



# Send Support and Provision 16-18 TOOLKIT

## Torbay's Guide to the Graduated Response for Inclusion

This toolkit has been developed to acknowledge that at Post16 education some tools are applied differently and the setting in which young people learn is also different.

Although we anticipate that many of the tools in the five main toolkits for Torbay will still be relevant for all children and young people this toolkit particularly describes the ordinarily available provision which all our young people should experience post16.

This toolkit has been combined into one easy-checklist guide for Post 16 parents and practitioners, with acknowledgement that they will still also use the main toolkits.



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### **Cognition and Learning**

Cognition and learning difficulties cover a wide range of needs and abilities. Cognition and learning difficulties may affect all areas of the curriculum, as with pupils with Moderate Learning Difficulties or Severe Learning Difficulties. However, cognition and learning difficulties may only impact on specific areas such as reading, writing, spelling and/or numeracy.

Typical characteristics of young people with Cognition and Learning needs can include:

- Indications of frustration, poor motivation, and low self-esteem.
- Difficulties in areas of speech and language
- Difficulties with motor organisation, motor skills and persistent restlessness
- Difficulties with executive functions, including working memory, personal organisation, verbal processing, managing emotions, impulsivity, task initiation, completion, and inhibition.
- Noticeable variations in performance in learning tasks.
- Difficulties with attention control and sensory sensitivities.
- Difficulties with processing information.

demands of lessons.

- Ensure tasks are broken down, use of check list, kit list, direct language, plenary retrieval quiz, starter recap quiz on the IWB, photos of the IWB using 'teams whiteboard', PowerPoints available after the lesson.
- Provide access to resources such as highlighters, study aids, post-its, word banks and laptops, and differentiated reading materials.
- Use MS Teams calendar to set key dates, eg assignment hand ins, exams etc.
- Provide teaching resources which use visual materials presented in a clutter-free way using accessible fonts.
- Utilise a kinaesthetic approach if content allows.
- Plan for time to practice knowledge with peers/peer to peer teaching.
- Put in place interventions to support and scaffold poor attention and listening skills.
- Provide access to study skills support and training utilising Personal Development time.
- Put in place a clear transition plan for next steps to include IAG, Information and guidance, for course transfers, finding apprenticeships, finding work, in line with their aspirations.

- Practical lessons where possible relating to life skills.
- Flexible grouping: allowing learners may be able to understand concepts but have difficulties with recording or speed of processing.
- The support staff will be trained and deployed to promote independence.
- Access to English and/or maths coach time.
- Teaching strategies to support learners' metacognition and academic self-esteem.

#### Dyslexia

Dyslexia is a learning disorder that causes difficulty in areas such as reading, writing and spelling. It can also affect organisational skills.

It is important to recognise that Dyslexia is not linked to intelligence and young people should be encouraged to recognise and pursue the areas in which they excel (do more of what they enjoy) and support them with the areas they find difficult.

<ul> <li>Access to a reader or assistive technology in assessments and examinations.</li> </ul>
d local authority SEN advisory to assessing and planning

<u>Requesting help from CFHD - Children and Family Health Devon</u>

### Sensory and/or Physical Needs

Sensory impairments can be defined as an impairment that affects a young person's ability to access auditory or visual information. Visual and hearing impairments can sometimes be corrected by hearing aids or glasses. When this is not possible, there can be an impact on the young person's learning and development. Sensory impairments can be present at birth or develop over time. A young person can have a multi-sensory impairment (MSI) which is a combined visual and hearing impairment and will affect communication and mobility and the young person will require specific support.

Physical impairments usually originate from neurological or metabolic causes and can require specific intervention. This can include mobility aids, postural management, or support with self-care skills such as dressing or toileting. Physical impairments are medically diagnosed, and can affect all aspects of daily living, learning and social needs.

Typical characteristics of young people with Sensory and/or Physical Needs can include:

A Visual Impairment (VI) - a young person may experience difficulties in the following areas:

- Access to standard print.
- Accessing whole class presentations, including interactive whiteboard and information on walls.
- $\circ~$  Participating in practical activities and observing demonstrations.
- Reading and recording work.
- Accessing IT.
- Mobility and moving around the learning environment.

- Spatial awareness, eg tripping over obstacles, bumping into edges of furniture.
- Peer relationships and friendships understanding personal space.
- Organising equipment and resources.
- Experiencing tiredness due to excessive cognitive load needed to process information.

A Hearing Impairment (HI) - a young person may experience difficulties in the following areas:

- Following instructions, gaps in their learning.
- Retaining new vocabulary.
- Understanding the meaning of new vocabulary.
- $\circ$   $\;$  Attention and concentration especially in the presence of background noise.
- Limited communication in busy areas, such as unstructured times eg break and lunch.
- $\circ$  Speaking more loudly or more quietly than is usual or expected.
- Social situations, not fully understanding what is happening.
- Forming and maintaining friendships.
- Experiencing tiredness due to excessive cognitive load needed to process information.
- Perception of some speech sounds.
- **o** Delayed language development in one or more areas.
- Accessing linguistic aspects of the curriculum.
- Accessing speech when IT equipment is being used e.g. interactive board, YouTube, video clips.

Sensory Needs - a young person may experience difficulties in the following areas:

- $\circ$  Copying from the board, even when sitting close.
- $\circ$   $\,$  Poor hand eye coordination and over- and underreaching.
- Maintaining energy levels
- Easily distracted from tasks.
- **o** Experiencing tiredness due to excessive cognitive load needed to process information.

Physical Needs a young person may experience difficulties in the following areas:

- Mobility, fine and gross motor difficulties.
- Whole body movements
- Moving around objects and people
- Hand/eye co-ordination/ fine motor skills.
- Self-help skills.
- $\circ~$  Group work. Working at a slower pace than peers due to fatigue.
- Spatial awareness, bumps into things
- Writing/recording or accessing work without additional support.
- Physically accessing the curriculum and practical activities.
- For example, may have dyspraxia, low muscle tone, hypermobile joints.

Universal Resources	SEN Support
<ul> <li>All staff will:</li> <li>Model positive behaviours and implement the <u>Our vision for SEND in</u> <u>the local area - Family Hub</u> to support preparing for adulthood at the earliest opportunity.</li> <li>Familiarise themselves with any support plans in place for student(s). These should be checked at least half termly.</li> </ul>	<ul> <li>Creation and maintenance of effective Support Plans, including ISPs. Note this may be led by other services, such as medical, behavioural, safeguarding and wellbeing etc</li> <li>Early intervention to</li> </ul>
<ul> <li>Welcome all students into learning environments and services.</li> <li>Implement Quality First Teaching practices or equivalent, eg Evidence Informed Practice.</li> <li>Use agreed method of interaction for students with visually/hearing impairment.</li> <li>Use of chunking ie breaking down activities into clear, short and manageable tasks.</li> <li>Use modified resources, where required.</li> <li>Provide access to IT resources, assistive technologies eg Immersive Reader, speech to text etc</li> <li>Facilitate alternative ways of recording work.</li> <li>Consider appropriate positioning in the classroom.</li> </ul>	<ul> <li>Early intervention to recognise any barriers to learning.</li> <li>Work with the student to identify any trigger points and/or strategies that may help.</li> <li>Liaise with Habilitation specialist support to check learning environments, eg classrooms, workshops etc at the earliest opportunity.</li> </ul>

<ul> <li>Put in place a clear transition plan for next steps to include IAG, Information and guidance, for course transfers, finding apprenticeships,</li> </ul>	
finding work, in line with their aspirations.	
Suggestions for SENDCo	
<ul> <li>Liaising with hearing/visual specialist teachers for advice and guidance, pre -e initially, before teaching starts and then as and when required</li> <li>Refer to Occupational Therapists/Physiotherapists.</li> <li>Liaise with medical professionals.</li> <li>Liaise with college medical lead to ensure support plans are in place.</li> <li>Provide staff training to cover medical needs e.g. epilepsy training.</li> <li>Ensuring students can access specialist equipment.</li> <li>Liaise with habilitation and/or estate team to provide reasonable adjustments</li> <li>Check classroom environment and the impact on sensory needs.</li> <li>Provide a sensory plan and share with staff.</li> </ul>	
Referrals/Resources	

DfE Supporting Pupils with medical conditions <u>https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3</u>

## Speech, Language and Communication Needs

Over 10% of children/young people have some form of speech, language and communication needs that persists and impacts on social, emotional, mental health as well as educational functioning.

In areas of high social deprivation in the United Kingdom approximately 56% of children start school with below agerelated language skills.

It is important to understand that Speech, Language and Communication Needs is known to be a significant risk factor for poor life chances and outcomes which is why it is vital that language and communication are understood as EVERYONE'S RESPONSIBILITY. This video provides details of the impact language disorder, including DLD, can have on a child/young person and adult: SLCN and life chances

Typical characteristics of young people with SLCN can include:

- Expressive and receptive language difficulties, struggling to follow verbal instructions, understand the meaning of words/instructions and developing concepts.
- Reluctance to participate in group activities.
- Difficulties in organising ideas, structuring sentences, acquiring and accessing new vocabulary.
- Struggles to express their own thought and ideas.
- Difficulties in sequencing/organising events. This can include difficulties organising and structuring own work.
- The young person may struggle to participate in a reciprocal conversation.
- Language difficulties, eg below average receptive language skills, may lead to a barrier to learning and progression.
- Poor understanding of complex grammar.
- Difficulties with implied meaning and colloquialism (words/sentences without literal meaning). Also difficulties identifying sarcasm.
- Immature expressive language skills.
- The young person may display inappropriate interaction with others and may have difficulties with social relationships. This could be due to having difficulties understanding social cues and non-verbal cues.
- The young person's communication and interaction difficulties may lead to frustration or emotional and behavioural difficulties.
- Social interaction difficulties, the young person is not able to transfer strategies/skills between situations or into adulthood.
- Difficulties with sustaining engagement whilst undertaking learning activities.

Universal Resources	SEN Support
<ul> <li>All staff will:</li> <li>Model positive behaviours and implement the <u>Our vision for SEND in</u> <u>the local area - Family Hub</u> to support preparing for adulthood at the earliest opportunity.</li> <li>Familiarise themselves with any support plans in place for student(s). These should be checked at least half termly.</li> <li>Welcome all students into learning environments and services.</li> <li>Implement Quality First Teaching practices or equivalent, eg Evidence Informed Practice.</li> <li>Consider and adapt environmental aspects (e.g. level of noise, seating, space to move around)</li> <li>Ensure young person can see and hear tutor clearly.</li> <li>Cue in the young person using their name.</li> <li>Present new information in small chunks and keep language simple.</li> <li>Provide extra time for processing information, answering and completing tasks.</li> <li>Give time for student to formulate and communicate their ideas.</li> <li>Provide opportunities for overlearning.</li> </ul>	<ul> <li>Creation and maintenance of effective Support Plans, including ISPs. Note this may be led by other services, such as medical, behavioural, safeguarding and wellbeing etc</li> <li>Early intervention to recognise any barriers to learning.</li> <li>Work with the student to identify any trigger points and/or strategies that may help.</li> <li>Referral to SALT when needed.</li> <li>Quiet safe space to regulate.</li> <li>Design and use visual aids as checklists, clear frameworks to support organisation of ideas.</li> <li>Introduce new material in a</li> </ul>
<ul> <li>Plan and implement an environment that takes account of their communication and interaction needs. This might include access to Assistive Technologies.</li> </ul>	multi-sensory way e.g. demonstrate work, repeat it, the use of visual and auditory resources.

• Model appropriate social behaviour and interaction, eg avoid sarcasm.

<ul> <li>Provide appropriate differentiation of spoken and written language activities and materials in class.</li> <li>Ensure body language is clear, predictable, open handed, non-threatening.</li> <li>Ensure facial expressions and tone of voice are neutral and calm.</li> <li>Make arrangements for agreed method of interaction for students and staff as appropriate, including in any group work activities.</li> <li>Put in place a clear transition plan for next steps to include IAG, Information and guidance, for course transfers, finding apprenticeships, finding work, in line with their aspirations.</li> </ul>	<ul> <li>Use assistive technology to support learning</li> <li>Social skills through small group activities, to encourage turn taking, sharing and positive interactions.</li> <li>Social stories where appropriate.</li> </ul>
<ul> <li>Suggestions for SENDCo</li> <li>Raise awareness with staff about students' communication and interaction n</li> <li>Provide training for staff.</li> <li>Arranging social communication clubs/small group activities.</li> <li>Liaising with specialist teachers for advice and guidance. To provide training</li> <li>Observing staff/providing learning walks.</li> <li>Refer to Speech and Language Therapy (SALT) services when necessary.</li> </ul>	

- Children Family Health Devon
- Torbay South Devon Foundation Trust
- Vocal Advocacy (Adults)
- Advocacy Consortium

#### Social, Emotional and Mental Health Needs

Social, emotional and mental health (<u>SEMH</u>) needs are a type of special educational needs in which children and young people have difficulties in managing their emotions and behaviour. They may often show inappropriate responses and feelings to situations.

This means that they may have trouble in building and maintaining relationships with peers and adults; they may also struggle to engage with learning and to cope without additional strategies and interventions. SEMH does not have to be a lifelong condition. With appropriate support children and young people can move forward and live successful lives.

Typical characteristics of young people with SEMH can include:

- Not being able to follow instructions.
- Find it challenging to complete tasks fully.
- Not making the expected progress towards achieving qualifications due to barriers to learning.
- Difficulties developing and maintaining appropriate relationships.
- Unpredictable behaviour, not able to regulate and control emotions.
- Outbursts of verbally/physical aggression.
- Inappropriate responses when interacting with others.
- Not being able to manage reactions to others appropriately.
- Not being able to manage unstructured times, eg breaktimes.
- Disrupting the education of others.
- High anxiety/low mood.
- Demonstrating signs of being withdrawn.
- Not able to keep self-safe, vulnerable in the wider community.
- Self-harm.
- Low or decreasing attendance.

**Universal Resources** 

**SEN Support** 

<ul> <li>All staff will:</li> <li>Model positive behaviours and implement the <u>Our vision for SEND in</u> <u>the local area - Family Hub</u> to support preparing for adulthood at the earliest opportunity.</li> <li>Familiarise themselves with any support plans in place for student(s). These should be checked at least half termly.</li> <li>Welcome all students into learning environments and services.</li> <li>Implement Quality First Teaching practices or equivalent, eg Evidence Informed Practice.</li> <li>Where possible provide check ins with students prior to the start of their first lesson.</li> <li>Use relational approaches to build positive relationships with students. Avoidance of shaming behaviours and language.</li> <li>Use restorative approaches to resolve conflict positively, wherever possible.</li> <li>Provide concise and clear instructions. Use dual coding such as visual aids and checklists.</li> <li>Provide opportunities for movement breaks/time out to regulate.</li> <li>Provide opportunities for validation of student feelings/emotions.</li> <li>Involve the young person in developing strategies that help them.</li> <li>Work with the student to recognise triggers and ensure proactive strategies are in place to minimise impact of any escalating behaviour.</li> <li>Teach skills such as asking for help.</li> <li>Use of rewards and praise, some students may prefer indirect or discrete praise as they do not want to be singled out.</li> </ul>	<ul> <li>Early intervention to recognise any barriers to learning.</li> <li>Identify any trigger points and/or strategies that may help.</li> <li>Access to specialist training</li> <li>Identify a guiet safe space to</li> </ul>
<ul> <li>Adhere to consistent Ready, Respect and Safe values, remind students of rules/expectations within each setting.</li> <li>Ensure any behavioural interventions are timely and evidenced chronologically using appropriate student record system.</li> <li>Provide opportunities for positive peer support/buddies.</li> <li>Identify and provide access to a safe space.</li> <li>Refer to pastoral/wellbeing team as appropriate</li> <li>Support students to identify and use of self-help strategies, wherever possible</li> <li>Create opportunities for student to share feelings including use of journals or diaries.</li> <li>Use body language that is clear, predictable, open hands, non-threatening.</li> <li>Ensure facial expressions tone of voice are neutral and calm.</li> <li>Responses to be non-judgemental and consistently applied</li> <li>Put in place a clear transition plan for next steps to include IAG, Information and guidance, for course transfers, finding apprenticeships, finding work, in line with their aspirations.</li> </ul>	
<ul> <li>Suggestions for SENDCo</li> <li>Work with Wellbeing and Safeguarding Team.</li> <li>Contribute to any MASH referrals required, supporting Safeguarding Team.</li> <li>Contribute to risk assessments, with priority on ways to mitigate risks.</li> <li>Liaise with medical professional e.g. CAMHS, Young Devon, Talk Works.</li> <li>Refer to adult social care.</li> <li>Liaise with Social Workers.</li> <li>Liaise with the Youth Justice Team.</li> <li>Raising mental health awareness training with staff.</li> <li>Organise and chair Stakeholder meetings prior to any Serious Stage (disciple Organise resources/interventions and identify training needs for staff.</li> <li>Signpost students/parents/carers to support services.</li> </ul>	linary) meetings.
Referrals/Resources	
<ul> <li>CAMHS</li> <li>Young Devon</li> <li>Talk Works</li> <li>YMCA</li> </ul>	

#### Neurodiversity

When we talk about neurodivergence, this covers a wide range of neurological differences which may either enhance or be a barrier to learning. These differences can affect a number of developmental areas and be observed as characteristic that are indicative of autism, ADHD, dyslexia, dyspraxia, dyscalculia, Classic Tic disorders, Obsessive Compulsive Disorder (OCD), developmental coordination disorder, intellectual disability and Developmental Language Disorder (DLD).

Note these conditions are not exclusive and students may be neurodivergent across a number of conditions.

Typical characteristics of young people with Neurodivergent needs can include:

- Difficulties understanding social situations and responding inappropriately to social cues.
- Difficulties interacting with others; preferring to be alone or unable to sustain friendships.
- Sensory processing difficulties related to neurodiversity e.g. stimming actions such as rocking, stroking, flapping and/or hands over ears, unable to sit still, fidgeting.
- Social and/or behavioural difficulties arising from low self-esteem, anxiety, frustration, and/or communication difficulties.
- Difficulties in starting a task or breaking down complex tasks without scaffolding
- Challenges with receptive and expressive language; limited vocabulary, limited spoken language, echolalia, use of unusual accents.
- Unable to make/maintain eye-contact.
- Struggling to regulate emotions, this can lead to behavioural dysregulation, eg defiance disorder
- Becoming overwhelmed in busy/noisy environments.
- Processing difficulties.
- Anxiety/depression.
- Difficulties with cognitive functioning and/or executive dysfunction.

Universal Resources	SEN Support
<ul> <li>All staff will:</li> <li>Model positive behaviours and implement the <u>Our vision for SEND in</u> <u>the local area - Family Hub</u> to support preparing for adulthood at the earliest opportunity.</li> <li>Familiarise themselves with any support plans in place for student(s). These should be checked at least half termly.</li> </ul>	<ul> <li>Creation and maintenance of effective Support Plans, including ISPs. Note this may be led by other services, such as medical, behavioural, safeguarding and wellbeing etc</li> <li>Offer support and advice for</li> </ul>
<ul> <li>Welcome all students into learning environments and services.</li> <li>Implement Quality First Teaching practices or equivalent, eg Evidence Informed Practice.</li> <li>Plan and use consistent routines, agreed across the teaching team, for pre-agreed seating positions, classroom layouts, timings of breaks etc</li> <li>Provide early notification of any changes, eg timetable, room, teacher etc.</li> <li>Raise awareness of Lodge for students with ASC or traits thereof</li> <li>Avoid use of ambiguous language, ie innuendo and sarcasm.</li> <li>Ensure body language is non-confrontational, open and approachable at all times.</li> <li>Ensure consistent and calm tone of voice.</li> <li>Use clear and concise language and instructions, be aware of cognitive load</li> </ul>	<ul> <li>early intervention to recognise any barriers to learning.</li> <li>Support staff, to work with the student to identify any trigger points and/or strategies that may help regulation.</li> <li>Facilitate access to specific staff training as and when required, eg Pathological Demand Avoidance (PDA)</li> </ul>

- Use chunking ie breaking down activities into clear, short and manageable tasks.
- Allow time to process information and respond to questioning.
- Support/scaffold the start of any task
- Explore reasonable adjustments for any group work expectations/requirements
- Provide regular check-ins, check understanding.
- Use prompts to stay on task.
- Make time for cognitive/sensory breaks when learning. Agree a time-out arrangement
- Encourage use of phone alarms when taking breaks or any time outs to manage any time blindness
- Provide regular access to a key/trusted adult, including in Wellbeing Team.
- Identify a safe space and access to a calm environment when overstimulated.
- Use simple verbal or visual reminders to re-engage.
- Set and communicate clear classroom code of conduct.
- Visual timers/count downs.
- Avoid insisting on eye contact.
- Be predictable and as consistent as possible in responses and actions.
- Be clear, sensitive and reasonable with any expectations, including suggestions for constructive feedback and improvements to work.
- Prove a positive buddy system where possible.
- Put in place a clear transition plan for next steps to include IAG, Information and guidance, for course transfers, finding apprenticeships, finding work, in line with their aspirations.

#### **Suggestions for SENDCo**

- Referral to CAMHS, SALT, OT, EP, Advocacy Services and Children Family Health Devon.
- Check classroom environment and the impact on sensory needs.
- Work with Tutors to co-design movement break plans.
- Work with Tutors to co-design a sensory plan.
- Work with Tutors to co-design an interaction/communication plan.
- Arrange check-ins with a key adult.
- Carry out walk abouts to ensure the environment is suitable for sensory needs.
- Ensure students have access to safe/quiet space.
- Liaise with students/staff to ensure work is manageable.
- Provide opportunities for self-regulation and resilience building activities.
- Provide staff training to raise awareness on how to support students who have neurodiverse needs.
- Work with students to self-identify triggers and emotions.
- Utilise the 5 point scale with students.

#### **Referrals/Resources**

- Children Family Health Devon
- Family GP
- <u>Resources to Support Autistic Children and Young People</u>

- Support staff to provide clear start and finish to task.
- Breaking down of tasks into chunks.
- Give tasks one step at a time.
- Organised and clutter free resources and workspaces.
- Learning materials that are adapted and personalised.
- Use visual timetables, prompts and checklists.
- Provide access to a quiet safe space to regulate.
- Use motivators to support engagement in work.
- Social stories.
- Model self-regulation strategies.
- Sequencing activities (chaining) to carry out tasks/work/personal care.