times
- administration of any medicines
- support to address personal needs such as toileting, mealtimes, etc
- support to address medical needs (e.g., diabetes management, use of catheters, etc)
- environmental audit to inform any necessary adjustments (such as ramps or rails)
- individual risk assessments for PEEP (Personal Evacuation and Emergency Plans).

Task	What this looks like
Whole school approach	• A Medical Needs, Fair Access, and Accessibility Plan (separate to the SEND policy) which names the key people responsible for implementation. • Making reasonable adjustments to policies according to children and young people's needs e.g. attendance, behaviour, uniform, punctuality. • Undertaking specific assessments to establish the implications for accessing the curriculum and any reasonable adjustments required to mitigate against these. • Generating personalised plans in response to assessments including where relevant: access arrangements, health care plans and risk assessments. • Children and parents are actively engaged in decision making and planning of their support with a flexible approach to timetabling to ensure fair access. • All staff (including supply and new staff) are informed about the needs of children and young people with physical and medical needs and are supplied with an up-to-date Individual Health Care Plan. • Providing up to date training for relevant staff in line with the medical needs of the child or young person in the school. Where appropriate staff will complete any competency requirements associated with the training. • Have toilets which are fully accessible to the needs of the child in the school/setting and meet national guidelines. • Provide adapted diets for individual children and time it may take for children to eat safely.
Staff help when they	• Have resources within easy reach to promote independence. • Provide opportunities to be in different physical positions throughout the day e.g., sitting, and standing positions as appropriate. • Use visual aids to support a child's understanding of routines and independent work e.g., visual timetables that are either whole class or individual. • Deliver a curriculum which is planned and differentiated to enable the reasonable adjustments required for individual needs including flexible timetabling in collaboration with the child and parents. This may include fine motor sessions, sensory breaks, gross motor sessions, sensory circuits, typing skills, handwriting groups etc.

Task	What this looks like
Staff support wider inclusion when they	• Give careful consideration to the position of a child with physical disabilities in the classroom to allow for maximum independence of movement/access to resources and equipment, including outdoor areas. • Clearly define spaces/areas for personal equipment. • Provide appropriate places of withdrawal for therapies, developmental programmes and/or special arrangements for personal hygiene. • Introduce items such as specialist seating, height adjustable work benches to facilitate access. • Provide support equipment such as lockable medicine cabinets, first aid bags, fridges. • Make adaptations to lunchtime arrangements where required, such as early entrance to the canteen, additional time to eat, adapted cutlery and trays. • Make reasonable adjustments to include children with physical disabilities and medical needs in educational visits including school residential journeys and/or extra-curricular activities. • Adapt and make reasonable adjustments to enable full accessibility to PE lessons, for example changing routines, sensory environment, and use of equipment.
Personal care is supported by	• Making reasonable adjustments for children who have delays in toilet training, life-long incontinence or temporary medical needs causing difficulty. • Providing staff who are trained in moving and handling children safely. • Providing appropriate intimate care according to the needs of the child in line with safeguarding and maintaining personal dignity and privacy. • Managing toileting needs sensitively to allow maximum access to the curriculum, the whole life of the school, and dignity in front of staff and peers. • Ensuring disabled children are not excluded from any activity due to incontinence, sent home to change, or parents expected to attend school to manage toileting needs. • Communicating with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss their needs and preferences. • Gaining permission for intimate care is sought at a developmentally appropriate level before starting an intimate procedure.

Task	What this looks like
Managing life-long, acute, long-term conditions (such as diabetes management), allergies, and other diagnoses	• A multi-professional approach is needed and a partnership between health professionals, family and school. • A clear management pathway is needed depending on medical needs. • Consideration is given to whether a child needs to be taken out of class for a medical procedure to avoid them feeling different. • Support is given to help the child include their medical needs into their functional everyday life and to be as independent as possible in administration of medication. • Children are encouraged to be as independent as possible in monitoring their own medical conditions such as a type 1 diabetes device or app.
Effective use of technology	• Alternative methods of recording learning are used across the curriculum including to record learning as an alternative to handwriting. Specialist technology may be required to support learning independence, for environmental control or communication. • Low- and high-tech communication aides in place to support expressive and receptive communication. • Specialist access devices, as appropriate (such as alternative keyboards/mice, switch accessible devices, Eye Gaze etc). to aid access to the curriculum and promote independence. • AAC devices, if used, should be part of a communication plan overseen by a speech and language therapist and an occupational therapist.

Section 4: Glossary

Term	Definition
ACT	Acceptance and Commitment Therapy. A type of mental health therapy that helps people understand and accept their thoughts and feelings.
ADHD	Attention deficit hyperactivity disorder. It is marked by difficulties with attention and/or hyperactivity and impulsivity. It is a neurological difference.
AET	Autism Education Trust – a not-for-profit organisation that offers training and education resources in partnership with other groups including Autistic Young Experts.
Autism	Also referred to as autism spectrum disorder or autism spectrum condition. A lifelong developmental disability which affects how people communicate and interact with the world.
BASS	Tower Hamlets Behaviour and Attendance Support Service
Blank's Levels	A framework to help children develop key oral language comprehension skills. It organises questions and instructions into 4 levels from concrete to abstract levels.
CI	Communication and Interaction
Comic Strip Conversations	Simple visual representations of conversations to show intentions and feelings more clearly. Developed by Carol Gray
Children	Children and young people. In this document the term 'children' is used consistently although it will also be relevant to young people over 16 who are at school.
Developmental language disorder (DLD)	A type of speech, language and communication need (SLCN) that affects how children understand and use language.
DPH	Deaf and/or Partially Hearing
Dyscalculia	A specific and persistent difficulty with numbers and arithmetic.
Dyslexia	A specific learning difficulty affecting reading, writing and/or spelling
EAL	English as an Additional Need

Term	Definition
EBSA	Emotionally Based School Avoidance – a term used to describe children who experience challenges attending school due to negative feelings
EEF	Education Endowment Foundation: A charity to support teaching and learning in schools through better use of evidence.
EHC plan	Education and Health Care Plans identify education, health and social needs of children aged 0-25 and set out the additional support to meet those needs.
Educational psychologist (EP)	EPs work with schools, children and their families to help them improve their learning, development and emotional wellbeing. In Tower Hamlets, every school will have a link EP who will provide psychological advice as part of an Education, Health and Care needs (statutory) assessment.
Habilitation	Training for children with a VI to develop personal mobility, navigation and independent living skills
LAS	Learning Advisory Service
LBTH	London Borough of Tower Hamlets
LEANS	Learning About Neurodiversity at School: A free programme for mainstream primary schools to introduce children aged 8-11 to the concept of neurodiversity and how it impacts our experiences at school: salvesen-research.ed.ac.uk/leans
LLC	Language, Literacy and Communication Team
MLD	Moderate Learning Difficulties
MSI	Multi Sensory Impairment
NC	National Curriculum
Neurological	Affecting how a brain and nervous system functions.
NHS	National Health Service
PMLD	Profound and Multiple Learning Difficulties. children with PMLD have very severe learning difficulties and may also have other significant difficulties, e.g. physical

Term	Definition
Phoenix Outreach Team (POT)	A team of specialist advisory teachers supporting children in mainstream schools in Tower Hamlets
QTMSI	Qualified Teacher of Multi-Sensory Impairments
QTOD	Qualified Teacher of the Deaf
QTVI	Qualified Teacher of the Visual Impaired
Reading and Language Intervention (RLI)	Originally designed for pupils with Down Syndrome but useful for very early struggling readers with reading and language issues. Requires one to one support for 40 minutes a day or two 20 minute sessions.
RNIB	Royal National Institute for the Blind
SCERTS	SC: Social Communication – ER: Emotional Regulation – TR: Transactional Support. An intervention model for children with Autism and their families. It provides guidelines to support communication and learning.
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SENCo	Special Educational Needs Coordinator: Qualified teacher responsible for identifying, monitoring, and coordinating the special educational needs of children in the school and coordinating the special educational support in place.
SENDIASS	SEND Information, Advice and Support Service. Tower Hamlets and City SENDIASS supports parents and carers of children with SEND aged 0-25, and young people independent of their parents.
Shape Coding System	A visual coding system to show the rules for how words are put together in sentences, to develop the child's understanding and use of grammar, so that they can communicate more effectively.
SI	Sensory Impairment is a difficulty in one or more of a person's senses, e.g. sight or hearing.

Term	Definition
SLCN	Speech language and communication needs, a term used to describe the wide range of needs related to communication.
SLD	Severe Learning Difficulties
SLT/SALT	Speech and Language Therapy Service. Speech and Language Therapists provide assessments and interventions for children with a range of SLCN
SM	Situational or Selective Mutism
Social Stories	Social Stories, developed by Carol Gray, provide information by short descriptions to help individuals, especially with autism, to understand possibly difficult or unclear situations or activities.
SpLD	Specific Learning Difficulties. These affect the way information is learned and processed and can have a significant impact on learning. It is a neurological difference.
THEPS	Tower Hamlets Educational Psychology Service
THEP	Tower Hamlets Education Partnership
Total Communication	A method of communication that uses and values a variety of methods equally to support a person's communication needs and abilities.
UCL	University College London
VI	Visual Impairment

