

Ordinarily Available Provision

Resources, approaches and reasonable adjustments that the Local Authority expects to be made available for children and young people with special educational needs and disabilities across mainstream schools in Enfield

Information for teachers and support staff working in schools

September 2022 to July 2027

(to be reviewed to align with the SEND Reforms and Experts at Hand offer)



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Introduction to Ordinarily Available Provision 2022-2027

This guidance has been co-produced with SENCO representatives from schools, parents/carers and a wide range of education, social care and health services. This document has also been written with reference to the work published on Ordinarily Available Provision by other authorities. Thank you to all who participated in this process and to Bristol, Cornwall, West Sussex and Portsmouth County Councils.

This document has been produced at a time when Enfield's SEND Partnership Strategy, Inclusion Charter and All Age Autism Strategy were all in development and therefore there is purposeful and natural alignment across these documents with this guidance.

Our vision is for all our children and young people with Special Educational Needs and Disabilities to have high aspirations and to achieve positive lifelong outcomes.

In practice, this means making sure all our children and young people with SEND are safe, healthy, happy and included in their educational setting and communities. We want our children and young people to discover and achieve their goals and we want to empower them to be at the heart of decision making, so that they can make positive choices about their lives and futures.

As our children and young people grow up, we want them to feel confident and prepared for adulthood and their independence, with the skills and opportunities they need to thrive. Together, our collective ambition is to make Enfield an inclusive borough where "SEND is everyone's business". An inclusive Enfield is a place where diversity and difference are understood and celebrated, and where barriers are minimised or removed.

Vision Statement: Enfield's SEND Partnership Strategy (2023 – 2027)

The SEN Code of Practice states that, where possible, children and young people (CYP) should attend mainstream schools⁷ in their local area and should be encouraged to feel included and part of their local community.

All parents/carers of CYP with SEND have the right to choose a mainstream school place for their child. The culture and ethos of all mainstream schools has to be welcoming for all CYP, including those with SEND and their families. Therefore, it is the responsibility of every school to create an environment and community where all CYP feel safe, healthy, happy and included.

This guidance outlines the ordinarily available provision that the local area expects to be made available to support the inclusion of children and young people (CYP) with special educational needs and/or disabilities (SEND) in all mainstream schools⁸. This is commonly referred to as SEND support or the school/setting based stages of the graduated response, which schools should provide from their notional funding in meeting their obligations set out in the SEND Code of Practice (2015)⁹.

Enfield is a needs-led borough, and any provision or support should be provided in line with the needs of the CYP and is not dependent on any formal diagnosis.

For further information about services and provision in Enfield please visit our Local Offer website.

<https://www.enfield.gov.uk/services/children-and-education/local-offer>

⁷ This applies to local authority maintained, free schools, faith schools or academies.

⁸ Reception age to Year 11 (4-16 years).

⁹ [SEND code of practice: 0 to 25 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/426273/SEND_Code_of_Practice_0_to_25_years.pdf)

The Inclusion Charter¹⁰

Enfield has developed an Inclusion Charter in partnership with schools and partners across the local area. Education settings are invited to sign up to The Charter and demonstrate their commitment to promoting more inclusive Enfield for CYP with SEND across the following 8 principles:

Enfield Inclusion Charter

A charter for early years settings, schools and colleges committed to providing an inclusive education for children and young people in Enfield.

Signing the Inclusion Charter is a commitment to:

- ✔ Provide clear, visible and strong leadership for inclusion
- ✔ Ensure that everyone takes responsibility for including children and young people with special educational needs and disabilities
- ✔ Understand that all behaviour happens for a reason
- ✔ Listen and respond to children and young people's opinions and ideas when making any decision which impacts on their lives
- ✔ Celebrate difference and diversity
- ✔ Work with families, professionals and practitioners across our community to help all children and young people to thrive
- ✔ Ensure that everyone is comfortable to be open and honest about what support they need to help children and young people in their care
- ✔ Support children and young people to prepare for their adulthood from the early years and throughout their childhood and adolescence, so they can shape their future in the way they want.

The Charter has been developed by children and young people, headteachers, teachers, parents and carers, council officers, health partners and voluntary sector organisations.



www.enfield.gov.uk



¹⁰ <https://traded.enfield.gov.uk/thehub/information/enfield-inclusion-charter>

Expectations for educational settings in Enfield

1. The Assess, Plan, Do, Review (APDR) Cycle and The Graduated Approach

The APDR cycle is used to regularly monitor and review the impact of interventions and strategies that have been implemented to meet a CYP's SEND. The regular review of support ensures that provision does not remain the same over time and that interventions that are not effective are discontinued or adapted to ensure impact. The cyclical process allows for an increasing understanding of the CYP's needs. It allows staff to evaluate what teaching approaches and support works best for the CYP, ensuring that they can be included and make progress across the curriculum.

Where expected progress is not seen at the review stage, increasing specialist expertise should be sought for the subsequent cycle. This is known as the Graduated Approach (SEN Code of Practice, 2015 p100).

In schools, the APDR cycle will be documented on school support plans e.g. Individual Education Plans, Learning Support Plans or equivalent documentation.

2. Partnership with children and young people and their parents/carers

We have introduced a new Council-wide Youth Participation Policy to support our workforce to include children, young people and families in service design, commissioning, delivery, and evaluation, in a way that is meaningful to them. One of the important networks we will be doing this through is our new 'All About Us' SEND youth participation groups.



The Graduated Approach (APDR)



Partnership with CYP

CYP's voices are at the centre of decision making with their views actively sought and valued.

This can be done in a variety of ways:

- CYP are involved in the graduated approach. They assess, plan, do and review their own learning.
- CYP are helped to value their progress and achievements and to recognise and understand their own barriers to learning.
- CYP understand, identify and contribute towards the targets they intend to achieve. The school's support plans should be used to document the assess, plan, do, review approach.

Partnership with parents and carers

Parents and carers and CYP have a participatory role in all decision making. This can be at different levels to fulfil a variety of purposes relating to the development of provision for CYP with SEND, which can include the following:

- Parents/carers and schools meet regularly to exchange information about the CYP.
- Home school diaries/planners/book bags/texts/emails are used to support communication between home and school.
- School support plans are used to record information relating to identified SEND interventions in place over time. Parents and carers are fully involved in setting and reviewing targets and outcomes.
- Schools discuss the SEND Code of Practice with families and fully explore what can be provided at SEND support in the local mainstream setting.
- Parents and carers are signposted to Enfield's local offer.
- Schools work closely with parents/carers and parent advocacy groups (SENDIASS) to create a shared understanding of needs and implement effective approaches to ensure outcomes are met.
- The school SEN Information Report is published on its website and the views of parents and carers are sought to inform this.

3. Staff skills and training

Schools have a planned programme of ongoing Continued Professional Development (CPD) in relation to SEND for the whole setting.

Teaching and non-teaching staff are supported by senior leaders to access appropriate continuing professional development opportunities for SEND, to develop their knowledge, skills and confidence. This enables them to use effective strategies in interventions so that CYP can make and sustain progress.

CPD may include face to face and online training, working with external specialists and the sharing of best practice within and between schools and settings through forums and networks, e.g. Enfield's SENCO Coffee Morning, Inclusion briefings, SEN Service briefings, Designated Safeguarding Lead Network and Senior Mental Health Leads Network etc.

Staff collaborate and have effective links with other relevant outside agencies school staff know when to refer to extra support. Advice received from other professionals is used to inform teaching and learning.

4. Transition and transfer

Change can be a difficult experience for many of our CYP with SEND especially if they have needs or past experiences that would affect their capability to understand and make sense of a new or unfamiliar routine, manage uncertainty or deal with loss or absence of something or someone.

Routine and life transitions can include:

- Moving around the setting.
- Preparing for weekends and the start of holidays and beginning of term.
- Moving from lesson to lesson.
- Changing from structured to unstructured times.
- Moving from break to lesson times.
- Moving from one activity to the next within a lesson.
- Changes of staff - permanent and temporary.
- Special events: visitors, visits, celebrations.
- Life events: birth of a sibling, loss and bereavement, puberty, change in parenting arrangements (e.g. change in parents' relationship status or contact visits).

Supportive strategies can include:

- A key person who has the capacity to notice changes in a CYP's emotional state and provide a supportive space to understand and value their concerns.
- Safe spaces are available within the classroom or an identified area of the setting when needed.
- Structured alternatives for unstructured times, e.g. games club, use of library for vulnerable CYP.
- Visual timetables.
- Signalling change in advance to prepare the CYP, use of countdown reminders and/or timers.
- Transition objects.

Transfer and Phase Transitions including change, entry and exit to educational settings. Parents and carers of children with SEND are often concerned about the move to secondary school and the increased demands that secondary schools will have on their child.

It is expected that primary and secondary schools work in partnership to plan the transition. Strategies can include:

- Sharing of information about the CYP strengths, needs and interests, strategies and approaches to support a successful transition. This information is available for the CYP's parents and carers, other colleagues within the setting and receiving or previous settings as required.
- Promote a sense of belonging to the new school by becoming familiar with the environment and encouraging attendance at social and extra-curricular activities.
- Standards and expectations of the new school are communicated to CYP at their level of understanding. Providing detail about the transition and what will happen afterwards

- Communication passports.
- Additional visits to the new school with familiar adults and/or peers who are also transitioning there. These should include opportunities to meet with key staff and navigating key places in the school
- Creating Social Stories™.
- Setting up buddy systems to support orientation in the first weeks of the new term.
- Home school partnership and communication.



Ordinarily Available Provision for Different Areas of Special Educational Need

The next section covers Ordinarily Available Provision under the main categories of SEND. There is an additional section that covers medical needs.

Fictitious case studies are used to illustrate different needs and the support that could be put in place. However, presentations of CYP with SEND are unique and vary greatly. Often a CYP's needs are interrelated requiring a carefully considered and matched provision to the identified needs as part of the assess, plan, do, review process.



Cognition and Learning

Child or Young Person's Voice

'When teachers highlight the important words in the lesson.'

'Printed sheets help me so I do not have to rush copying off the board.'

A secret way I can ask for help – I don't like to put my hand up.'

'I find long instructions difficult to remember, when teacher's shorten them it really helps.'



'I like talking through my answers I find it better than writing it down.'

'Give us time to listen and time to answer questions.'

Illustration by a pupil at Enfield Grammar School

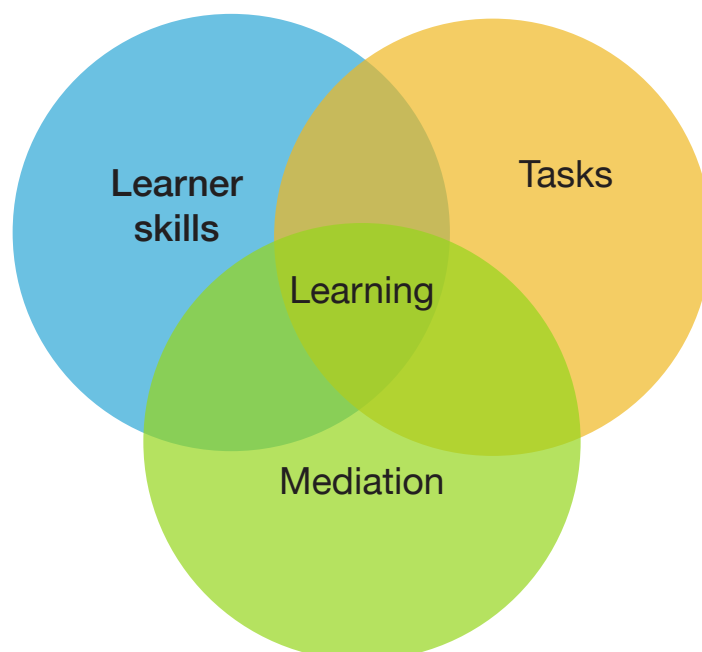
'Let us ask questions – check that we are doing it right.'

Introduction

It is important that everyone in the school community has an understanding of how children learn and know how crucial effective adult support is for children to learn and develop. Children start to learn from the day they are born. As they grow they are subject to many experiences and with sensitive and intuitive support they develop the cognitive, social and emotional skills to make sense of the world around them. This in turn allows them to be able to acquire and develop increasing knowledge for everyday living as well as for academic life.

Every child's life experiences will be different and these will affect their future learning in different ways. For example, some children's learning can be influenced by biological or neurological factors which may mean that they learn at a different rate or need a different approach for them to acquire basic learning skills. Other children's learning will be influenced by environmental factors perhaps when their opportunity to experience the wider world around them might be influenced by family finances or time, or if adults in the child's world are unable to provide consistent and sensitive support to allow them to develop, which can in turn impact on neurological development. Whatever the challenges might be, acknowledging and accepting the impact of different experiences that children may arrive at school with, and indeed continue to experience, is crucial to ensure inclusive practice in the classroom. With this understanding and the right support in school, all children can make progress with learning, even if it is only in small steps.

Children learn best through the provision of high quality and appropriate amount of adult support (**mediation**) so that they can access appropriate learning experiences (**tasks**) in order to help them develop 'tools of the mind' (**learner skills**). Therefore, when thinking about how to support learning it is important to consider the interaction between these three aspects of the learning situation:



Learner Skills:

Cognitive skills are one aspect of the learning process, other key skills include: Physical skills, emotional skills and communication skills (see different sections). The cognitive aspects of learning can be broadly considered to fall into 3 groups of skills:

- **Perceptual Skills –**

These are skills that we need to process sensory information in the world around us, including visual-spatial perception and auditory perception, but also perception of things that are more abstract such as quantity (magnitude) and time.

For example; being able to accurately perceive auditory information is crucial for phonological processing and reading development.

- **Conceptual Skills –**

These are skills that we need to help us process, understand and think about our experiences and develop academic knowledge, such as memory skills, language skills, comparison and grouping skills, the ability to make inferences and reasoning skills.

For example, being able to make connections between different bits of information are crucial to make inferences about a character's thoughts and actions in a story.

- **Regulation Skills (sometimes called 'Executive Functions') –**

These are skills we need to control our thinking processes and make learning efficient, such as controlling our attention and impulses, working memory, planning and organisation, regulating our emotions and thinking flexibly. For example, being able to 'hold in mind' and manipulate numbers (working memory), is crucial to be able to carry out mental calculations in maths.

Mediation Techniques:

In order to effectively support the development of cognitive and other learning skills, school staff need to assess which learning skills need to be supported to enable children to access classroom tasks. This support is sometimes called mediating learning and involves the adults acting as 'bridge' between the child and the task, aiming to equip the child with the 'tools of the mind' to work with increasing independence.

Appropriate Tasks:

The final piece of the 'jigsaw' is to make sure that children are provided with classroom learning tasks that differentiated so that they are within their 'zone of proximal development (ZPD)'. This means that in order to stretch and develop learning skills tasks need to present some aspect of challenge but be motivating and relevant and drawing on some existing skill and knowledge. Learners need to know what the relevance of the task is and how it fits with other learning they have done in school. By carefully presenting tasks by clearly explaining what the child has to do, why they need to do it and how it links to other lessons and learning staff are providing good mediation for learning in the classroom.

Overall, some challenges that children and young people face with learning can affect them in general ways (across all or many subjects) or specific ways (in specific subjects only such as literacy difficulties -specific learning difficulties -SpLD). General learning difficulties exist on a spectrum from moderate (MLD) to severe (SLD) and where significant physical disabilities and communication impairments are also present children are considered to have profound and multiple learning difficulties (PMLD) where the highest level of mediation and specialist provision mediation will be required. Some children will respond quickly and need support only for a short time, others will require more long term or intensive support to ensure progress over time.

Whole School Approaches

Learner Skills

- Staff plan and deliver lessons with a knowledge and understanding of individual CYP's perceptual (e.g. visual-spatial, auditory etc), conceptual (e.g. ability to make connections) and regulation (e.g. impulse control, planning, emotion regulation etc) skills.

Mediation Techniques

- There are adaptations to the physical learning environment informed by awareness of CYP's perceptual, conceptual, and regulation needs, e.g. whole class visual schedules, tinted whiteboard, seating, visual and practical learning resources, visuals for key vocabulary etc.
- Teaching Assistants/Learning Support Assistants have access to planning in advance of lessons and are deployed effectively to support individual and groups of CYP with clear guidance of how to mediate learning.
- Staff plan for CYP to work in different groupings (independent, pairs, small group or whole class) to develop independent learning skills, interpersonal skills and opportunities for social learning and peers to act as mediators.
- All staff are trained and skilled in supporting CYP to develop general and specific learning needs across the cognitive aspects of learning (perceptual, conceptual and regulation skills). This will include how to effectively mediate learning with the aim of increasing independence. See examples below:

- **Mediating perceptual skills**

Staff will make sure that the CYP can accurately perceive information and help them to practice. For example; listening to and practising rhymes or songs or matching letters to sounds through fun and motivating games.

- **Mediating Conceptual skills**



Staff will make sure that the child has all the vocabulary and factual knowledge to be able to complete a task. For example; pre-teaching vocabulary, explaining new facts in a variety of ways, using real life experiences and visual materials. Making sure the child can see how different lessons or bits of learning link together. For example, helping them recall what they did in a previous lesson, or using a visual organiser to show how lessons link together in an overall topic


- **Mediating regulation skills**

Staff will make sure that there are not too many steps to a task to be done at once, or helping the child break down a more complex task into smaller 'chunks'. For example, using a writing frame to help structure and plan a piece of longer written work or helping a child to rehearse ideas verbal and dictate them to a scribe or using IT. Making sure that the learning environment helps the child to focus and maintain attention on the task. For example, minimising noise or movement or allowing for concentration breaks.

Appropriate Tasks

- Tasks are relevant, builds on previous learning and is differentiated so that CYP are challenged sufficiently but are working within their 'zone of proximal development' and can make expected progress.
- Self-esteem, resilience and ambition are promoted through opportunities to engage in learning tasks and activities that CYP can succeed in and their achievements are celebrated.
- Effective use of IT equipment and technology assigned the task as an alternative or augmentative communication approach.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>General learning difficulty</p> <p>At school: Farah is in year 4 and has general learning difficulties which mean that she encounters difficulties in understanding tasks and instructions, sequencing tasks, organising her work and with her long- and short-term memory. She enjoys practical tasks and prefers being shown what to do first. She is provided with differentiated work and support but is not making expected progress over time across the curriculum and is working below age related expectations.</p> <p>At home: Farah's learning difficulties mean that she needs a lot of support in day-to-day life, such as sequencing her morning routine to get ready for school. Her play is developmentally similar to a 6 year old (year 2). She is reluctant to do her homework and is overly reliant on support and encouragement from adults to do all learning tasks.</p>	<ul style="list-style-type: none"> • Providing short instructions with a practical demonstration. Two- and three-part instructions are delivered in stages; provided one at a time with visual support (written or symbolic format). • Teaching new vocabulary and concepts through pre-teaching. • Setting class based and homework tasks at a level that aims to consolidate past learning or gradually build on past learning so success is routinely experienced. • Incorporating teaching and learning tasks into CYP's learning preference. • Deploying teaching assistants to encourage the development of skills for independent thinking and learning, e.g. ask questions: <ul style="list-style-type: none"> o What equipment do you need? o What do you need to ask your teacher? o What do you need to do first? • Allowing the CYP thinking time before requiring a response. • Providing homework clubs and/or support/training for parents/carers so that they can support their child's learning at home.
 <p>Specific learning difficulties with reading</p> <p>At school: Samir is in year 2 and dislikes reading and spelling. He can read and spell his own name, has learnt 10 key sight vocabulary words and can reliably decode CVC words. He is not yet confident in reading CCVC words. He struggles to access lessons which require reading a lot of text</p> <p>At home: Samir enjoys reading comics at home and listens to audiobooks and podcasts. He often asks a family member to read letters from school and his homework tasks.</p>	<p>Strategies for generalised learning difficulties, plus:</p> <ul style="list-style-type: none"> • Requesting a vision and hearing test. • Carrying out a baseline reading assessment. • Providing a structured phonics, sight vocabulary and/or evidence-based reading programme which is carefully planned and monitored. This is delivered in a paired or small group with peers of a similar ability. • Suggesting reading materials linked to CYP's hobbies and interests in various mediums (books, e-books, magazines comics, audiobooks etc). • Breaking down long texts into shorter, more manageable sections or presented in an alternative way, e.g. visual map. • Trialling the benefit of coloured overlays and reading rulers. • Providing simple adaptations to the presentation of texts, e.g. font, coloured background, spacing, lighting.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Specific learning difficulties with writing See also poor fine and gross motor skills</p> <p>At school: Sofia is in year 5 and struggles with processing language during whole class teaching. She has significant difficulties with spelling and cannot read back her own work. She is creative and has lots of ideas but this is not reflected in her written work which she finds frustrating.</p> <p>At home: Sofia is very tired after school day and avoids talking about school. She will do her homework with some support but is reluctant to hand it in as she worries about the feedback she will get.</p>	<p>Strategies for generalised learning difficulties, plus:</p> <ul style="list-style-type: none"> • Providing a language-rich environment to develop spoken language (e.g. displaying new words and corresponding visuals on the wall, using new words across different contexts, creating lots of opportunities to use language to interact, share a focus, to talk and to take turns). • Encouraging use of writing frames and other alternative forms of recording, e.g. visual representations of ideas, speech to text software. • Providing a list of high frequency words and/or a word bank of topic words from the lesson that can be referred to when writing. • Providing a structured phonics, sight vocabulary and/or evidence-based reading programme which is carefully planned and monitored. This is delivered in a paired or small group with peers of a similar ability. • Providing coloured paper and/or darker lines on paper. • Opportunities for oral rehearsal before writing. • Minimising the expectation to copy from the board by providing a printed alternative. • Access arrangements, e.g. additional time, scribing, transcripts, rest breaks for lessons, tests and exams should be considered. • Ensuring homework tasks are recorded correctly and parents/carers can have access to these.

<p>What we see</p> <p>(Some of these presentations may overlap within and across sections)</p>	<p>What may help</p>
<div data-bbox="129 461 252 580" style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> + - </div> <div data-bbox="129 528 252 580" style="border: 1px solid black; padding: 5px;"> × = </div> <p>Specific learning difficulties with Maths</p> <p>At school: Jordan is in year 9 and is always late to lessons because he can't tell the time. He finds it difficult to retain basic Mathematical knowledge and concepts e.g. times tables and cannot work out the answers to sums in his head.</p> <p>At home: Jordan always leaves his Maths homework until last and then runs out of time and doesn't complete it. In all other subjects he hands his homework in on time.</p>	<p>Strategies for generalised learning difficulties, plus:</p> <ul style="list-style-type: none"> • Teaching the concept of time through experiential and practical activities, e.g. understand the experience 5 minutes. • Establishing a preferred format for reading the time, e.g. analogue or digital. • Providing opportunities to consolidate a concrete understanding of addition, subtraction, multiplication and division before expecting abstract number tasks. • Giving the CYP manipulative resources, e.g. Numicon, counters, Dienes base ten to provide a concrete representation to work out number problems before he moves onto more abstract level of maths. • Evidence-informed maths programme. • Providing resources to refer to in lessons, e.g. hundred squares, number lines, times table charts. • Opportunities to apply Maths to real-life problems, e.g. cooking, directions, shopping. • Explicit teaching of how to use a calculator, ruler and other Maths equipment.

External Agency Support (See Appendix 1 for referral contact details)

Educational Psychology Service

Special School Outreach Services

Enfield Advisory Service for Autism

SEND/Inclusion Professional Learning Programme

Early Years Area SENCO Team

Child Development Team for under 6s (diagnosis of Global Developmental Delay)

Additional Resources

Bennett, J. (2014). Dyslexia Pocketbook Second Edition. Teachers' Pocketbooks

Bird, R. (2021). The Dyscalculia Toolkit: Supporting Learners Difficulties in Maths 4th Edition. Sage Publications Ltd

Hornigold, J. (2015). Dyscalculia Pocketbook. Teachers' Pocketbooks

www.bdadyslexia.org.uk

www.thedyslexia-spldtrust.org.uk

www.helenarkell.org.uk

www.interventionsforliteracy.org.uk Greg Brooks What Works 5th Edition

<https://www.lexiauk.co.uk/>

Speech, Language and Communication Needs

Child or Young Person's Voice

Good eye contact and good body language is good for listening and talking.

The teacher gets cross with me because he thinks I don't do what he tells me to - but I didn't understand him and I couldn't remember what he said.

Lego Group helps me to improve my vocabulary and take turns.

Colourful Semantics helps me with my talking and writing.



Illustration by a pupil at Prince of Wales Primary School

Introduction

See also Deafness and Hearing Loss, Autism and Social, Emotional and Mental Health

It is important that everyone in the school community has an understanding of how to support CYP develop speech, language and communication skills as they are so embedded in our learning and everyday life. Speech language and communication skills underpin the basic skills of life and are necessary for understanding and achieving in all areas of the curriculum. More than 10% of CYP have long term SLCN which create a barrier to communication and learning. Without support in the education setting CYP will struggle to understand instructions, access the curriculum, manage their behaviour and achieve in school to their full potential.

The consequences of not getting this support right are far reaching and can result in: lower academic achievement, risk of developing SEMH needs, social isolation, school exclusion and a higher risk of being involved in criminality.

Whole School Approaches



When planning to meet the needs of CYP who have speech, language and communication needs, consider the following:



- Providing resources to support with learning new vocabulary (word walls in classroom, word mats on tables, vocabulary sent home before the start of topic so family can talk about it at home) are used to enhance learning and enrich language development.
- Good language models are used by all staff, including using clear sentences
- Visually displaying listener expectations e.g. good sitting, good listening and good looking alongside a hierarchy of what to do if you are stuck (i.e. look at the display, check the materials available on the table, look in the text, ask your talk/work partner, ask the teacher).
- Actively encourage the asking of questions from all students after direct teaching input and positively support students to ask for help and clarification in order to normalise the asking of questions. Praise the use of questioning from students.
- Using visual aids to support understanding e.g. pictures/photos to reinforce understanding of rules around the school.
- Explicitly teaching children what learning strategies are and when to use them (a meta-cognitive approach).
- Preparing CYP for any planned changes in timetables, both verbally and visually.
- Teachers should be able to loan stationary or other equipment required to CYP for their lessons as CYP who are unprepared for lessons may have an underlying difficulty with organisation or lack of resources/support from home rather than just being forgetful.
- Explicitly teaching the language of exams and assessments as these may be worded in complex ways.
- Information on CYP's needs, what helps and relevant targets e.g. communication passports or pupil profiles is shared with all staff working with them.
- Using talking Mats to gain CYP's views and to help with achieving outcomes that are important to them.




Using talking Mats to gain CYP's views







<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
<div data-bbox="135 376 327 497" data-label="Image"> </div> <p>Difficulty understanding what they are being asked to do</p> <p>At school: Jack is in year 3 and doesn't listen to the teacher and is very easily distracted. He is often fidgeting and can be quite clumsy. He sometimes spends lessons dropping things on the floor, picking them back up, standing up and sitting back down in his seat.</p> <p>At home: Jack seems to spend a lot of time alone in his bedroom. His parents report that he doesn't listen when he is asked to do something and this can cause tension in the home.</p>	<ul style="list-style-type: none"> • Obtaining the student's attention before giving them an instruction. • Reducing distractions where possible • Ensuring they understand the words you are using. • Pre-teaching and over teach new vocabulary. • Breaking down instructions into key words/parts – deliver one step at a time. • Giving instructions in the order you want them carried out in. • Using concrete and literal language (avoid ambiguous and figurative speech e.g. sarcasm, idioms). • Visually supporting the language you are using – pictures, photos, gesture, written key words etc. • Practically demonstrating/modelling of what they have been asked to do. • Giving CYP extra time (at least 10 seconds) to process what has been said) • Checking hearing (and vision). • Reducing background noise in the classroom. • Encouraging consistency and a calm environment throughout the classroom • Considering seating with a CYP who has positive learning behaviours, i.e. doesn't encourage him to talk. • Providing a fidget toy. • Giving really clear simple instructions for any task. • Asking the student to repeat back what they have been asked to do.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties with understanding and responding to questions</p> <p>At school: Despina is in year 8 and gazes out of the window in most lessons, except Art. She doesn't know basics like the difference between a play and a novel and finds it hard to make comparisons. She doesn't appear to be interested in teacher talk.</p> <p>At home: Despina finds it easier to answer questions at home as her parents adapt their language to her level of understanding.</p>	<ul style="list-style-type: none"> Using simpler questions to scaffold child's thinking (Blank's Question Levels 1 and 2), Breaking down questions into parts. Providing visual support materials. Providing model answers. Giving the child a choice of answers. Pre teaching simply terminology of curriculum. Using familiar vocabulary and explain in simple words. Flagging up any new keywords and go over them several times. Using visuals wherever possible. Using peer partners / peer teaching / peer feedback rather than all teacher talk. Providing lots of praise and encouragement.
 <p>Difficulties paying attention</p> <p>At school: Noah is in year 8 and can't settle once he is in class and moves about. He appears to distract other students and chats to people around him.</p> <p>At home: Noah can concentrate for long periods on computer coding, however he refuses to do his homework and rushes through his dinner without engaging in any conversation with his parents or siblings.</p>	<ul style="list-style-type: none"> Checking the CYP understands the language being used. Reducing the amount of language used to key words. Reducing distractions. Using verbal and visual prompts to help CYP understand listening expectations (for example, have rules on the wall and reward students with ticks for demonstrating target behaviours) Prompting CYP to listen out for particular information during explanations/teaching – this may encourage active listening. Providing a seating plan in all classes, e.g. same seat across the school - near the front, near door and surrounded by positive role models. Seating next to a peer who can provide help. Seating with enough space for an additional adult to work with them when required. Offering a designated workstation that the CYP can choose to use if they are becoming distracted. Provide a print out that can be stuck their book instead of expect CYP to copy from the board – asking CYP to highlight important words. Making the learning objective simple and providing the class with simple instructions for each task. Repeating the main parts of the lessons Providing regular opportunities for questions to assess the amount of learning. Providing regular mini summaries / plenaries. Offering lots of praise and encouragement.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties following expectations and school rules</p> <p>At school: Tia is in year 7 and regularly arrives late to class and leaves the classroom without permission. She is often not wearing the approved school uniform.</p> <p>At home: Tia doesn't like to talk about school and she is unable to explain to her parents why she has been given detentions. She feels that everything is unfair.</p>	<ul style="list-style-type: none"> • Checking CYP's understanding of the words used in the school rules/behaviour policy. • Checking CYP's understanding the words used when talking about their behaviour/consequences? • Providing the rules and expectations in a visual format using pictures and reducing the language used to key words. • Helping CYP to understand and reflect on their behaviour using visual supports such decision trees as Comic Strip Conversations. • Being welcomed into the classroom • Giving CYP responsibilities e.g. giving out books. • Providing an incentive e.g. a positive message home for coming to all classes on time. • Checking CYP's timetable annually and the logistics.
 <p>Difficulty constructing sentences to express needs and ideas</p> <p>At school: Prince is in year 4 and has limited vocabulary and is very slow to start his work. He is often found sharpening pencils instead of doing his work. Once he gets started, he appears to daydream and rarely completes the task.</p> <p>At home: Prince often answers questions with an unrelated or vague response. His parents find this frustrating and are sometimes embarrassed in front of their friends and extended family.</p>	<ul style="list-style-type: none"> • Teaching vocabulary – multisensory approaches, the class or subject teacher to select the words to be taught • Providing opportunities for pre-teaching and over-learning and send a short list of target vocabulary home before starting a new topic so that the CYP can practise in English and any home language. This should be provided for all CYP but will be particularly important for those with language difficulties. • Adult models language • Using key words and short phrases to comment on play • Introducing language through a variety of means – songs, stories, play. • Vocabulary walks around school • Personal dictionaries • Providing models - repeat back what has been said and add additional information or model the correct grammar. • Providing visual approaches to constructing sentences - Colourful Semantics • Differentiating the amount of written work expected, e.g. simpler questions requiring shorter answers (initially 'what, who where and when' and then moving onto 'why, how and what ifs'). • Scaffolding all pieces of extended writing and give realistic expectations.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties sequencing and telling/retelling stories and events</p> <p>At school: Jayquan is in year 5 and regularly gets into trouble in the playground and can't coherently explain his involvement so he often gets the blame. In lessons, he is reluctant to complete longer pieces of writing.</p> <p>At home: Jayquan is often sad when he comes home from school but can't explain to his parents what is bothering him.</p>	<ul style="list-style-type: none"> • Practicing at storytelling, making storytelling visual and more concrete (use puppets or act out the story). • Teaching story components (e.g. who, where, when, what happened). • Using visual supports such as story planners and narrative frames. • Adult supporting CYP to verbally rehearse what they want to say.
 <p>Organisational difficulties</p> <p>At school: Shelina is in year 9 and often doesn't have the right books and equipment for her lessons. She forgets where she has put rucksack and rarely has her PE kit.</p> <p>At home: Shelina's bedroom is messy and she can never find what she wants. Her mum has to help her get dressed and pack her bag for school each morning.</p>	<ul style="list-style-type: none"> • Providing CYP with their own set of stationery in each class. • Ensuring that there is an alternative to PE planned for. • Developing task planners. • Providing colour coded timetables. • Developing a check list to use at home to ensure all the correct equipment is being brought to school (to be put on the bedroom door or near the front door). • Providing, a list or reminder on their mobile phone could be appropriate.
 <p>Difficulties playing and talking with other children</p> <p>At school: Tiffany is in year 3 and is often alone in the playground and seeks adults out. She appears to want to join in with games that her peers are playing but she doesn't know how to.</p> <p>At home: Tiffany has never been invited to a birthday party and she often cries about this. Her mother has invited children from her class for play dates but Tiffany doesn't engage with them.</p>	<ul style="list-style-type: none"> • Directly teaching social skills and provide opportunities for children to practice these through role play or within supported real life interactions. • Using of Social Stories™ to teach social rules/skills. • Setting up buddy systems. • Using peer models.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Unclear speech due to speech sound difficulties At school: Rowan is in year 2 and finds it hard to get his message across because of his unclear speech. He is beginning to get frustrated especially when the teacher asks his friends to answer for him.</p> <p>At home: Rowan's close family understand everything that he says but his grandparents have stopped listening to him because they assume that they won't be able to understand.</p>	<ul style="list-style-type: none"> Using games to promote phonological awareness (e.g. syllable clapping) Responding to what the child says not how they are saying it. Praising attempts at communicating Supporting child to use alternative ways to get their message across – showing you, drawing, writing. Modelling correct pronunciation (do not ask them to correct their speech) Have they had a recent hearing check?
 <p>Stammering</p> <p>At school: Patrick is in year 4 and stammers when speaking in class and because he is embarrassed about this he seems to avoid speaking.</p> <p>At home: Patrick speaks freely with his immediate family and does not seem to notice his stammer but seems unable or unwilling to speak in front of his extended family.</p>	<ul style="list-style-type: none"> Checking language question levels are appropriate. Using suitably differentiate questions. Giving pre-warning of questions. Giving time to respond. Not finishing words or sentences for the CYP. Teacher to speaking to child individually to check the times when they find participation in speaking opportunities is harder and problem solve ways to help. Checklist: Register, Reading aloud, Drama activities, Class questions, class discussions.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Behavioural eating and drinking difficulties</p> <p>At school: Alex is in year 1 and does not have a school dinner. He eats a restricted diet of pureed food and is overwhelmed by the noise in the dining hall.</p> <p>At home: Alex will only eat cerelac pureed food. He has been eating this since he was a baby. He is reluctant to try any new foods and will hold it in his mouth or spit out. Alex's parents avoid going out for meals and mealtimes are stressful.</p>	<ul style="list-style-type: none"> • Reducing distractions in the environment and offering a calm eating environment. • Offering CYP to have lunch 15mins before everyone else. • Following the school lunch routine, e.g. to fetch pack lunch from duty staff and use a school dinner tray. • Working with parents to identify a food with a similar consistency from the school menu that can be slowly introduced. • Providing opportunities for messy play. • To give time. • Encouraging choice making at mealtimes. • Introducing new foods slowly. • Having family mealtimes together. • Encouraging mealtime preparation. Activities, e.g. washing, cooking, shopping, online food shopping. • Keeping mealtime routines consistent. • Introducing one new food at a time and start introducing into their environment by following their lead and letting them initially smell and touch the food with no pressure to taste. • Encouraging passing food at the table. • Modelling good eating behaviours.
 <p>Selective mutism</p> <p>At school: Melissa is in year 3 and not able to speak to answer questions in class. She speaks quietly to one or two friends if she is in the playground and she is able to whisper to one class teacher.</p> <p>At home: Melissa's mum reports that Melissa is the "family chatterbox and talks from morning to night about all sorts of things".</p>	<ul style="list-style-type: none"> • Avoiding putting pressure on CYP to speak. • Finding other ways of communicating such as gesture, having a written conversation and the use of symbol cards. • Agreeing with the CYP alternative ways of responding to the register. • Reassuring the CYP that you know they cannot rather than won't or don't want to speak.

External Agency Support (See Appendix 1 for referral contact details)

Enfield School-age Speech and Language Service (Reception to end of Secondary) – Complete Speech and Language Service referral form submitted with the application for a statutory needs assessment of special educational needs.

Speech and language clinical lead pathways e.g. developmental language disorder (Reception to end of Secondary) - Discussion with relevant Clinical Lead Speech and Language Therapist prior to submitting Speech and Language Service referral form.

Speech and language health pathways e.g. speech sound problems and stammering (Reception to 18 years) – Complete and submit the Speech and Language Service referral form.

Enfield Communication Advisory Support Service (ECASS) (Primary and Secondary Schools) - All schools can access the universal pathway within the 5 strands. Targeted schools can access universal and targeted offer from strands 1 - 4.

Whole school training “An Introduction to Developmental Language Disorder” is available to all schools without charge from the Clinical Lead Speech and Language Therapist for DLD.

Additional Resources

Primary

Parsons, S. & Branagan, A. (2016). Language for Thinking: A structured approach for young children Second Edition. Routledge

Parsons, S. & Branagan, A. (2021). Word Aware 1: Teaching Vocabulary Across the Day, Across the Curriculum Second Edition. Routledge

Secondary

Branagan, A., Cross, M. & Parsons, S. (2020). Language for Behaviour and Emotions: A Practical Guide to Working with Children and Young People. Routledge

Joffe, V. L., & Hudspith, P. (2011). Narrative Intervention Programme. Routledge

Joffe, V. L., & Hudspith, P. (2011). Vocabulary Enrichment Programme. Routledge

Primary and Secondary

Blank, M. Rose, S. A. & Berlin, L. J. (1978). The language of learning: The preschool years. New York: Grune and Stratton

Dunn Buron, K. & Curtis, M. (2021). The Incredible 5 Point Scale: Assisting Students in Understanding Social Interactions and Managing their Emotional Responses Second Edition – Revised. 5 Point Scale Publishing

Gray, C. (1994). Comic Strip Conversations: Illustrated Interactions that teach conversation skills to students with autism and related disorders. Future Horizons

Kuypers, L. (2011). The Zones of Regulation: A curriculum designed to foster self-regulation and emotional control Think Social Publishing Incorporated

www.blacksheepress.co.uk

<https://michaelpalincenreforstammering.org/>

www.radld.org

www.ican.org.uk

<https://dldandme.org>

www.slcfamework.org.uk

www.youtube.com/RADLD

<https://www.beh-mht.nhs.uk/services/school-age-speech-and-language-service/537>

Autism

Child or Young Person's Voice

Quotes inspired by the Autism Education Trust's 8 Promises, created by the AET's Young Experts Panel

"I know all about the planets as they are my passion but I need lots of help with other areas of learning and other subjects."

"Please be aware of my differences when you are helping me. I don't always like people too close."

"I might not be able to tell you about myself in words but you can ask my family and friends."

"My skills and interests might be very different to yours. Help me to do what I'm good at and tell me when I'm doing well."

"I need to know why I am learning something and how it will help me in my future."



I like simple drawings.



I like pressure from tight hugs.



I notice emergency vehicles and they all sound different.



I sometimes get angry and worry that people don't understand that.

"I wish everyone knew about autism and understood me better."

"I need people I can trust to help me feel safe, happy and ready to learn."

"Sometimes I want to work or play with my friends but I don't know how to join in."

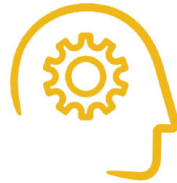
Illustrations by a pupil at Bowes Primary School

Introduction

It is important that everyone in the school community understands autism through training and learning opportunities for staff and CYP. Autistic people have differences in the way they process information and things around them. The Autism Education Trust (AET) describes these processing differences as affecting three key areas of development:



Social understanding and communication.



Flexibility, information processing, and understanding.



Sensory processing and intergration

Differences in these areas give rise to strengths and challenges and they will affect each autistic CYP differently. There is no 'typical' autistic person. Schools can learn more about this on the AET's website (www.autismeducationtrust.org). Autism is not an illness, disease or mental health condition. Many autistic people have unique strengths and skills because they see things differently. Gradually, society's perception of autism is changing and we are moving away from terms such as 'disorder' and 'impairment' and to talk about autism more positively. Many autistic people are proud to be called autistic and wish for people to understand, accept and embrace their differences.

When planning to meet the needs of autistic CYP, consider four important themes:

1. Understanding and listening to each unique CYP.
2. Building relationships with and around each CYP.
3. Making reasonable adjustments to the environment.
4. Providing a curriculum that can be adapted for the learning and development needs of autistic CYP.

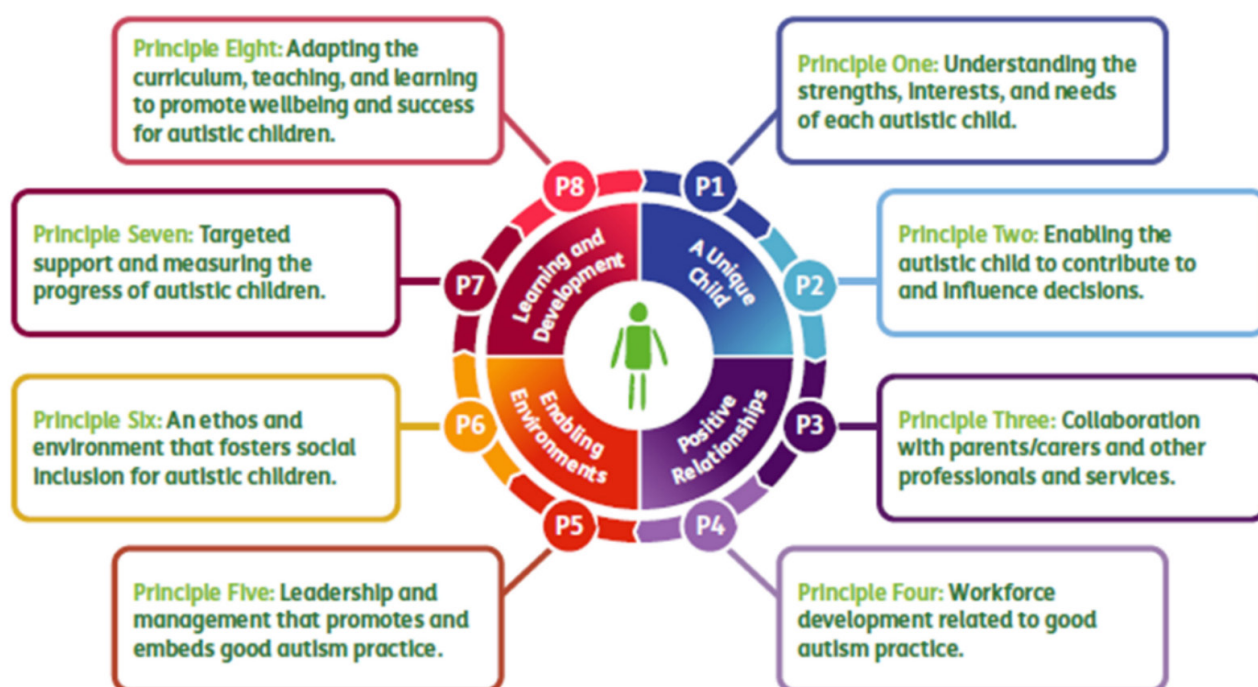
Schools can learn about these through the Autism Education Trust training modules which are freely available to all Enfield staff through the Enfield Advisory Service for Autism. It is highly recommended that all school staff access relevant training modules every 2 years as these are updated in line with current research.

Whole School Approaches

The Autism Education Trust Schools Competency Framework (2021) shows these themes and the eight principles of Good Autism Practice for schools to embed.

The AET Eight Gap Principles

This is how the Eight Principles of Good Autism Practice are embedded in the four themes.



Schools Competency Framework



- Implement good autism practice and strategies so that learning and support needs are addressed as soon as possible to help each individual feel understood and well supported. Do not wait for a CYP to receive a formal diagnosis of autism.
- Listen to the views of the CYP themselves, and their families, about what is working for them and do not to make assumptions about how autism might affect them and their learning.
- Recognise that autistic CYP can be very talented but need the right support and environment to shine.
- Understand that autistic CYP can find school very overwhelming, confusing and stressful; they may find it difficult to understand social and behaviour expectations and feel they do not 'fit in'.
- Help autistic CYP understand what is expected of them and help them to feel included rather than punishing them for not conforming. Small adjustments to approaches and expectations can make a big difference to an autistic CYP's chances of fitting in and succeeding, e.g. allowing small variations to clothing, or letting a CYP eat lunch in a quieter place.
- Consider what can be done to alleviate stresses and challenges for autistic CYP who find school so challenging that they may refuse to attend. Seek advice on ways to re-integrate and include these CYP at the earliest opportunity.

What we see

(Some of these presentations may overlap within and across sections)



Differences in emotional wellbeing needs

See also [Social, Emotional and Mental Health](#)


- Heightened levels of stress and anxiety which may be communicated through behaviours such as causing harm to self or others, damage to property, avoidance or withdrawal.
- Difficulties understanding emotions of themselves and others and finding ways to express how they are feeling.
- Needing time alone and/or to engage in repetitive movements or vocalisations (stimming) or perform rituals for self-regulation.
- Masking autistic differences (pretending to be like peers to avoid looking different or standing out). Tends to be more common in girls. This can be very tiring and stressful.

At school and at home:

Charlotte is in Year 9. She finds it tiring to engage with her peers all day and likes to have time to herself in the library. Without this, she struggles to concentrate in lessons. At home she has a large light-up bubble tube which she puts on to feel relaxed. Her school is a busy environment which doesn't have any sensory equipment but she likes to keep a small light-up keyring in her pocket which reminds her of her bubble tube at home and she can focus on it when she feels overwhelmed.

What may help

- Understanding the individual triggers that lead to the CYP feeling heightened anxiety in different situations.
- Reducing uncertainty by maintaining use of structure and predictable routines.
- Monitoring energy levels and direct to calming activities when needed.
- Supporting communication of feelings (e.g. using Zones of Regulation, using mentors).
- Having quiet spaces at break and lunchtimes.
- Allowing use of individual work spaces/ workstations.
- Allowing time and space for self-regulation and accepting CYP's choices of ways that help them to calm.
- Communicating with parents/carers regularly. Sharing information about things that might be bothering the CYP and things that might help calm him/her.
- Teaching all CYP about autism and encouraging a supportive attitude and acceptance of differences.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Differences in physical wellbeing needs See also Physical Disability and Medical Needs</p> <ul style="list-style-type: none"> Increased incidences of fatigue, tiredness muscle aches, palpitations and other physical symptoms because of prolonged hyper-vigilance/sensitivity and anxiety. Recurring digestive problems such as constipation, diarrhoea, tummy ache and regurgitation, sometimes as a result of dietary or behavioural differences. Tightened Achilles tendons because of walking on tip-toes regularly. Risk of serious injuries or illnesses going untreated because of limited awareness or understanding of pain, or not realising the need to tell someone what they are feeling Callouses on hands or arms (or other body parts) caused by repeated injury from self-harm, sensory or other behaviours. <p>At school and at home Robert is in year 3 and has limited spoken language and learning difficulties. He often presents with an upset stomach. Last year his teacher and learning support assistant were worried about other children and staff catching a tummy bug when he had diarrhoea and followed the school policy of sending him home for 48hrs each time, but this meant he began to miss lots of school. Mum said he didn't appear unwell and took him to the doctors for tests, which showed there were no infections. Mum and school staff are now monitoring when these symptoms occur to see if they can spot any patterns relating to foods, anxieties or other triggers.</p>	<ul style="list-style-type: none"> Being vigilant for any changes in behaviour or demeanour which may indicate illness or pain. Remembering that the CYP may not be experiencing pain in typical ways and may not know to tell you something feels different. Talking with the CYP about what you have noticed. Helping them learn related vocabulary/signs and symbols as appropriate and teaching them to ask for help if they need to. Keeping regular communication with parents/carers about signs and symptoms you see that may indicate something is wrong. It may be helpful to keep a shared diary which can be shown to medical professionals. Seeking advice from other professionals such as the school nurse, the community OT team or asking parents/carers to consider a GP visit. Seeking advice on therapies or equipment that might help improve symptoms or reduce injuries or medical conditions that are caused by sensory avoiding or sensory seeking behaviours. If you are not sure where to go for advice, contact the Enfield Advisory Service for Autism (EASA).

What we see

(Some of these presentations may overlap within and across sections)



Differences in social understanding and interaction


- May use non-verbal behaviours such as eye gaze and body posture differently to other CYP and may not understand the body language of peers.
- Difficulties developing and maintaining peer relationships.
- Difficulties understanding how their actions and responses may impact on others.
- Solitary or parallel play with their own toys or objects may be preferable (less stressful) to interactive play with shared resources.
- May enjoy interacting with things such as electronic gadgets, machinery, toys or classroom resources more than with other people.


At school and at home:


Zola is in Year 4 at a mainstream primary school. Academically she is very able and articulate. At school she has 1 or 2 people she calls friends but gets on okay with most people in her class. She is consistently described as fine and doing well by school with perfect behaviour. At home she complains that school is boring and too easy. She becomes dysregulated very easily, will scream and be physical with her parents. She needs a lot of downtime to do what she wants; being creative, watching tv or spending time with her best friend. The demands of school are increasingly resulting in her not being able to get to school. Her brother is also autistic and often their needs are the opposite!

What may help

- Reducing verbal language and stressing key words and being prepared to wait for a response.
- Knowing what level of social interaction the CYP is comfortable with in different situations and giving them space when necessary.
- Providing a social skills programme (e.g. PEERS).
- Modelling and practising language associated with games (e.g. using playscripts)
- Teaching social 'rules' and behaviours that are appropriate to different social situations.
- Accepting that some CYP may never have innate understanding of social conventions and that they may need lots of opportunities to practise skills.
- Explaining why social etiquette is important to other people e.g. using Social Stories™ or comic strip conversations.
- Encouraging interaction through shared interests and accepting individual choice in terms of levels of interaction.
- Not insisting on eye-contact as the CYP may need to focus on their listening and not be able to look at the same time.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Differences in social communication</p> <ul style="list-style-type: none"> • Differences in the way they learn and use language (verbal and body language). • A mismatch between expressive and receptive language skills. • May be able to talk articulately and use a wide vocabulary but may lack understanding of the words or the consequences of what they are saying. • Difficulties in achieving two-way communication with others. • Problems starting/sustaining conversations • Repetitive and/or echolalic language. • It may be harder for them to communicate when they are stressed or anxious; they may not have the language to describe how they are feeling. <p>At school and at home: Min is 4 years old and at nursery in a school with an additionally resourced provision. His expressive language is delayed but he is able to use echolalic phrases in context to make his needs and wants known to people who know him well. He shows affection to people he knows well and enjoys playing 'people games' which make him laugh. He has good problem solving skills and will use objects in different ways to create what he needs e.g. standing on different things to help him reach something.</p>	<ul style="list-style-type: none"> • Valuing and responding to a range of communication attempts by the CYP. • Being a responsive partner and learning to interpret their body language – looking for signs of how they are feeling and helping them to communicate their feelings and/or ask for help if needed. • Teaching the CYP to use a range of effective methods appropriate to different social situations (though they may have one preferred communication system). • Experimenting with different ways of communicating, e.g. the CYP may prefer typing to handwriting or speaking; it may help to use technology more often. • Encouraging the use of a range of communication tools such as objects of reference (physical objects), symbols, signs, words. • Reducing expectations of communication when the CYP is stressed or anxious.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Differences in interests, engagement with activities and processing information</p> <ul style="list-style-type: none"> • Intense focus on particular topics. • Challenges in shifting attention. • Reliance on familiar routines and rituals • Preoccupation with specific parts of an object or picture rather than the whole. • Difficulties with executive functioning and problem solving (thinking flexibly, choosing appropriate solutions and organising what to do in different circumstances). • Taking longer to process information and respond to questions and instructions. <p>At school and at home:</p> <p>Tahir is in Year 9 in a mainstream secondary and is very interested in Sonic the Hedgehog. When there was a problem with him destroying a chair by picking off the foam filling, the teacher put Sonic's picture on a notice asking Tahir to leave the chair's filling in place. Tahir commented that he knew it wasn't really Sonic giving him the advice but he said that it made him want to comply when he saw his favourite character.</p>	<ul style="list-style-type: none"> • Using special interests to motivate and engage in school activities. • Respecting and celebrating special interests in the class and at whole school level e.g. through assemblies and corridor displays. • Planning time when the CYP can access their special interest throughout the day/week (not just as a reward). • Teaching the CYP to use schedules/lists or other visual aids to help structure their day and know what to expect. • Teaching connections between things to help the CYP understand context and other relevant information. • Providing opportunities to practise problem solving in a range of scenarios. • Allowing 10 seconds for CYP to process what has been asked of them.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Differences in sensory processing and integration:</p> <ul style="list-style-type: none"> • May be overly sensitive to particular environmental stimuli (e.g., lights, colours, sounds, patterns, smells, textures, temperatures). This may be very distracting or may cause distress. • May be under-sensitive to certain sensations and not notice things other CYP might find uncomfortable or painful. • May seek certain sensations, such as spinning around, licking or mouthing non-food items, experimenting with lights and reflective surfaces. <p>At school and at home: Benji is a 3 year old boy who likes strong smells. When he started to take his own poo and wipe it around the walls his parents realised that the strong smell was making him feel better when he was anxious in the toilet. Mum came up with the brilliant solution of giving him some cumin powder on the back of his hand each time he went to the toilet. Benji enjoyed the smell of the cumin and stopped smearing his poo.</p>	<ul style="list-style-type: none"> • Conducting sensory audits of the environment for each CYP and identifying things you may be able to modify or support with. • Teaching ways to use and request supportive sensory equipment (e.g. ear defenders, chewy tube). • Increasing tolerance gradually (e.g. though backward chaining, where a child does the last step in a process, then the last two steps and so on as they become more familiar with the task; or planned exposure). • Making alternative arrangements for situations which might lead to sensory overload, e.g. eating lunch in a separate, quiet space; listening to assembly from a distance or with a fidget toy. • Making reasonable adjustments to the uniform policy such as allowing different shoes or materials that the CYP is able to wear comfortably. • Supporting the child to replace harmful sensory behaviours with safer alternatives that meet the sensory need (see case study).

External Agency Support (See Appendix 1 for referral contact details)

Diagnosis

For children under 6 years old, neurodevelopmental assessments for autism are carried out by the Child Development Team. As part of this process your child will be assessed by a paediatrician, and may be seen either virtually or in person by other professionals such as speech and language therapists and clinical psychologists.

Referrals must be sent to the General Development Service, St Michael's Site, Gater Drive, Enfield, EN2 0JB.

The most common referrers are:

- The child's GP
- The child's health visitor
- The child's speech and language therapist
- The Special Educational Needs Coordinator (SENCo) at the child's school or nursery

For CYP over 6 years old, an autism diagnosis referral should be made to CAMHS via their referral form. The CYP will be assessed by a professional who is qualified in diagnosing autism, and usually includes a psychiatrist and a clinical psychologist or educational psychologist. They will use information about the CYP, gathered from a range of sources including the CYP themselves, parents/carers, school staff and others who know the CYP well.

See [Making a referral to CAMHS \(www.behcamhs.nhs.uk\)](http://www.behcamhs.nhs.uk).

Pre-diagnosis and CYP without a diagnosis

The strategies listed above can be implemented at any time and can be useful for all CYP. Do not wait for a formal diagnosis before seeking advice and/or providing appropriate support. For helpful advice before referring or while waiting for a diagnosis, you can contact EASA (admin@enfieldasa.org.uk), or visit the National Autistic Society website: [Diagnosis \(autism.org.uk\)](http://autism.org.uk)

Advice and Support

The Enfield Advisory Service for Autism (EASA) www.enfieldasa.org.uk comprises a multidisciplinary team which provides training, advice and support to Enfield educational settings and families. They work in close partnership with other Enfield services such as Enfield SEN, Educational Psychology Service (EPS), the Speech and Language Service, the Occupational Therapy Service, and the Early Intervention Support Service (EISS). They also work with the Enfield branch of the National Autistic Society, other voluntary sector organisations, and are a strategic partner of the Autism Education Trust.

Additional Resources

The Autism Education Trust has a website with a wealth of supportive documents and advice on Good Autism Practice www.autismeducationtrust.org.uk. Their work is informed by international research and a panel of young autistic experts.

The National Autistic Society website is also very useful, with resources, case studies and explanations of different types of support: <https://www.autism.org.uk>

Social, Emotional and Mental Health

Child or Young Person's voice

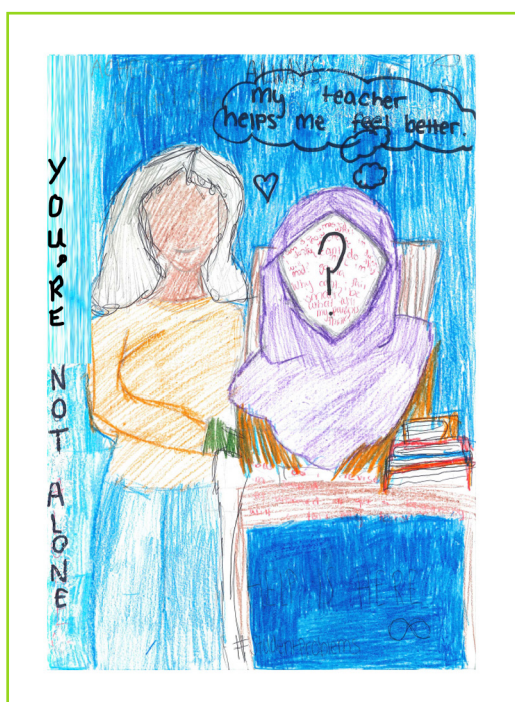
“When you did not have a ‘good day’ what helped you to feel better?”

‘Speaking to a teacher.’

‘Call my friend as he calms me down.’

‘...that I get to spend time with one of my 5 trusted adults.’

‘Go to the adults who will listen to me and sometimes I will have a fidget toy to help me - a squishy toy is best.’



‘My teachers and friends remind me not to give up, so I keep trying.’

‘Go to my corner, colour or read or sometimes do my work there.’

‘Going for a walk or finishing somewhere to sit - sometimes outside.’

Illustration by a pupil at Enfield County School

Introduction

It is important that everyone in the school community has a trauma informed understanding and approach to supporting CYP's social emotional and mental health (SEMH) development and behaviours of concern. Schools will recognise, and respond to, the need for pastoral support for pupils with SEND, taking into consideration individual needs and other relevant contextual circumstances.

Whole School Approaches

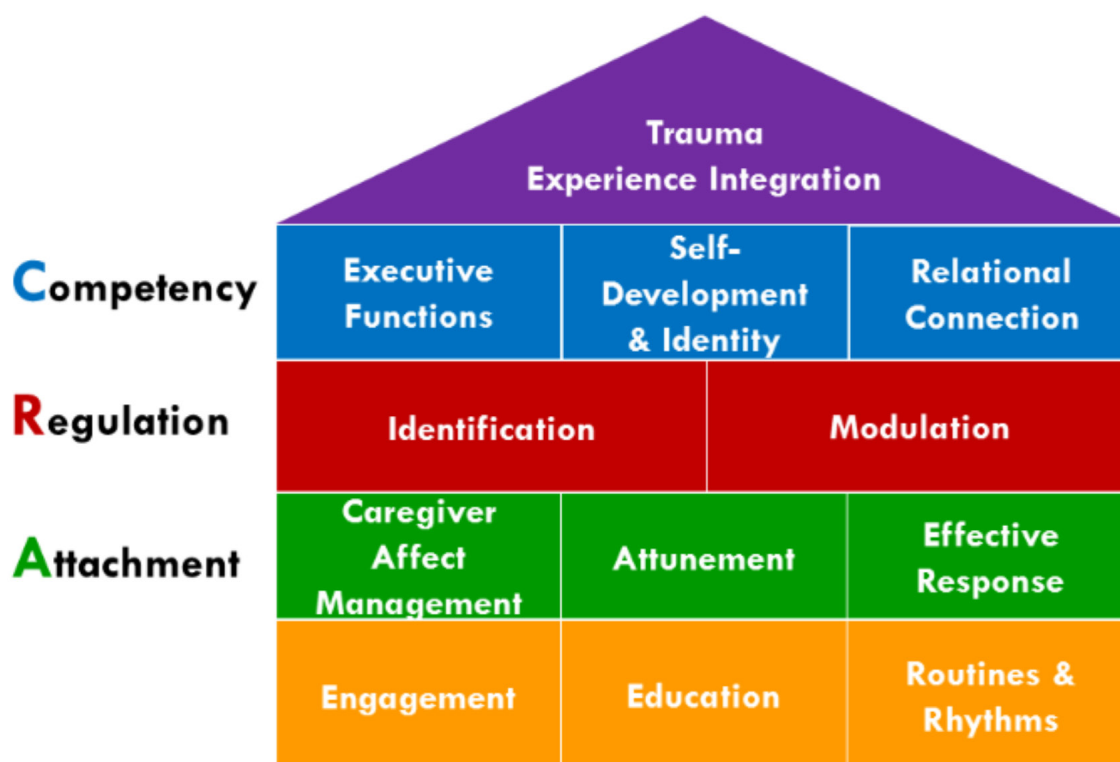
When planning to meet the needs of social, emotional or mental health needs of CYP, schools are invited to consider the following:

- Assigning a **Senior Mental Health Lead** who can work with the school community to develop and implement a whole school approach to mental health and wellbeing with support from the Senior Leadership Team. This is aligned with [Promoting Children and Young People's Mental Health and Wellbeing \(Public Health\): A Whole School and College Approach](#) and integrates a trauma informed and relationship-based approaches⁷.
- A trauma responsive mental health lead supports schools to be curious and make meaning of children's presenting behaviour or distress. A trauma responsive approach avoids pathologizing and labelling children and young people's behaviour and asking instead what has happened to you rather than what is wrong with you.
- Strengthening a **trauma informed response** to emotional, mental health and behaviour by accessing Enfield's Trauma Informed Practice in Schools and Settings (E-TIPSS) programme. E-TIPSS embraces the [Attachment Regulation Competency \(ARC\) framework](#) (Blaustein & Kinniburgh, 2019). This approach is grounded in the understanding that challenging behaviour, emotional distress and impairment are responses to early trauma⁸. The CYP's brain is wired to be in survival mode with behavioural responses of 'Flight, Fight, Freeze or Fawn' when they experience fear or perceive threat or danger.
- ARC provides a staged and clear model for schools to intervene and address CYP's need for; a sense of relational and physical safety, skills to regulate their emotional/physical experience and then to address gaps in competencies needed for healthy development.
- ARC is organised around three primary domains of intervention and identifies 8 key intervention areas (illustrated below).

⁵ Senior Mental Health Leads can access DfE training and local support from the Enfield Senior Mental Health Lead Network

⁶ [Short Film on impact of childhood trauma \(UK Trauma Council\)](#)

ARC Framework



Graphic by Jeremy Karpen, 2017; Adapted from: **ARC**, Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005

- In a whole school setting, this integrative framework would encourage ordinarily available provision that incorporates the following:
 - **Structures, routines and rhythms as children** do better when they have a clear understanding of rules and when there is a degree of predictability in adults and environmental responses.
 - Identified staff (caregivers) in the school who can provide **safe relationship-based care for CYP**.
- This would require staff with a capacity to observe and make sense of the emotional messages or needs underlying CYP's behaviours and respond appropriately and in doing so provide **'attuned' support** ensuring CYP also regularly experience fun interactions.

For adults to provide this role, they will need to:

- Be aware of their own cultural and racial lens.
- Be aware of their own push buttons or triggers.
- Consider their own resources to manage their own distress or stress.
- Be able to make meaning of CYP's emotional states and behaviours.
- Understand the physiological difficulties of CYP and that they may not be able to modulate their behaviour when in a dysregulated state.

Staff often will **need reflective supervision and/or support** so that they can develop self-monitoring skills and resources, which is especially needed with working with CYP who are presenting with emotional distress and challenging behaviour.

Recognition of the traumatic experience that many parents/carers have had as a consequence of previous school placement that may be inappropriate or has difficulties in meeting their child's needs (this can include being bullied, socially isolated and in some circumstances physically restrained). This may impact on how they may relate to staff in new schools.

- Education and support for CYP to identify and manage their **emotional regulation (or modulation)**, e.g. developing a vocabulary of emotions and physical states, education about the human alarm response and trauma triggers, learning to **maintain manageable levels of arousal** and to expand their comfort zone, normalising the experience of mixed emotions.

A system of **whole school supportive interventions for frequently dysregulated** CYP, e.g. a hall pass, a safe place for regulation and restoration, developing a Positive Behaviour Support Plan (PBS), a trauma informed approach to positive handling, e.g. Creating Optimally Safe and Inclusive Environments (COSIE) – delivered by SWERRL.

- Education and support for CYP to develop the **skills to build, maintain and repair connections with others** as part of conflict resolution process, e.g. circle of friends, restorative practice.


CYP supported to **develop executive functioning skills**, including the ability to evaluate situations, inhibit responses and make thoughtful decisions/choices.


CYP to **develop a positive sense of self** through exploration and celebration of positive attributes, likes, values, opinions, family norms and culture. Language and communication used across the school to be consistently delivered in **positive, kind and curious way** towards all CYP to supports engagement and self-worth.


These components would be integrated into a **trauma responsive behaviour policy** that seeks to understand and make sense of behaviours of concern, ensure there is an **effective response** approach and ensure that exclusions of CYP with SEND is avoided for any reason related to their disability.

Enfield promotes the [THRIVE Framework \(Wolpert et al, 2019\)](#) so that children with SEMH needs and their families receive the right support in the right place at the right time. The [local offer](#) is organised to the Thrive needs based categories: Getting Advice, Getting Help, Getting More Help and Risk Support. This includes promoting accessible digital advice and support.


In addition to the SEND Code of Practice, SEMH needs are also considered through [Keeping Children Safe in Education: Statutory Guidance for Schools and colleges \(2022\)](#) and [Mental Health and Behaviour in Schools Guidance](#).

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Withdrawn symptoms</p> <ul style="list-style-type: none"> • Taken into care at the age of 4 years old due to neglect (basic needs not being met, often not provided with breakfast and other mealtimes). • May have unidentified learning difficulties. • Tires easily. • May find it difficult to form connections with adults as they have not been reliable source of support in the past. • May have changed schools and finding it difficult to settle and is not motivated to make friends. <p>At school: Lara is in year 1 and has difficulties in participating in most school activities and presents as withdrawn. She stays away from her peers and appears unhappy.</p> <p>At home: Lara is having difficulties in seeking comfort or support from her foster carer and is engaged in isolated play. Her eating habits have changed recently.</p>	<p>Attunement - Making sense</p> <ul style="list-style-type: none"> • Observing and assessing interactions with peers in class and in the playground. • Carrying out an initial learning assessment providing a profile of strengths and needs. • Using assessment tools (e.g. Boxall Profile) or other frameworks for thinking • to make sense of the CYP presentation and plan next steps⁷ • Checking whether there are any factors from CYP's early experiences or current care arrangements? <p>Routines & Rhythms</p> <ul style="list-style-type: none"> • Providing a regular morning routine so CYP know what to expect on arrival, e.g. include a repetitive simple task. • Offering a regular safe space for breaktimes and lunchtimes with activities such as craft, Lego® or play dough. <p>Attachment - Addressing the need for relational safety:</p> <ul style="list-style-type: none"> • Identifying a key person in school who can provide regular check-in and become a safe point of contact and provide reassurance. • Adults to join CYP with tasks. • If touch is tolerated, provide hand massages or make physical contact on passing, e.g. butterfly shoulder tap. • Adults communicating using a calm and kind approach, avoiding frustration. <p>Regulation</p> <ul style="list-style-type: none"> • Providing up-regulation activities that get CYP moving, e.g. playing heads shoulders, knees and toes, dancing to music that gets gradually faster, jumping, drumming etc. • Providing grounding techniques, e.g. deep breathing, providing something to tangible to carry or manipulate, different scents to smell, notice what they see, hear or feel. <p>Thrive Framework</p> <ul style="list-style-type: none"> • Getting Help: Virtual School for LAC/ School Nurse • Getting More Help: EP


<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Distress and anxiety See also Autism</p> <ul style="list-style-type: none"> • Heightened levels of stress and anxiety which is causing avoidance and withdrawal. • Difficulties in developing and maintaining peer relationships due to differences in social understanding and interaction. • Finds the playground noisy and busy and is overly sensitive to environment and causes distress due to differences in sensory processing. • Learning appears in line with peer group. <p>At school: Mohammad is in Year 4 and often looks sad and unhappy and worried, refusing to go out at breaktimes and there are patterns of nonattendance. He struggles to be with peers all day and when it gets too much he will run out of class to find somewhere quieter.</p> <p>At home: Mohammad is often crying, displaying periods of sadness and it is difficult for his parents to comfort him. He struggles to say what is wrong.</p>	<p>Attunement - Making sense</p> <ul style="list-style-type: none"> • Conducting sensory audits of the environment for CYP and identify modifications or support. • Observing and assessing interactions with peers in class and in the playground. • Communicating with parents/carers regularly. Sharing information about things that might be bothering the CYP and things that might help calm him/her. <p>Routines & Rhythms</p> <ul style="list-style-type: none"> • Providing a visual timetable for the day to provide predictability. • Developing fun class rituals throughout the day, e.g. morning routine or celebrations. • Considering arrangements for breaktime and lunchtime periods. <p>Attachment - Addressing the need for relational safety</p> <ul style="list-style-type: none"> • Identifying a key adult who is attuned to CYP's needs and prompt to a quiet and calm space when needed. • Accompanying CYP when they are dysregulated, e.g. a key adult being present, attuning to the CYP and modelling coping/calming strategies. <p>Regulation</p> <ul style="list-style-type: none"> • Agreeing a symbol or a code word so CYP can leave the class to an agreed quiet space. • Teaching ways to request supportive sensory equipment, e.g. ear defenders. • Developing quieter spaces (inside and outside) where CYP can go during breaks and lunchtimes and during lessons. • Supporting communication of feelings (e.g. Zone of Regulation). • Teaching practical ways to practice coping and calming skills, e.g. deep breathing, muscle relaxation (squeezing and releasing a ball), distraction (drawing, listening to music, puzzles). • Developing a risk assessment where appropriate. <p>Competency:</p> <ul style="list-style-type: none"> • Using visual ways to help CYP to identify and evaluate times, places or situations that can worry them. <p>Thrive Framework:</p> <ul style="list-style-type: none"> • Getting Help: EASA


<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Physical symptoms</p> <ul style="list-style-type: none"> • Heightened levels of stress and anxiety, which manifests as stomach aches and disturbed sleep. • Finds it difficult to manage change, new environments and meeting new people. • Anxiety is experienced by one parent who finds it difficult to contain the anxiety of others. • There are questions about learning and difficulties with organisation and planning work. Homework is often late or not handed in. School work is generally completed in lesson. • Gravitates towards peers with anxious presentation. <p>At school: Thea is in year 9 displaying physical symptoms that are medically unexplained e.g. soiling, stomach pains. She last experienced these in year 6.</p> <p>At home: Thea is often complaining of aches and pains which her parents cannot understand or find an explanation despite seeking medical advice. She is struggling to sleep at night.</p>	<p>Attunement - Making sense</p> <ul style="list-style-type: none"> • Arranging an assessment of learning • Consultation with CYP and parents/carers to share experiences and plan and consider CYP experience across the home and setting and plan together how to help <p>Routines & Rhythms</p> <ul style="list-style-type: none"> • Involving the CYP in planning for future changes, transitions and phase transfers so that CYP is informed of any new routines or expectations. • Providing opportunities to visit new classes or schools and ask questions. <p>Attachment - Addressing the need for relational safety</p> <ul style="list-style-type: none"> • Allocating a key person/mentor to provide ‘attuned’ support. Being mindful of the shame and vulnerability associated with the presenting symptoms/behaviour. <p>Regulation</p> <ul style="list-style-type: none"> • Teaching CYP about the body’s alarm system and survival responses. • Helping CYP to identify triggers at school/home how this influences symptoms. • Teaching CYP how to read other body clues, e.g. rate of breathing, heart rate, muscle tone, body temperature etc. • Teaching regulation techniques that are external to the body, e.g. writing or drawing, noticing what they see, hear and feel. <p>Competency</p> <ul style="list-style-type: none"> • Provide CYP with choices, even if they are small, so they start to gain agency over their lives. • Involving CYP in evaluating situations and setting goals (e.g. ‘What’s the problem? And what do we want to happen?’) • Teaching executive functioning skills, e.g. self-monitoring, self-control, organisation etc.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
<div data-bbox="119 376 331 504" data-label="Image"> </div> <p>Attention and engagement Also see Speech, Language and Communication Needs & Cognition and Learning</p> <ul style="list-style-type: none"> • Possible family or housing issues. • Frequently externalizes emotions and they are connected to outside events. • Uncertainty about how adults and children view them. • Finds it difficult to self-manage and self-sooth. • May have language processing difficulties. <p>At school: Brandon is in year 9 displaying low level disruptive behaviours and frequently seeking attention. He has difficulties in maintaining attention. He is frequently calling out and fidgeting with objects which is interrupting his learning. He struggles to follow and accept adult support and direction.</p> <p>At home: Brandon has difficulties in maintaining focus and attention in home activities such as eating at the table, joining in with family activities. He struggles to interact with family members and follow daily instructions from his parents.</p>	<p>Attunement - Making sense:</p> <ul style="list-style-type: none"> • Using frameworks for thinking to support discussions, make sense of the CYP presentation. The outcome will inform the next steps and identify additional advice or help required. • Checking learning Routines & Rhythms: • Providing clear structures and routines. • Carefully setting classroom rules with agreed adaptations for CYP who may have difficulties with executive functioning. • Considering the CYP's seating positioning in class. <p>Attachment - Addressing the need for relational safety</p> <ul style="list-style-type: none"> • Teachers to reassure CYP that they are held in mind without singling CYP out in the class. Provide regular check in subtly during the lesson. • Building relationship with the CYP gradually and over time so trust can develop and demonstrates genuine care and interest. Create enjoyable and fun interactions. • All adults to ensure they regulate and manage their own emotional triggers and responses when teaching. <p>Regulation</p> <ul style="list-style-type: none"> • Providing fiddle objects to support downward regulation and calming. • Providing Brain Gym activities during whole class lessons to expend energy in an inclusive way. • Allowing movement breaks or frequent small concentration periods. • Being aware of times of the day that may be more difficult to focus or engage and regulate behaviour. <p>Competency</p> <ul style="list-style-type: none"> • Providing a small group intervention programme that focuses on the development of executive functioning skills, e.g. attention, self-monitoring and organisation etc. Planning together the use of helpful strategies that can be used in lessons. • Supporting CYP to develop a positive sense of self, e.g. exploration of what their unique selves (likes, hobbies, opinions and positive attributes), positive attributes (strengths and skills), view of themselves across contexts and time (self past present and future). • skills & speech and language skills <p>Thrive Framework:</p> <ul style="list-style-type: none"> • Getting Help: Early Help Youth Enfield Positive Activities Portal • Getting Risk Support: MASH

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Physical and verbal conflict</p> <p>May have an unsettled home life, e.g.</p> <ul style="list-style-type: none"> • a parent with mental health needs who has themselves experienced early childhood trauma, • parents in the process of separating, • older sibling in prison, • witnessing frequent occurrence of shouting and verbal abuse. <p>At school:</p> <p>Sade is in year 3 and often hits out at her peers and/or adults. She uses inappropriate verbal language towards others. Parents of other children are raising concerns. At risk of exclusion.</p> <p>At home:</p> <p>Sade hurts her siblings and is involved in physical conflicts. She uses language which is inappropriate</p>	<p>Attunement – making sense</p> <ul style="list-style-type: none"> • Communicating with home/family, e.g. what is going on at home, other agencies involvement? Feedback is used to collaborate and plan with parent /carer, to ensure consistency between the home and setting. • Using frameworks for thinking to support discussions, make sense of the CYP presentation. The outcome will inform the next steps. • Draft a risk assessment to keep CYP and everyone safe. <p>Routines & Rhythms</p> <ul style="list-style-type: none"> • Provide clear morning routine with an adult greeting to support transition between home and school. If needed have a short • Having clear plans in place when CYP are dysregulated in school and how support is provided. • Providing an agreed safe space in school. <p>Attachment - Addressing the need for relational safety:</p> <ul style="list-style-type: none"> • Allocating a key person/mentor to provide ‘attuned’ support. • Engaging with the CYP that demonstrates genuine and consistent care in their interests, wishes, worries or needs. <p>Regulation</p> <ul style="list-style-type: none"> • Adult(s) accompanying CYP when they are dysregulated, making sense of the situation for them and supporting return to calm. Using reduced language to describe possible situation with matched the energy level. • Using healthy regulation skills when with CYP, e.g. use a calm even tone, (supportive validating language), deep breaths etc. • Accept that the CYP may not understand or recall what happened during any incident. • Model own use of healthy regulation skills, e.g. use a calm even tone, (supportive validating language), deep breaths. • Teaching CYP about the body’s alarm system and survival strategies. Teach CYP how to recognise body clues, e.g. rate of breathing, heart rate, muscle tone, body temperature etc. • Helping CYP to identify times or situations that causes them worry, stress or upset using visual methods if needed. • Providing communication system for describing emotions e.g. emojis, scaling, faces, cards, colours etc

What we see (Some of these presentations may overlap within and across sections)	What may help (Organised under ARC categories)
	<ul style="list-style-type: none"> Teaching practical ways to practice coping and calming skills, e.g. deep breathing, muscle relaxation (squeezing and releasing a ball), distraction activities such as drawing, listening to music, doing puzzles. <p>[timing of Getting Help interventions to be considered in context of Risk Support].</p> <p>Competency</p> <ul style="list-style-type: none"> Supporting the CYP to repair connections with others and problem solve as part of conflict resolution process, e.g. Restorative Practice. Provide limited choices so CYP start to develop a sense of agency within a specified scope of options. Having conversations about CYP hobbies, interest and views to support development positive sense of self. <p>Thrive Framework</p> <ul style="list-style-type: none"> Getting Advice: COSIE training Getting Help: Early Help Getting Risk Support: MASH / SWERRL

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Attachment relationships</p> <ul style="list-style-type: none"> • Parents not available. • May have aversion to being touched and accepting physical affection. • Tends to want to control situations. • Can be clingy to some adults but rejects others. <p>At school: Jacob is in year 1 struggling to form attachments with adults in school and becomes upset when separating from those he is familiar with. He has difficulties in making friends in school.</p> <p>At home: Jacob struggles to approach and respond to interactions and initiations from his grandparents who care for him. He avoids interaction, becomes ambivalent or confused and it is difficult to comfort him when he is distressed.</p>	<p>Attunement - Making sense</p> <ul style="list-style-type: none"> • Liaising with carers to develop a shared understanding of CYP's experiences and difficulties with trusting those in caregiving roles. <p>Routines & Rhythms</p> <ul style="list-style-type: none"> • Supportive, structured school curriculum • Planning transitions when the child/young person starts school or during changes. This includes changes of teacher, key adults, year groups. <p>Attachment - Addressing the need for relational safety:</p> <ul style="list-style-type: none"> • Allocating a key person who engages with the CYP that demonstrates genuine care in their interests, wishes, worries or needs. • Doing tasks with CYP / Providing regular times to have joint engagement in activities. • Providing reassurance to CYP that they are safe. <p>Regulation</p> <ul style="list-style-type: none"> • Providing up-regulation activities that get CYP moving, e.g. jumping, drumming etc. • Teach breathing skills to support downward regulation. For younger children this can be through blow real and imaginary bubbles, blowing candles out, smelling scents. <p>Competency</p> <ul style="list-style-type: none"> • Provide limited choices so CYP develop sense of agency. • Small group/nurture group activities to support Personal Social and Emotional development. • A range of differentiated opportunities for social and emotional development e.g. buddy systems, friendship strategies, circle time. <p>Thrive Framework</p> <ul style="list-style-type: none"> • Getting Help: Virtual School for LAC/Previously LAC, Early Help • Getting More Help: EPS

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2> <p>(Organised under ARC categories)</p>
 <p>Quiet, overlooked presentations</p> <ul style="list-style-type: none"> • May be experiencing friendship issues or bullying in school or wider community. • There may be strained or difficult experiences with family members at home. • May have anxiety/depression. • May have an eating disorder or be self harming. <p>At school: Ava is in year 8. She is quiet in her classes and does not volunteer responses but will answer if pressed. She does not bring lunch or eat in the lunch hall. The office staff have noticed that she is often walking past their office to go to the toilet during the day, breaktimes and lunchtimes. One of her friends has told a member of staff that they are worried about her.</p> <p>At home: Ava is spending long periods of time alone in her bedroom. There is limited engagement and communication with family members/wider community/network.</p>	<p>Attunement – making sense</p> <ul style="list-style-type: none"> • Decide who will initially meet with the CYP will be important. Ideally a member of staff who already has a relationship/connection. • Being mindful of the shame and vulnerability associated with the presenting symptoms/behaviour. • Using frameworks for thinking to support discussions, make sense of the CYP presentation. The outcome will inform the next steps. • Close liaison between home/school. Inform the CYP that you will need to contact their parents/carers or another service if you are concerned about their safety. • Contact specialist service for advice and guidance if there are concerns about any risk to the CYP's safety. See below. <p>Thrive Framework:</p> <ul style="list-style-type: none"> • Getting Advice & Getting Help: Digital information & support– see below • Getting More Help: <ul style="list-style-type: none"> o HLP CYP with Eating Disorders: Guidelines for Education professionals • Getting risk support: <ul style="list-style-type: none"> o 24-hour Crisis Telephone Service: 0800 151 0023 o If you are worried a CYP's immediate safety Call 999 for emergency services o Enfield Multi-Agency Safeguarding Hub

External Agency Support (See Appendix 1 for referral contact details)

- Enfield Educational Psychology Service
- SWERRL (Strengthening Wellbeing, Emotional health, Relationships and Readiness for Learning)
- Secondary Behaviour Support Service
- EYSI
- Early Help
- [Local Offer – SEMH section](#)
- My Young Mind Enfield (Enfield Mental Health Support Team in schools) – offer available for specific schools.
- Enfield CAMHS

Additional Resources

Anna Freud National Centre for Children and Families

<https://www.annafreud.org/>

Beat – National Information and Helpline encourages and empowers young people presenting with eating disorders to get help quickly

<https://www.beateatingdisorders.org.uk/>

Childline is the UK's free, confidential helpline for children and young people

<https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

5 Ways for Wellbeing Film Developed by Enfield Children and Young People

[5 Ways for Wellbeing film](#)

Good Thinking – London's digital wellbeing service and provides a range of resources for young people to help improve mental wellbeing including NHS approved apps.

<https://www.good-thinking.uk/>

Healthy London Partnership Eating Disorder Guidelines for Education Professionals

<https://www.healthylondon.org/wp-content/uploads/2021/10/Eating-Disorder-Guidelines-for-Education-Professionals-2021.pdf>

Kooth – Free safe and anonymous online mental health wellbeing community app

<https://www.kooth.com/>

MindEd – Free educational resource on CYP mental health

<https://www.minded.org.uk/>

Papyrus – UK charity for the prevention of young suicide

<https://www.papyrus-uk.org/>

The Mix – UK support service for young people

<https://www.themix.org.uk/>

Young Minds – UK Mental health charity for children, young people and their parent

<https://www.youngminds.org.uk/>

Physical Disability and Medical Needs

Child or Young Person's Voice

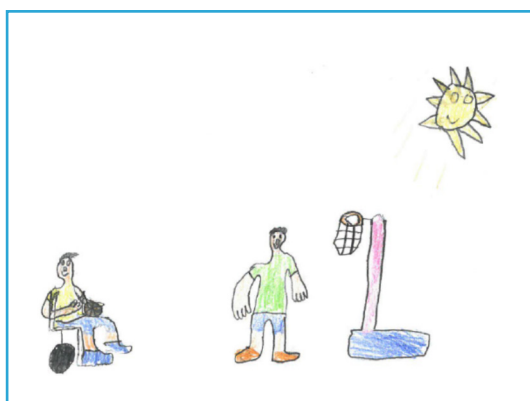
'My friends help me to play and my teachers help me in class.'

'I am diabetic. I have an alarm which beeps to remind me to go to welfare to check my levels. The welfare staff help me check my levels and take my insulin.'

'It makes me feel good and safe that people at school care about me.'

'I like my teachers reading books to me.'

'The teaching assistant walks me to the toilet and waits outside in case I hurt myself. The welfare staff take me and collect me from my class, we go in the lift.'



'I have a spinal injury. Sitting with a pillow on my chair and walking around for a few minutes relieves the pressure in my back; I don't feel so achy.'

Illustration by a pupil at Carterhatch Infant School

Introduction



It is important that everyone in the school community has an understanding about some of the physical and medical conditions of the CYP in the school so that reasonable adjustments can be made to the physical environment and to teaching and learning. Some CYP with physical disabilities will require additional support and equipment to enable them to access the same opportunities as their peers. Others will need access to staff who have been trained to manage medical conditions; these pupils will have medical health care plans.



- A CYP has a physical disability if they have an impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. This can be a result of a congenital or progressive medical condition, injury or disease. Some CYP with physical disabilities may be very cognitively able so the level and type of support must be tailored to a person-centred needs analysis.
- All schools have an accessibility plan which outlines how CYP can access the curriculum and access the school building. In addition, schools have Equality Objectives that aim to eliminate discrimination, harassment and victimisation; advance equality of opportunity between different groups and foster good relations between different groups.



Whole School Approaches

When planning to meet the needs of CYP who have a physical disability or medical needs, consider the following:

- Adjustable height work surfaces especially in specialist areas e.g. science labs, food tech, music suites.
- Allow flexibility around uniform requirements.
- Where specialist equipment has been provided e.g. hoists it should be stored safely, maintained and be easily accessible for when students require it.
- Ask the child/young person how they would like to be supported and within the guidelines try to accommodate this whilst also striving for independence e.g. a buddy to support them.
- Plan to manage evacuation procedures.
- Plan how to access school trips.
- Special access arrangements onto the school site for parents at drop off and pick up times.
- Help parent/carer with applying to the LA for transport if required.
- Peer awareness of inclusivity and diversity.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Wheelchair user</p> <p>At school: Tammy is in year 5 and can't walk or stand by herself, she uses a wheelchair and needs others to help her to change position. She is left out in PE and goes to the library or has to sit out.</p> <p>At home: Tammy uses different types of equipment and help her change her clothes, bathe, use the toilet and help her with her meals.</p>	<ul style="list-style-type: none"> • Manual Handling training for key staff and updated as per legislation purchase of recommended equipment to assist with this. • Respecting privacy and dignity when assisting with personal care making use of any necessary specialist equipment and ensuring private accessible spaces across the school site. • Seeking advice from Specialist resources such as Waverley School Outreach team. • Ensuring classroom layouts are uncluttered and wheelchair friendly. • Considering sight lines for wheelchair users. • Adjusting door handles to allow young person to open independently. • Installing wheeled mobility access; ramps, lift access. • Seeking advice about inclusive PE to support Public Health England recommendations of 60 minutes of moderate to vigorous physical activity per day (5-18 year olds).
 <p>Limited mobility (temporary or permanent)</p> <p>At school: Harvey is in year 7 and uses a walker and this means that he is unable to access all parts of the school and playground. He doesn't like having to use equipment as it makes me different from everyone else.</p> <p>At home: Harvey's parents have struggled to get him into school on time as he is unable to walk long distances and parking outside the school is problematic at the start and end of the school day.</p>	<ul style="list-style-type: none"> • Installing wheeled mobility access; ramps, lift access. • Planning simple clear accessible circulation routes big enough for wheelchairs and walking frames or crutches. • Redesigning outdoor areas to allow ground access to activities, use of ramps, specialist equipment. • Discussing support at mealtimes and breaktimes with child/young person. • Supporting the use of walker at child's discretion but mindful of health and safety requirements. • Adapting the curriculum e.g. PE lessons – where everyone has to move on the floor.

What we see (Some of these presentations may overlap within and across sections)	What may help
 <p>Difficulties with balance</p> <p>At school: Samira is in year 8 and is unstable on her feet and worries that she will fall on stairs or in crowded corridors. She feels embarrassed that her friend has to help her when she leaves class early to avoid busy corridors.</p> <p>At home: Samira avoids playing in the park with the other children because she use the playground equipment as well as others her own age.</p>	<ul style="list-style-type: none"> • Installing banisters on both sides of the stairs. • Ensuring that there is a two-way protocol for busy stairways and corridors is enforced. • Planning flexible timing for CYP when changing lessons. • Provision of a lift pass (if a lift is available).
 <p>Difficulties with continence</p> <p>At school: Romeo is in year 4 and sometimes needs to go to the toilet urgently and doesn't always get there in time. He avoids drinking fluids at school because he is embarrassed about this. This has caused urinary tract infections.</p> <p>At home: Romeo wets the bed at night but is always dry during the day if he is at home all day.</p>	<ul style="list-style-type: none"> • Making sure staff are aware and sensitive to the need for privacy about this and flexibility re toileting in a way that is non-discriminatory. • Considering discrete ways of communication between CYP and adult.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Poor fine and gross motor skills</p> <p>At school: Rosie is in year 5 and her hands are weak and she can't hold a pen or pencil to write neatly. She can be slow at writing. Rosie can't sit crossed legged for very long it can hurt, she starts to fidget and lose concentration as she is stiff and uncomfortable. She takes a long time to change for PE and miss some of the lesson. She doesn't perform as well as others in PE and is always last to be picked for teams/games.</p> <p>At home: Rosie's muscles are weak and she gets tired quickly, sometimes she experiences pain that makes it hard to concentrate on anything that she is doing.</p>	<ul style="list-style-type: none"> • Considering a different sitting position or chair. • Providing alternative pens, pencils grips, writing slopes. • Factoring in regular movement breaks. • Pacing activities using rest periods, adult support and additional time for changing. • Planning for all CYP to come to school in their PE kit on PE days. • Staff picking teams rather than allowing CYP to choose.
 <p>Difficulties swallowing</p> <p>At school: Mary is year 3 and has difficulty swallowing and is on a prescribed modified diet. She is often slow with eating her meals and does not finish her meal in the time allocated.</p> <p>At home: Mary gets fatigued when eating and drinking and can lose weight easily. She does not like eating because she feels pressure to eat all her food which can often make mealtimes stressful.</p>	<ul style="list-style-type: none"> • Reducing distractions, offering a calm environment. • Ensuring good upright comfortable positioning. • Giving adequate time for meals, keep mealtimes to a maximum of 30 mins • Going out to lunch 15 mins before everyone else for more time to eat. • Encouraging participation in the mealtime dining routine at school. • Working with parents to identify appropriate/ safe foods from school dinner menu. • Creating positive mealtime experiences and to model good eating behaviours. • Encouraging involvement in mealtime preparation, e.g. shopping, cooking, looking at recipes together. • Supporting with a referral to Dietician. • Offering appropriate meal choices.

External Agency Support (See Appendix 1 for referral contact details)

Enfield PE Team paula.felgate@enfield.gov.uk

Occupational Therapy Service

Physiotherapy Service

Waverley Outreach

Educational Psychology Service

Dietician

Additional Resources

Supporting pupils with medical conditions at school

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

Advice around Specific Physical Conditions

Hypermobility advice:

[Joint Hypermobility Strategies & Advice | NHS GGC](#)

[Coping at school | Hypermobility Syndromes Association \(HMSA\)](#)

Additional support around cerebral palsy and hemiplegia (affecting one side of the body)

[Support services | Disability charity Scope UK \(Cerebral Palsy\)](#)

<https://contact.org.uk/help-for-families/information-advice-services/health-medical-information/hemiplegia-support/Education | Contact>

[Education | Muscular Dystrophy UK](#)

[FAQ's about physical disability and educational settings - Shine \(shinecharity.org.uk\)](#)

Advice for inclusive PE and physical activity

[Inclusion - Association for Physical Education - Association For Physical Education | P.E. \(afpe.org.uk\)](#)

[Sainsbury's Active Kids for All Inclusive Training | Programmes \(activityalliance.org.uk\)](#)

[Inclusive PE Training Portal: About the Programme](#)

Designing wheelchair accessible playgrounds

[Inclusive & Wheelchair Accessible Playground Equipment for Schools \(actionplayandleisure.co.uk\) Accessible Playground Equipment | Flights of Fantasy](#)

Deafness and Hearing Loss

Child or Young Person's Voice

"It's fun and joyful going to a school with other deaf children. I like how they teach you how to sign, good eye contact, good listening and respect. I'm very proud because I can sign and talk...I can do both."

"All deaf people and types of deafness are different. Also, that how they became deaf will be different."

I explain how best they can communicate with me by getting my attention, speaking clearly, facing me so I can lip read, then I explain that I use British Sign Language."

"Sometimes when the teacher turns away or I need to watch videos and told to take notes I can't because I need to watch the Communication Support Worker. Sometimes it's too loud in the canteen or class and I miss information. Some teachers go too fast. I can't have time to think so I need more time."

"I miss important information. At times I do not understand my subject teacher. Sometimes my teachers carry on talking with their backs turned to me. Some teachers do not use the radio aid correctly. Some teachers use subtitles when they show video clips. I always sit near the front in a good position to see the teacher. I sometimes miss what my friends are saying. I value sitting at the front. I like it when the Teacher of the Deaf or the Communication Support Worker repeats what the teacher says because this helps me with my work. The Teacher of the Deaf helps me when I don't understand – this makes learning easier for me."

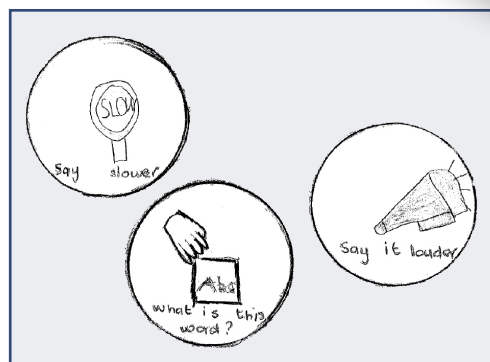


Illustration by a pupil in Brimsdown Primary School's Hearing Impairment Resource Base

Introduction

See also Speech, Language and Communication Needs

It is important that everyone in the school community understands deafness/hearing loss so that staff can ensure that these CYP are maximising their learning opportunities within the learning environment. The term deafness is used to describe sensori-neural, conductive or a mixed hearing loss. This can be a mild, moderate, severe, or profound level of deafness in one or both ears.

Deafness is not a learning disability and deaf pupils have the potential to attain and achieve the same as any other pupils, given the right support and access to the curriculum. Deafness may impact on a CYP attention & listening, language development, self-esteem and social & emotional wellbeing.

Whole School Approaches

When planning to meet the needs of CYP who are deaf or hearing impaired, consider the following:

Supporting communication in the classroom:

- Facing the student when speaking to them.
- Speaking clearly and at a steady pace.
- Locating the speaker during class discussion (point to whoever is talking).
- Repeating back comments made by students in the class.
- Encouraging children to ask for repetition or clarification as necessary.
- Using visual supports (e.g. objects, symbols, pictures, photos, diagrams, natural gesture, signing, written words).
- Having a balance between listening periods and individual or small group activities.
- Outlining the main topic at the beginning of a lesson and summarising the main points at the end.
- Ensuring that video clips are subtitled.
- Providing vocabulary support (pre-teaching topic words, providing definitions for complex words during the class).
- Speaking directly to the student even if an interpreter, Communication Support Worker or Teacher of the Deaf is present.

Creating an acoustically friendly environment:



- Ensuring hearing aids are worn consistently.
- Ensuring that the classroom is adapted to maximise listening access (e.g. consistent use of hearing equipment and radio aids if issued, background noise is reduced, the child is seated close to the main speaker).
- Keeping background noise to a minimum (turning off electrical equipment that is not being used, putting rubber stoppers on the bottom of chairs/table legs, closing doors).
- Reducing reverberation by using materials which absorb sound waves (e.g. using fabric in classroom wall and table displays, having as many carpeted areas as possible).
- Ensuring the child is seated closest to the main sound source.



Creating a visually friendly environment:


- Using visual supports (as mentioned above).
- Having good lighting to make it easier to pick up on visual cues.
- Avoiding standing in front of a window or light source as this will cast shadow on your face and make it more difficult to pick up on visual cues.
- Being mindful that it can be more difficult to lip read someone if their mouth is covered or if they have a beard/moustache.

Promoting emotional wellbeing and identity:

- Encouraging open conversations about deafness.
- Reading books about children who are deaf.
- Ensuring language used is always positive (i.e. deafness as opposed to hearing impairment).
- Raising deaf awareness (through assemblies and class discussions).

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties with attention and listening</p> <p>At school: Aleyna is in year 5 and struggles to maintain attention in class as she is easily distracted and cannot attend to what the teacher is saying. As a result, she is often unsure of what to do and relies on copying work or visual cues from her peers.</p> <p>At home: Aleyna often looks as if she is daydreaming and this frustrates family members who feel she is not paying attention to them.</p>	<ul style="list-style-type: none"> Using a multi-sensory approach (e.g. visual, tactile, kinaesthetic, auditory). Maintaining a steady pace when delivering lessons. Repeating key information. Checking whether the child has understood and encouraging the child to let you know if they have understood. Giving the child opportunities to explain the task again to facilitate their understanding. Making sure that the child has a good balance between being an independent listener and receiving additional support from a member of staff. Using the CYP's names within examples when teaching in order to captivate their attention. Pausing and using particular words and/or actions to get the whole class to look at the teacher and re-focus. Using a visual timetable to show the structure of the day. Incorporate movement breaks during the day.
 <p>Difficulties with following instructions</p> <p>At school: Mason is in year 8 and has difficulty following instructions and lesson content. He often seems unsure of what to do and may carry out an instruction/task incorrectly or may not be able to attempt it. He regularly asks for information to be repeated and/or relies on copying visual cues from his peers.</p> <p>At home: Mason is unable to do to things asked of him at home as he doesn't understand what is being asked of him. Sometimes he will only carry out the first part of the instruction.</p>	<ul style="list-style-type: none"> Maintaining a steady pace when delivering lessons. Presenting information at a slower pace with pausing if necessary. Repeating key information. Re-phrasing information if necessary. Breaking instructions down into smaller steps. Checking whether the CYP has understood and encouraging the CYP to let you know if they have understood. Giving the CYP opportunities to repeat instructions back or explain the task they have been set. Ensuring the CYP can see your face when presenting information and giving instructions. Checking you have the CYP's attention before presenting information and giving instructions.

<p>What we see</p> <p>(Some of these presentations may overlap within and across sections)</p>	<p>What may help</p>
 <p>Difficulties with expressive language</p> <p>At school: Kayleigh is in year 3 and struggles to express her ideas using spoken language. Her sentences are unclear because of her limited vocabulary and she makes grammatical mistakes that confuse the meaning of her sentences.</p> <p>At home: Kayleigh is unable to tell her parents about her day at school. When asked what she has done at school, she says “nothing”.</p>	<ul style="list-style-type: none"> • Promoting a language rich environment (e.g. displaying new words and corresponding visuals on the wall, using new words across different contexts, creating lots of opportunities to use language to interact, share a focus, to talk and to take turns). • Positively modelling language back to the CYP so they are exposed to the correct adult model. • Expanding on language used by the CYP to help them to combine words/make longer sentences themselves. • Allowing extra time for the child to express themselves. • Offering choices to support the CYP’s thinking and expression. • Using visual supports, e.g. Colourful Semantics, photos, diagrams, symbols, gestures, Makaton, British Sign Language. • Pre-teaching vocabulary daily as deaf children often miss out on incidental language opportunities (i.e. learning by overhearing).
 <p>Difficulties with speech sounds</p> <p>At school: Troy is in year 4 and his speech is unclear to listeners due to speech sound production difficulties. Some of his consonants and vowel sounds are omitted and he substitutes other sounds in place of correct ones. Sometimes his friends don’t understand what he is saying to them.</p> <p>At home: Troy’s speech is unclear at home, but his parents and siblings are able to understand him because they are ‘tuned in’ to his speech.</p>	<ul style="list-style-type: none"> • Ensuring consistent use of hearing equipment. • Modelling clear speech for the CYP, placing gentle emphasis on target sounds or prolonging target sounds. • Gently marking out syllables in words (ensure that any clapping/tapping is quiet so that the child can hear each syllable clearly). • Making sure that the CYP can identify a specific sound clearly when said by an adult if the CYP is not lip reading (e.g. can they point to the sound card representing the sound said by the adult or can they repeat the sound they heard), N.B. CYP will be unable to reproduce a sound clearly if they cannot hear it clearly. • Supporting the CYP to listen out for the first and last sounds in words, as well as identifying/generating rhyming words.

What we see (Some of these presentations may overlap within and across sections)	What may help
 <p>Difficulties with memory and organisation</p> <p>At school: Leian is in year 8 and struggles to remember and recall information. She appears forgetful and disorganised and struggles to keep up with the pace of the class. Leian often arrives to lessons late and without the books and equipment for the lesson.</p> <p>At home: Leian often loses her belongings and can't recall where she has left them. Her mum is frustrated as she is frequently replacing lost uniform.</p>	<ul style="list-style-type: none"> • Encouraging the CYP to write information down or draw pictures. • Providing a visual timetable to show the structure of the day. • Repeating information. • Breaking information down into smaller parts. • Using games to encourage working memory development, e.g. pairs, 'Which item is missing?' • Providing extra time for the CYP. • Adopting the correct pace and including pauses. • Repeating key information. • Simplifying tasks to ensure understanding. • Allowing the CYP more time to process information. • Checking in with the CYP throughout the lesson.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
<div data-bbox="124 376 252 510"> </div> <p>Difficulties with social interaction</p> <p>At school: Samara is in year 4 and is withdrawn and socially isolated; she is observed on the periphery of group conversations and she displays limited interaction in social games. In class she does not volunteer information or contribute to whole class discussions and sometimes another child may speak for her. She will engage in paired discussions but still finds this difficult.</p> <p>At home: Samara only mixes with other deaf children outside of school, which means she only has a small number of friends. She appears unhappy and in low mood most of the time and displays poor self-esteem.</p>	<ul style="list-style-type: none"> • Ensuring that the classroom is adapted to maximise listening access. • Checking that noise levels within the classroom are appropriate. • Checking understanding of the topic being covered and that key vocabulary has been pre-taught. • Using prompt phrases or sentences to encourage contributions. • Supporting spoken explanations with visual materials. • Avoiding overloading the lesson content with too much spoken information. • Being inclusive. • Taking on board a variety of ideas and spreading questions between different children in the class. • Asking the child how they are feeling and encouraging them to express themselves. Identifying a key adult who the child knows they can go and talk to about any difficulties. • Providing access to a school counsellor if appropriate. • Setting up a peer buddy system. • Ensuring hearing peers are deaf aware. • Encouraging the child to share/discuss challenges in wider social settings. • Creating opportunities for group work requiring turn-taking. • Ensuring after school activities are accessible for deaf children and that club leaders are deaf aware. • Providing deaf children with specific teaching to see situations from other's perspective. • Creating opportunities to discuss deafness in assembly and lessons. • Providing opportunities to share personal experiences. • Ensuring hearing peers are deaf aware. • Creating the opportunity to sit away from the main group - discussing in a quieter corner of the classroom, sitting on chairs to discuss while others are seated on the carpet.

<p>What we see</p> <p>(Some of these presentations may overlap within and across sections)</p>	<p>What may help</p>
<div data-bbox="119 376 239 497" data-label="Image"> </div> <p>Cognition and learning difficulties related to hearing loss See also Cognition and Learning</p> <p>At school: Patrick is in year 7 and has poor general knowledge of the world and finds it hard to answer comprehension questions in lessons and explain his ideas as a result of his poor inferencing skills</p> <p>At home: Patrick has in-depth knowledge of games and technology and can name many characters and objects from games and tell you about the latest variations of mobile phones</p>	<ul style="list-style-type: none"> • Using a multi-sensory approach (e.g. visual, tactile, kinaesthetic, auditory). • Organising class visits to places of interest. • Reviewing and reinforcing new and key vocabulary. • Pre/post-teaching to consolidate new concepts/ topics. • Use of age-appropriate picture dictionary/handouts to support understanding. • Encouraging older students to use and create their own glossary. • Promoting a language rich environment. • Using classroom displays to reinforce understanding. • Using Blank Levels/Language for Thinking programme to develop inferencing skills.

<p>What we see</p> <p>(Some of these presentations may overlap within and across sections)</p>	<p>What may help</p>
<div data-bbox="119 376 368 504" data-label="Image"> </div> <p>Difficulties related to the listening environment</p> <p>At school: Denzel is in year 5 and, during whole class teaching, he sometimes mishears questions and responds in a way that was not linked to the question; his peers laugh at him when this happens. He finds these communication breakdowns embarrassing. He has difficulty filtering out background noise when the classroom is noisy. Denzel is unable to locate different sounds in the room e.g. he does not turn to the person speaking. He frequently asks for information to be repeated.</p> <p>At home: Denzel often mishears when his parents ask him to do things and carries out tasks incorrectly. He cannot follow a video and is often confused about the content. He is unable to talk about what he has watched.</p>	<ul style="list-style-type: none"> • Ensuring that the classroom is adapted to maximise listening access and that hearing equipment is working and being worn consistently. • Repeating, rephrasing, simplifying and clarifying information. • Repeating other CYP's contributions/responses to questions. • Checking understanding before breaking off into pairs/groups. • Using open-ended questions to check understanding. • Encouraging all CYP to ask for repetition or clarification if they are unsure of what was said. • Using subtitles. • Ensuring effective use of listening equipment. • Discussing content of the video clip and highlighting new vocabulary before showing it. • Providing a transcript of the clip for older children if possible. • Using Bluetooth function on the listening device. • Using an iPad connected to the whiteboard. • Being aware that deaf children will be unable to make notes and listen/watch the video simultaneously. • Helping the child feel confident letting the teacher know if they are unable to hear or see them. • Ensuring the child is sat away from background noise. • Making sure the child is sat close to the main sound source. • Pointing to the speaker so that the child can see who is talking. • Repeating back comments made by peers so the child has another opportunity to hear them. • Ensuring the child is sat away from background noise. • Discussing preferential seating during assembly times (e.g. not necessarily with their class at the back).

<p>What we see</p> <p>(Some of these presentations may overlap within and across sections)</p>	<p>What may help</p>
 <p>Physical impact of hearing loss</p> <p>At school: Amelie is in year 3 and is often heard talking too loudly in 'quiet' discussion time in class and other times she speaks too softly to be heard, for example, in the playground. She seems to struggle to tolerate loud noisy environments like the dinner hall and tries to avoid them.</p> <p>At home: Amelie comes home from school extremely tired every day because she is fatigued from listening. She sometimes suffers from headaches. In the past she complained of ear pain.</p>	<ul style="list-style-type: none"> • Ensuring that the classroom is adapted to maximise listening access; keeping background noise to a minimum and reducing reverberation. • Ensuring that hearing equipment is working and being worn consistently. • Having quiet times in the day when the CYP can rest. • Creating opportunities to learn in a quiet environment (quiet corner, quiet area). • Becoming familiar with the signs of listening fatigue so teaching staff can intervene before the child becomes frustrated. • Using a visual number/colour scale so that the child can indicate when they are struggling to tolerate the noise. • Ensuring that the child has access to breaks in the day. • Alerting parents/carers as the child may have an infection which requires medical attention. • Letting the child know in a positive manner. • Using a visual number/colour scale to show the child how loud/quiet they are talking. • Ensuring consistent use of hearing equipment.

External Agency Support (See Appendix 1 for referral contact details)

Advisory Teachers of the Deaf (0 – 19 years) - Referrals can be made by a range of professionals, including school SENCOs, Audiologists, GPs, Speech and Language Therapists, Health Visitors (with parental consent). Parents can also access advice or support from the service directly.

Speech and Language Therapy – Deafness/Hearing Loss (0 – 19 years)

Referrals can be made by a range of professionals, including school SENCOs, Teachers of the Deaf, Audiologists and other medical professionals. It is asked that the referrer makes contact with the service to discuss a potential referral in the first instance. Once discussed, a referral form is completed. Children with moderate-profound hearing loss are seen by the deafness service. Children with mild hearing loss are usually supported by the **School-age Speech and Language Service**.

Deaf Child and Adolescent Mental Health Service (Deaf CAMHS) (0 – 18 years)

Referrals can be made by a range of professionals, including CAMHS, Paediatricians, Audiologists, Social Services, GPs. Self-referrals are accepted but families are encouraged to discuss their concerns with local professionals prior to completing a referral form if possible.

National Deaf Children's Society Helpline (NDCS) (0 – 25 years)

Helpline provides free independent information, advice and guidance on a range of topics relating to childhood deafness.

Website: <https://www.ndcs.org.uk/our-services/services-for-families/helpline/>

Tel: 0808 800 8880

SMS: 0786 00 22 888

Sign Video with BSL interpreter (via website)

Live chat function

Paediatric Audiology Services (0 – 18 years)

If you are concerned about a child's hearing, speak to the school SENCO. The SENCO can advise parents/carers. A referral to audiology can be made by the child's GP.

Additional Resources

Websites:

<https://www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/here-to-learn/watch-our-here-to-learn-videos/>

- Videos about how to support children with deafness/hearing loss, including communication approaches, managing the environment, adapting resources, working with others and social and emotional development.

<https://www.ndcs.org.uk/documents-and-resources>

-Resources for children of all ages, deaf-friendly teaching advice, lesson plans for teachers, factsheets about different types of deafness, books/comics for children who will be getting hearing aids/cochlear implants/grommets, supporting communication, information about hearing technology, applying for additional support etc.

<https://www.childline.org.uk/info-advice/bullying-abuse-safety/deaf-zone/bsl-videos/>

- British Sign Language advice videos covering a range of important topics, such as bullying, family relationships, staying safe and contacting Childline.

<https://thelisteningroom.com/>

- Activities and resources to support speech, language and listening development.

<https://www.cochlear.com/uk/en/home/ongoing-care-and-support/rehabilitation-resources>

- Activities to support speech, language and listening development post cochlear implantation.

<https://www.twinkl.co.uk>

- Deaf education resources

<https://www.british-sign.co.uk/>

- Online introductory British Sign Language course.

<https://letssign.co.uk/product-category/free-resources/>

- Free British Sign Language resources.

<https://www.bslzone.co.uk>

- Programmes in British Sign Language (which can be viewed with subtitles).

<https://www.efolio.soton.ac.uk/blog/usaistrainingportal/>

- Free e-learning about cochlear implants.

Visual Impairment

Child or Young Person's Voice

'An embosser is very useful for lessons since the lesson or a particular part of it is brailled for me and I can get involved with everything everyone else is.'

'The laptop is also very useful in lessons since it has a screen reader installed on it so it allows me to access it very well.'

'I have a lot of adapted resources to help me out in lessons which helps since they are very useful and allows me to access lessons easier.'

'The braille note is very useful in lessons and it helps me very much.'

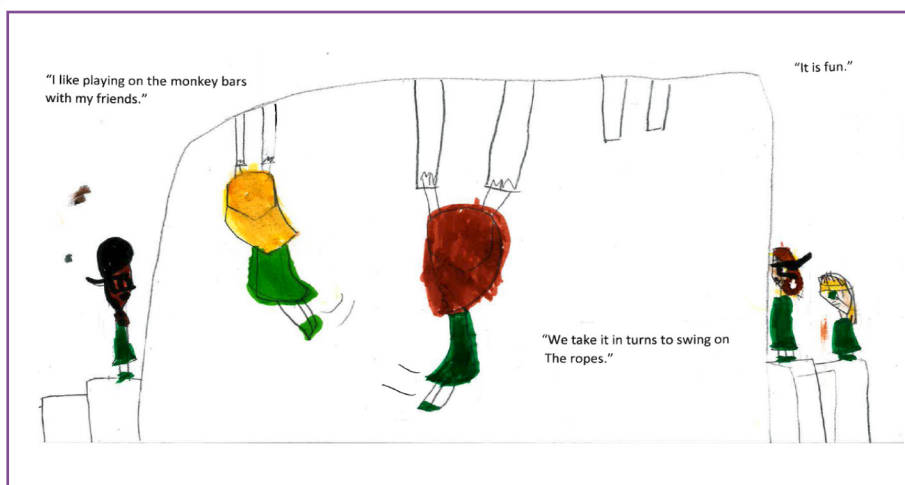


Illustration by a pupil at St Monica's RC Primary School

Introduction

It is important that everyone in the school community understands vision impairments and the impact that these have on learning so that staff can ensure that CYP with vision impairments are maximising their learning opportunities within the learning environment. Young children with early onset severe vision impairment can experience delayed motor, language, emotional, social and cognitive development, with lifelong consequences. School-age CYP with vision impairment may also experience lower levels of educational achievement.

Vision impairment is the term used to describe a loss of sight that cannot be corrected using glasses or contact lenses. There are two main categories of vision impairment for which a CYP may be registered with a Certificate of Vision Impairment (CVI):



- Registered sight impaired (SI), which means the level of sight impairment is moderate
- Registered severely sight impaired (SSI), which means a severe sight impairment where activities that rely on eyesight become impossible



CYP with visual impairments will experience varying degrees of sight loss; the majority will have some sight. These impairments may be caused by conditions, such as amblyopia (also known as 'lazy eye'), strabismus (crossed eyes), brain or eye injuries, or a birth defect.

Whole School Approaches

When planning to meet the needs of CYP who have a visual impairment, consider the following:

- When developing colour schemes for walls and furniture, good contrast and clear edges will help people who are partially sighted.
- Signage and notices around the school should be sufficiently in sufficiently sized print and in bold colours.
- Keeping corridors and passageways clear of obstructions.
- Lighting should be consistent throughout school buildings.
- Steps in stairways should be highlighted in some way (consider an environmental audit from a Habilitation Specialist).
- Vision impairment awareness sessions should be part of schools' overall equality and diversity programmes.
- Students must be able to sit in the position that best suits their vision, usually at the front.
- All school staff, including teachers, teaching support staff and non-teaching staff must have an appropriate level of training (either in teaching students with visual impairment or in visual impairment awareness).

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties with reading and writing See also Cognition and Learning</p> <p>At school: Tommy is in year 5 and seems to have little interest in reading books and when he does read he holds books close to him and he looks away often, seeming to be distracted. He takes a long time to finish reading and can't keep up with other students. When he is writing he bends close over his work and as a consequence he suffers from neck ache. Tommy's handwriting is not very good with inconsistent spacing and poor letter formation. His spelling is poor. He finds it difficult to read back his own work.</p> <p>At home: Tommy rarely completes his homework. He is reluctant to read or write for pleasure. He used to enjoy having stories read to him but he now feels this is something only for younger children.</p>	<ul style="list-style-type: none"> • Providing a wide range of specifically modified teaching resources (such as tactile pictures and Braille materials). These are available from a few specialist educational suppliers e.g. Custom Eyes (https://www.guidedogs.org.uk/getting-support/help-for-children-and-families/living-independently/customeyes-books/). Normal teaching materials can also be modified, for example, by printing resources in larger fonts and in bold. • Ensuring equipment is charged sufficiently during the day if CYP are using assistive technology such as a laptop. • Using a screen or text reader such as Immersive Reader in Word. • Providing alternative methods for recording information in the classroom and for homework should be offered, for example audio recording. • Providing information in advance of lesson so that the student has an opportunity to become familiar with the content. • Providing additional time for completion of all written/reading activities and 'down time' offered to reduce the effects of visual fatigue. • Providing only the relevant section of maps/diagrams to reduce unnecessary visual clutter. • Using modified exercise books with bolder lines for writing and bolder boxes for maths. • Using darker pencils for written work. • Using a writing slope to raise work up.
 <p>Difficulties participating in PE and games</p> <p>In school: Andrew is in year 9 and finds it hard to participate in sports and games requiring good vision, especially ball sports.</p> <p>At home: Andrew is reluctant to participate in out-of-school sports clubs.</p>	<ul style="list-style-type: none"> • Providing modified/adapted equipment – larger tennis rackets, foam balls instead of tennis balls, high contrast pitch. markers and playing bibs, goalball (large foam ball with bell in). • Positioning CYP close to practical demonstrations. • Use the CYP's name when speaking to them, especially in larger spaces like halls and the playground. • Reduce the size of playing areas.

<h2>What we see</h2> <p>(Some of these presentations may overlap within and across sections)</p>	<h2>What may help</h2>
 <p>Difficulties participating in social groups</p> <p>At school: Faith is in year 8 and finds it difficult to read social cues from body language and facial expressions and can appear to others to be rude, for example if he seems to be ignoring them. She has difficulty locating her friends in the playground and has a small social circle.</p> <p>At home: Faith is reluctant to meet other children and prefers to stay at home when the family go out for social events. She finds it hard to navigate in unfamiliar places and this causes her anxiety. She has low self-esteem and poor self-confidence.</p>	<ul style="list-style-type: none"> • Setting up a buddy/befriender system for play and lunch times, including a designated meeting place. • Providing lunchtime social clubs.
 <p>Difficulties accessing the curriculum</p> <p>At school: Parmjit is in year 5 and is not engaged with learning. She has made little or no academic progress in the last two years. Her behaviour is seen as disruptive. She finds it hard to concentrate in lessons.</p> <p>At home: Parmjit's parents feel she is "over-dependent" on adults. They are frustrated that she does not complete her homework and often does not want to go to school.</p>	<ul style="list-style-type: none"> • Providing magnifying technology where needed. • Using screen sharing technologies to enable access to content on separate devices. • Adjusting expectations of the volume of work to be produced whilst still fulfilling the objectives of lessons. • Considering seating, e.g. CYP should be positioned close to any practical demonstrations. • Verbalising what is happening using rich descriptive language when the CYP cannot see. • Providing the student with their own copy of any texts that are shared on the teaching board.

External Agency Support

Joseph Clarke Outreach Service

(Whitefield Academy Trust, Macdonald Road, Walthamstow, London E17 4AZ,
email: jcservice@whitefield.waltham.sch.uk, Phone: 020 8531 8361)

Additional Resources

RNIB - <https://www.rnib.org.uk/>

Funding and the use of funding

Each school receives funding for SEND according to proxy indicators of need in the school's population as a whole, e.g. social deprivation and prior attainment. Some CYP with a higher level of need receive additional funding that is linked to the needs and provision outlined on their Education, Health and Care Plan.

SEN funding is received by mainstream schools and academies is divided into three sections:



Element 1	The Age Weighted Pupil Unit (AWPU) pays for the basic costs for every child in the school regardless of any SEND. It usually covers staffing and premises costs.
Element 2	Additional funding (up to £6000 per CYP) for CYP with SEND (both EHCP and SEN Support) to make provision to meet their needs. This money is known as the Notional SEN budget. For each child in the school with an EHCP this notional budget is used to fund the first £6000 of the cost of the EHCP.
Element 3	The High Needs Block (sometimes referred to as “top up funding”). This is the money paid by the Local Authority (maintained)/Education and Skills Funding Agency (academies), in addition to the element 1 and element 2 funding to top up the support within the school to meet the funding needed for individual CYP with an EHCP.

Schools will need to carefully consider how the funding should be best used to meet the CYP's outcomes instead of routinely allocating a 1:1 TA/LSA to them. This may include training for staff working with the CYP; educational resources that will enhance the accessibility of the curriculum and/or more specialised teaching support for group interventions.

In most instances it is unlikely that a 1:1 TA/LSA will be necessary to meet a CYP's special educational needs. However, there may be some cases where there is a high level of physical need, attachment and/or safeguarding need which will require higher levels of staffing. CYP who have experienced developmental trauma, had disrupted attachments and/or have severe communication needs may need the opportunity to develop attuned relationships within the classroom setting. For these CYP, it is recommended that a close relationship with one or two consistent TAs/LSAs is encouraged. It is important that these staff understand that the children or young people may need to go back to a dependent relationship before they are able to develop the independence that we are working towards.

In making these decisions, schools should remember that it is essential that they promote Preparation for Adulthood outcomes (i.e. Employment, Independent Living, Community Inclusion and Health) in their provision for CYP with SEND so that we all work together in encouraging and supporting them to become increasingly independent as they enter adulthood. This begins from the Early Years with promoting independence with dressing and toileting as well as developing language to express their needs and develop friendships. If we perpetuate dependence on a continued TA/LSA presence, we are not preparing CYP with SEND to become independent adults. For further information on best practice for using school funding for SEND refer to 'Good Practice Guide for Schools for using EHCP funding.'

Glossary

Academy	An academy is a mainstream school which receives funding directly from the Government and is independent of the Local Authority.
Access Arrangements	Access arrangements are special arrangements that some students with SEND are entitled to in their public exams so that they can demonstrate their ability without their disability being a barrier. Schools are required to undertake assessments to establish eligibility for access arrangements and to show evidence that any adjustments are part of usual classroom practice.
Additionally Resourced Provision (ARP)	The DfE refers to these provisions as Specially Resourced Provision (SRP). Resourced provision within mainstream schools where CYP are either withdrawn to a resource for specialist input, or teachers from the resource deliver specialist help to the CYP within the classroom. A resource provision usually has a specialist focus such as hearing impairment or autism.
Age Weighted Pupil Unit (AWPU)	The AWPU is the amount of money that every maintained school receives for each CYP that is on the school roll, whether or not they have SEND. The value of the AWPU varies from one Local Authority to another and according to the age of the CYP.
Area SENCOs	Area SENCOs are commissioned to work in Private, Voluntary and Independent Nurseries as well as School Nurseries and Reception classes in mainstream schools.
Child and Adolescent Mental Health Service (CAMHS)	CAMHS assess and treat CYP with emotional, behavioural or mental health difficulties.
Designated Clinical Officer (DCO)	A key role in implementing and embedding the SEND reforms and in supporting joined up work between health services, Local Authorities and other SEND partners.
Designated Social Care Officer (DSCO)	A key role in implementing and embedding the SEND reforms and in supporting joined up work between social care services, Local Authorities and other SEND partners.
Designated Unit	These are sometimes referred to as Units. CYP accessing Units should have access to mainstream provision, such as assembly, lunchtime, PE, Music, Art or other mainstream curriculum classes where appropriate. The amount of integration in mainstream will be significantly less than that of CYP in ARPs.
Differentiation	Differentiation is the first step in meeting the needs of every CYP. It is any way in which the content, presentation, environment or expectations of teaching and learning is modified. It may be something which has been planned in advance (such as a specific activity) or adapted in the moment (based on a CYP's needs or their response to teaching). Differentiation may be 'big' (e.g. using a Teaching Assistant (TA) to support a particular CYP) or 'small' (e.g. rephrasing a question to make it simpler).
Early Help	Early Help is an assessment and offer of support to a family to help identify needs and offer intervention at an early stage. It can involve multiple agencies.
Educational Psychologist (EP)	Educational Psychologists have a qualification to masters or doctorate level and are trained to apply psychology to the educational context. All EPs are registered with the Health and Care Professions Council (HCPC). They are experienced in working with CYP in schools, colleges and early years settings and work in partnership with parents, carers, schools, nurseries, health services and children's social care.

Education, Health and Care Plan (EHCP)	An EHCP is a legal document describing a young person's needs, their expected outcomes, the provision required to achieve those outcomes and the most suitable educational placement. A CYP's EHCP must be person centred taking into account their views, wishes and feelings and that of their family.
Education Funding Agency (EFA)	The EFA is the government agency that funds education for CYP between the ages of 3 and 19, and those with learning difficulties and disabilities between the ages of 3 and 25. The EFA allocates funds to local authorities, which then provide the funding for maintained schools. The EFA directly academies and free schools directly.
Emotional Literacy Support Assistants (ELSAs)	The Emotional Literacy Support Assistants (ELSA) programme is an initiative that was designed by Educational Psychologists to build the capacity of schools to support the social emotional and mental health needs of their pupils from within their own resources. Enfield EPS provides training and co-ordinates the local ELSA network.
Enfield Trauma Information Practice in Schools & Settings (E-TIPSS)	Enfield Trauma Informed Practice in Schools and Settings (E-TIPSS) is an implementation programme that aims to support schools and partners in Enfield to work together to support children to make sense of their experience(s) find ways to manage their emotions and feelings. create an environment of safety, connection and compassion at all times. Our aim is to build a local area network of strong, positive, supportive relationships through training and follow up support. E-TIPSS uses the Attachment Regulation and Competency (ARC) Framework as an implementation model (Blaustein & Kinniburgh (2019)
Free School	Free schools are no-for-profit schools that are funded by the government directly and are independent of the Local Authority. They can be set up by charities, universities, independent schools, community and faith groups, teacher, parents and businesses.
Graduated Approach	The graduated approach is the cycle of Assess, Plan, Do and Review that is used to understand and meet a CYP's SEND. Where expected progress is not seen at the review stage, increasing specialist expertise should be sought for the subsequent cycle.
High Needs Block	The High Needs Block is used to fund special school places and is the top-up funding paid to mainstream schools for some CYP with EHCPs.
Higher Level Teaching Assistants (HLTAs)	Higher level teaching assistants (HLTAs) do all the things that regular teaching assistants do but they have an increased level of responsibility e.g. teaching classes on their own to cover planned absences and allow teachers time to plan and mark.
Individual Education Plan (IEP)	This is used by schools to document the Graduated Approach (Assess, Plan, Do, Review). It is a non-statutory document meaning that schools can choose how and when they use it. They can also have different names in different schools such as: SEND Support Plans or Pupil Passports.
Key Stage	A key stage is a stage of education. They are separated in age as follows: Key Stage 1 is years 1 and 2 (5 – 7 years old) Key Stage 2 is years 3 – 6 (7-11 years old) Key Stage 3 years 7 - 9 (11 – 14 years old) Key Stage 4 years 10 - 11 (14 – 16 years old) Key Stage 5 years 12 – 13 (16 – 18 years old)
Looked After Children (LAC)	The term 'looked after' refers to children, under 18, who have been provided with care and accommodation by children's social services.

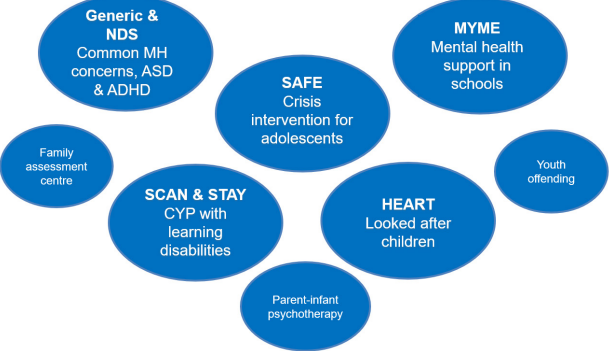
Local Offer	The Local Offer, published by every local authority, tells you what support is available for CYP with SEND and their families. It includes information about education, health and care provision. It also gives information about training, employment and independent living for young people with SEND.
Maintained School	Schools in England that are funded by the Local Authority including any community, foundation or voluntary school, community special or foundation special school.
Mainstream School	This is a school that provides education for all children, whether or not they have special educational needs or disabilities.
Makaton	Makaton a unique language programme that uses symbols, signs and speech to enable people to communicate. It supports the development of essential communication skills such as attention and listening, comprehension, memory, recall and organisation of language and expression.
Modified Curriculum	A modified curriculum is version of the National Curriculum or the school's curriculum that is adapted in some way to meet a CYP's individual needs. Examples include increasing/ decreasing the difficulty level, length, or pace, alternating easy and difficult tasks, alternating preferred and less preferred tasks, teaching a new skill within daily routines, using materials that are interesting and motivating to the CYP.
Multi-Agency Safeguarding Hub (MASH)	This is the first point of entry for referrals about CYP made by professionals, families and the public where there are concerns about the safety of a CYP.
Outcome	Outcomes describe the difference that will be made to a CYP as a result of special educational and other provision. These must be specific, measurable, achievable, realistic and time-bound (SMART).
Reasonable Adjustments	Reasonable adjustments are changes schools and other settings are required to make in order to make the physical or learning environment more accessible. Examples include changes to physical features such as creating a ramp so that students can enter a classroom or providing extra support and aids (such as specialist teachers or equipment).
Scaffolding	Scaffolding describes a process that supports a CYP with what they can't yet do independently, until their understanding, skills (and often confidence) grow to a point where they can. The goal is to provide help a small stage beyond what the CYP is currently capable of on their own without support. With support, or scaffolding, the CYP can access the concept or skill and gain experience until they are able to become more or fully independent. This scaffolding process needs to change in line with the confidence and competence of each CYP. This is sometimes from the point of requiring direct adult for the whole task, to initial help or intermittent help, often with the use of learning materials or aids.
Special Educational Needs and Disabilities (SEND)	Special educational needs often referred to as 'SEN' or 'SEND' (Special educational needs and disabilities), is a term used to describe learning difficulties or disabilities that make it harder for a child to learn compared to children of the same age.
Special Educational Needs Coordinator (SENCo)	A SENCo is a qualified teacher in a school or maintained nursery school who has responsibility for co-ordinating SEND provision.
SEN Code of Practice	This is the statutory guidance that supports Part 3 of the Children and Families Act 2014. It tells local authorities, early years settings, schools, colleges, health and social care providers and others what they must and should do to identify, assess and provide for CYP with SEND.
SEN Information Report	All schools must publish on their websites information about their policy and arrangements for supporting children with SEN. This should be updated annually.

SEN Support	When a CYP has been identified as having SEND, schools should take action to remove barriers to learning and put 'additional to and different from' special educational provision in place. This is known as SEN Support.
Special School	A school which is resourced and organised to provide for the education of CYP with an Education, Health & Care Plan who need a high degree of support in the learning situation and in some cases specialist facilities, equipment and teaching.
Speech and Language Therapist (SaLT)	Speech and language therapists are the lead professionals for children who have speech language and communication needs and or difficulties with eating and drinking. They are registered with and regulated by the HCPC.
Teaching Assistant/ Learning Support Assistant (TA/LSA)	Non-teaching support staff who work with children with special educational needs in the classroom under the direction of a teacher.



Appendix 1 – Services, contact details and referral pathways

With thanks to Michelle Williams, St James' CE Primary School who collated this information.

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Children and Adolescent Mental Health Services (CAMHS)</p> <p style="text-align: center;">CAMHS teams & remits</p> 	<p>Accept referrals from health, education, children's services colleagues, parents and carers. Young people can also self-refer if they are over 16.</p> <p>Address: Enfield CAMHS Baytree House Church Tree Close Enfield EN2 6NZ</p> <p>Tel: 020 8379 1520</p> <p>Website: https://www.behcamhs.nhs.uk/about-us/enfield-camhs.htm</p> <p>Email: beh-tr.enfieldcamhs@nhs.net</p>
<p>Child Development Team & Community Paediatrician</p> <p>Provides medical advice, assessments, diagnosis and treatment for children and young age 18 (or 19, if still in full time education).</p> <p>Community clinics help to manage a range of childhood disabilities and disorders.</p>	<p>The service accepts referrals from Health, Social Care or Education professionals.</p> <p>Tel: 020 8702 3457 or 020 8702 3458</p> <p>Community Health Children & Young People (CYP) Single Point Referral Form (SPOR)</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/Community%20Health%20Children%20Young%20People%20Single%20Point%20Referral%20Form.docx</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Deaf CAMHS</p> <p>Deaf Child and Adolescent Mental Health Service (Deaf CAMHS) (0 – 18 years)</p> <p>Referrals can be made by a range of professionals, including CAMHS, Paediatricians, Audiologists, Social Services, GPs. Self-referrals are accepted but families are encouraged to discuss their concerns with local professionals prior to completing a referral form if possible.</p>	<p>Tel: 020 3513 5000</p> <p>Website: https://www.swlstg.nhs.uk/professionals/auto-generate-from-title</p> <p>Email (for London service): ndcamhs@swlstg.nhs.uk</p>
<p>Russet House Outreach</p> <p>Positive Behaviour Support for mainstream schools for individual children and young people so that they can put a PBS plan in place</p>	<p>Tel: 020 8350 0650</p>
<p>Early Help</p> <p>Early Help work with the whole family to improve wellbeing, relationships, behaviour and communication by offering advice, support and direct interventions at any point in a CYP's life, from pre-birth to adulthood, and the type of support available will depend on their needs.</p>	<p>Referral can be made by professional or parent/carer/relative or friend</p> <p>https://eh.childrensportal.enfield.gov.uk/web/portal/pages/ehmref#h1</p>
<p>Early Years Area SEN Team</p> <p>Area SENCOs are commissioned to work in Private, Voluntary and Independent Nurseries as well as School Nurseries and Reception classes in mainstream schools. An Early Years SENCO forum is held termly for Private, Voluntary and Independent Nurseries.</p>	<p>Email: Julia.Hide@enfield.gov.uk</p>
<p>Early Years Social Inclusion (EYSI)</p> <p>EYSI is a multi-disciplinary team that supports schools in meeting the developmental needs of children facing difficulties in a range of areas.</p> <p>The team oversee and monitor Nurture Groups, Language and Social Skills (LASS) and Tiger Team interventions.</p>	<p>Email: EYSI@enfield.gov.uk</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Educational Psychology Service (EPS)</p> <p>Enfield Educational Psychology Service is the main provider of psychological services to Enfield schools with direct links to services in education, health and social care, enabling a coordinated approach. The EP Service works at different levels with schools to support children and young people's learning and wellbeing. This includes applying psychology with:</p> <ul style="list-style-type: none"> • Whole-school work to support organisational approaches such as a whole-school framework for emotional wellbeing, or trauma-informed practice. • Individual children and young people and their families, where there are concerns about their learning, development, emotional wellbeing or behaviour. • Groups of children and young people, facilitating workshops or delivering interventions e.g. for managing anxiety. • Groups of parents and carers, for example to facilitate workshops or deliver parenting programmes. <p>The Educational Psychology Service offers a traded service to schools for work at SEN Support or to provide further advice to help children with an EHCP</p>	<p>All EP work is planned with schools that purchase the service. For individual work, a Request for EP Involvement is submitted with consent from parents/ carers and young people aged over the age of 16 years.</p> <p>The SEN Service requests EP involvement for EHC Needs Assessments and Statutory Reassessments.</p> <p>EP involvement through other teams, (e.g. EASA, My Young Mind Enfield, the Virtual School, Youth Offending Service, Admissions and Behaviour Support Service etc) is arranged by through the relevant service to meet the specific outcomes of the team.</p> <p>Tel: 020 8379 2000</p> <p>Email: EPS@enfield.gov.uk</p>
<p>Enfield Advisory Service for Autism (EASA)</p> <p>This is a Local Authority service supporting autistic CYP from 0 - 25 years by working with educational settings and parents to increase understanding of autism and develop provision and practice.</p> <p>EASA provide evidence-based Autism Education Trust training, workshops and surgeries for educational settings and parents.</p> <p>Consultation and advice to schools and settings for CYP diagnosed with autism and those with social communication needs</p>	<p>SENCO and parents/carers can contact the service directly for involvement, advice and training.</p> <p>Tel: 020 8353 4186</p> <p>Email: admin@enfieldasa.org.uk</p> <p>Website: www.enfieldasa.org.uk</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>ECASS – Enfield Communication Advisory Support Service</p> <p>ECASS is a multi-disciplinary team that aspires to adopt an Enfield wide early intervention approach to speech, language and communication needs (SLCN) across its schools to improve outcomes for children, young people and their families.</p> <p>Every child and young person with SLCN in an Enfield school has access to specialist services through their school setting.</p> <p>Evidence-based approaches and support is provided for schools to further develop enabling environments where communication becomes everybody’s business.</p> <p>Strand 1 -Training in Identification</p> <p>Strand 2- Targeted Interventions</p> <p>Strand 3 - Parent/Carer Focused Training</p> <p>Strand 4 - Support, Practitioner and School Based Training Programme</p> <p>Strand 5 - Pupil Referral and Triage</p>	<p>All schools have access to the Universal Offer within each of the 5 strands.</p> <p>Target Schools will also have access to the targeted offer within each of the 5 strands.</p> <p>Email: ecass@enfield.gov.uk</p>
<p>Enfield Children and Young Persons Service (ECYPS)</p> <p>Voluntary sector organisation that provides, holiday, young inclusive practice and training for professionals.</p>	<p>www.ecyps.org.uk</p>
<p>Fern House Outreach Service</p> <p>Support for CYP with SEMH who are at risk of permanent exclusion using a trauma-informed approach to understanding children and young people’s behaviours. Support to set up and support with multi-disciplinary pastoral support plans that align with SWERRL and Secondary BSS. Support to devise risk assessment and management plans that align with SWERRL and Secondary BSS.</p>	<p>Tel: 01992 760 860</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>HEART Team</p> <p>(Health, Education, Access and Resource Team) for Looked After Children and Post Adopted CYP</p> <p>The HEART Service is led by Enfield Council in partnership with Barnet, Enfield & Haringey Mental Health Trust.</p> <p>It was established to meet the needs of Looked After Children and those adopted from care and to provide support in the areas of education, emotional/mental health and physical health.</p> <p>The service is multi-disciplinary including CAMHS, Education, Speech and Language and Nursing.</p>	<p>Email contacts:</p> <p>Suzanne.Rowson@enfield.gov.uk</p> <p>Azra.Klempic@enfield.gov.uk</p> <p>Malaika.Williams@enfield.gov.uk</p>
<p>Joint Service for Disabled Children (JSDC)</p> <p>The JSDC includes:</p> <ul style="list-style-type: none"> • The Early Intervention Support Service • Cheviots children's disability service. • Short breaks support for children with significant levels of need. 	<p>31 Cheviot Close, Enfield EN1 3UZ</p> <p>Tel: 020 8363 4047</p> <p>Email: Cheviots@enfield.gov.uk</p>
<p>Joseph Clarke Service for the Vision Impaired</p> <p>Access to specialist teachers to advise on adaptations to the environment (for example, yellow tape to mark hazards like steps or changes in levels, changes to the lighting) to make it more accessible.</p> <p>Recommendations for special equipment (for example, talking keyboards or big keys keyboards) and/or specialist software packages.</p> <p>Training course for school staff offered within the SEND/ Inclusion Professional Learning programme.</p>	<p>Health professionals refer CYP directly to the service and the service make contact with the school to offer regular advisory teacher support visits.</p> <p>SENCOs can also refer to the service with appropriate health professional reports.</p> <p>Tel: 020 8531 8361</p> <p>Email: jcservice@josephclarke.waltham.sch.uk</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>My Young Mind Enfield MYME (Mental Health Support Teams in schools)</p> <p>My Young Mind Enfield is the local name for Mental Health Support Teams (MHST). MHSTs are funded by NHS England and Health Education England. Schools and colleges in participating MHST areas receive additional mental health and wellbeing support and extra capacity for early intervention and help for mild to moderate mental health issues.</p> <p>MHST are part of the broader offer of support in schools and work in partnership to complement the team around the school/family or child/young person. They are currently linked to approximately 50 educational settings in Enfield and are commissioned to deliver three core functions:</p> <ol style="list-style-type: none"> 1. Evidence-based interventions for mild to moderate mental health and emotional wellbeing concerns. 2. Support to senior mental health leads in schools to develop a whole-school approach to mental health and wellbeing. 3. Timely advice and signposting to schools. 	<p>https://www.beh-mht.nhs.uk/news/new-wellbeing-videos-for-school-children/1649</p>
<p>Nutrition and Dietetics Community Paediatric Dietetics Team</p> <p>Provides nutrition and dietetic assessment and advice, for CYP aged 0-18 (19 if still in full time special education).</p>	<p>Community Health Children & Young People (CYP) Single Point Referral Form (SPOR):</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/Community%20Health%20Children%20Young%20People%20Single%20Point%20Referral%20Form.docx</p> <p>Email: h-tr.enfieldcdcreferrals@nhs.net</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Oaktree School Outreach</p> <p>Practice Support and modelling of inclusive classrooms and curriculum approaches e.g. shadowing opportunities in special schools and consultation at whole class/group level (not individuals)</p> <p>Parent workshops</p> <p>PRICE training /physical intervention for secondary schools</p> <p>Specific Learning Difficulties:</p> <ul style="list-style-type: none"> • Assessment, screening and intervention (not diagnosis) • Curriculum adaptations • Advice around working memory difficulties, word finding difficulties and phonological awareness • Half termly training and consultation for staff 	<p>Tel: 020 8440 3100</p> <p>Email: outreach@oaktree.enfield.sch.uk</p>
<p>Our Voice</p> <p>Our Voice is a parent-led organisation supporting parents/carers of CYP with SEND.</p> <p>Our Voice works closely with the statutory and voluntary sectors, to improve services for CYP with SEND in the borough of Enfield.</p>	<p>Tel: 07516 662315</p> <p>Email: info @ ourvoicenfield.org.uk</p> <p>Website: https://www.ourvoicenfield.org.uk/</p>
<p>Paediatric Occupational Therapy (OT)</p> <p>OT helps children who have difficulties doing everyday activities, such as dressing, feeding, writing, socialising and play, due to a problem with their fine motor skills, coordination and/or ability to make sense of the world around them. The team also provides advice and guidance on sensory strategies, and specialist equipment such as adapted cutlery, writing aids and specialist seating.</p>	<p>Referrals can be made by registered health professionals (for example, paediatricians, GPs, health visitors, school nurses, physiotherapists, speech and language therapists) and school SENCOs.</p> <p>Community Health Children & Young People (CYP) Single Point Referral Form (SPOR):</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/Community%20Health%20Children%20Young%20People%20Single%20Point%20Referral%20Form.docx</p> <p>Cedar House St Michaels Site Gater Drive Enfield EN2 0JB</p> <p>Tel: 020 8702 5630</p> <p>Email: beh-tr.cssadminhub@nhs.net</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Paediatric Physiotherapy</p> <p>The service work with children, young people and their families to promote their physical independence, mobility and function, to help achieve their maximum potential.</p> <p>What we offer:</p> <ul style="list-style-type: none"> • The physiotherapy service works with children, young people with a wide range of physical or mobility difficulties, resulting from neurological impairment, developmental delay, genetic disorders and musculoskeletal issues. • Paediatric physiotherapists use a variety of different approaches to work alongside children and their families, to help promote their overall development and physical wellbeing and participation in life. • The service aim is to help children, young people and their families develop the skills and knowledge to enable them to become as independent as possible with their mobility and in managing their difficulties throughout childhood and onwards into adulthood. • Key services include Assessment, advice and planning for children with musculoskeletal concerns • Assessment, care planning and equipment advice for children with a physical impairment, including working jointly with the wider multi-disciplinary team. • Training for parents, guardians, carers and other professionals to help them support their children with physical management plans and exercise programmes at home, school or other settings • Referrals into the orthotics service when appropriate • Referrals to other community and hospital-based services when appropriate Intervention can be offered individually or in groups. Children and young people may be seen via video consultation, in clinic and community settings, including children’s homes. <p>Covid -19 service compliance:</p> <p>During the Covid-19 pandemic outbreak the service introduced remote working around ensuring the service provided was a safe service in line with the government guidance around reducing the risk of Covid-19 transmission.</p> <p>For this reason, video consultations, where introduced as “Virtual First Approach”, as recommended by the Chartered Society of Physiotherapy. Following your video or telephone call, a joint decision between the family/ young person and their physiotherapist can be made as to whether any further input needed can be delivered remotely, or whether a face-to-face consultation is most appropriate.</p>	<p>Address: Cedar House St Michael’s Primary Care Centre Gater Drive Enfield EN2 0JB</p> <p>Tel: 020 8702 5640</p> <p>Email: beh-tr.physiotherapycommunitychild@nhs.net Core hours: Monday to Friday, 9am – 5pm</p> <p>How you can access our service:</p> <p>Referrals for children who live in Enfield or have a GP in Enfield are accepted. Referrals can be made by any relevant healthcare professional including school nurses, health visitors, hospital consultants and GPs. Please send all referrals to</p> <p>beh-tr.childrenstherapies@nhs.net</p>

Service, Service Lead and Summary of Service	Referral process / Website / Contact details
<p>Who the service is for:</p> <ul style="list-style-type: none"> • Neurodevelopmental service: Children and young people aged 0-19 years old, with ongoing functional or mobility needs related to long term conditions. • Musculoskeletal Service: Children and young people aged 0-17 years old with musculoskeletal concerns. For some 16- and 17-year-olds, it may be more appropriate for them to be seen by the adult physiotherapy service and their referral may be forwarded to this team. 	
<p>Russet House Outreach</p> <p>Positive Behaviour Support for mainstream schools for individual children and young people so that they can put a PBS plan in place</p>	<p>Tel: 020 8350 0650</p>
<p>School Nursing Service</p> <p>Provides health advice on asthma, epilepsy, acute allergies, bed wetting, toilet training, behavioural or emotional difficulties, weight management and healthy lifestyles.</p> <p>As well as national vaccination programme and oral health programme (Flouride varnish twice yearly Nursery-Year1)</p>	<p>School nurses accept self-referrals from children or their families as well as referrals from school staff, social services, looked after children nurse specialists, child protection nurses, medical colleagues, and health visitors.</p> <p>Tel: 020 3988 7300</p> <p>Email northmid.cedarsn@nhs.net.</p> <p>Community Health Children & Young People (CYP) Single Point Referral Form (SPOR)</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/Community%20Health%20Children%20Young%20People%20Single%20Point%20Referral%20Form.docx</p>

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<p>Secondary Behaviour Support Service</p> <p>The Secondary Behaviour Support Service (SBSS) works in partnership with secondary schools in Enfield to prevent permanent exclusions, by supporting learners through an outreach and alternative provision service.</p> <p>Behaviour Support Service offer interventions in the form of groupwork. The groups are identified and chosen by schools and usually consist of up to 10 students and normally run for a duration of 6 weeks unless discussed previously with the school.</p> <p>The Outreach Service consists of learning mentors who work closely with children and young people, through one-to-one mentoring and group interventions. The Outreach Service also offers extra mentoring support to students who have been placed on managed moves. The service aims to support the transition to their new school and increase the chances of the managed move being successful.</p> <p>REACH is a programme designed for 8-10 Year 9 Learners that aims to change and modify behaviours and attitudes towards school, develop the learners' social, emotional and behavioural skills. It is a full-time 8 week long intervention followed by a 3-4-week transition back into school depending on the term length.</p> <p>The Alternative Provision Service offers advice and support to find alternative provision for students who are at serious risk of permanent exclusion, those who have already been permanently excluded, and students who are without a school place. This service works closely with Enfield secondary schools, the Pupil Referral Unit and the School Admissions Service. The Alternative Provision Service consists of two learning mentors. These mentors work closely with schools and provide one-to-one mentoring to students.</p>	<p>https://traded.enfield.gov.uk/thehub/information/secondary-bss</p>
<p>Sensory Support Service for Hearing Impairment</p> <p>Access to Teachers of the Deaf. The service uses the National Sensory Impairment Partnership (NatSIP) framework to decide on the initial amount of support that each CYP will get. The level of support is reviewed and adjusted regularly, with input from the advisory teacher, families, carers and other professionals.</p> <p>Training course for school staff offered within the SEND/ Inclusion Professional Learning programme.</p>	<p>All primary, special and secondary schools in Enfield have an allocated advisory teacher who will meet regularly with the special educational needs coordinator (SENCo), teaching staff and CYP.</p> <p>Tel: 020 8489 8338</p> <p>Email: sensorysupport@haringey.gov.uk</p> <p>Information on the Enfield Local Offer:</p> <p>https://www.enfield.gov.uk/services/children-and-education/local-offer/education-5-to-18/sensory-impairment-support-at-school-and-college</p>

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<p>Simply Connect Enfield</p> <p>Simply Connect Enfield is a Social Prescribing service for the borough of Enfield, managed and delivered by Enfield Voluntary Action (EVA).</p>	<p>Simply Connect Enfield - connecting you to your local community</p>
<p>Special Educational Needs and Disability Information, Advice and Support (SENDIASS)</p> <p>SENDIASS Centre 404</p> <p>SENDIASS services provide information, advice and support to CYP with SEN and their parents. They provide impartial advice on the special educational needs system to help the children, their parents and young people to play an active and informed role in their education and care. Although funded by Local Authorities, SENDIASS Services are run either at arm's length from the local authority or by a voluntary organisation to ensure children, their parents and young people have confidence in them.</p>	<p>Self-referral for parents for independent support and advice</p> <p>Email: SENDIASSenfield@centre404.org.uk</p> <p>Tel: 07494 280063</p> <p>Website: https://centre404.org.uk/</p>
<p>Special Educational Needs Service (statutory)</p> <p>The SEN service works in partnership with parents/ carers, schools and professionals across education, health and social care.</p> <p>An Advisory Officer is allocated to each school to:</p> <ul style="list-style-type: none"> be the main contact within the SEN service process a request for an Education, Health and Care Plan (EHCP) needs assessment co-ordinate and draft EHCPs, if an assessment is agreed manage and process Annual Reviews 	<p>Tel: 020 3821 1919</p> <p>Email: sen@enfield.gov.uk</p>
<p>Special Educational Needs Service (non-statutory)</p> <p>SEND/Inclusion Professional Learning</p> <p>Schools can access all published courses. There are opportunities for SENCOs to network with other local SENCOs at SENCO conferences and termly Inclusion Briefings are also held.</p> <p>Schools subscribing to the programme have access to support from the Early Years Social Inclusion Team for one LASS (Language and Social Skills) group for Early Years and Primary.</p>	<p>Professional Learning Portal, The Hub, Enfield Council</p> <p>Website: https://traded.enfield.gov.uk/thehub/professional-learning-portal/send-inclusion</p> <p>Email: Smeeta.Modasia@enfield.gov.uk</p>

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<p>Specialist Nursing, Bereavement and Play Service</p> <p>We are a specialist service providing palliative care and Specialist assessment of children and young people’s continuing care needs. We work closely with NCL CCG and make recommendations and facilitate commissioned packages of care or support the Personal Health Budget process.</p> <ul style="list-style-type: none"> • Specialist Nursing assessment of Continuing Care needs with recommendations for commissioned support. • Case management of CYP with continuing care needs and palliative needs. • Specialist short breaks in the home • Bereavement support • End of life care • Play therapy • Provision of specialist equipment and supplies <p><i>Specialist Nursing</i></p> <p>We provide specialist assessment and make recommendations for Children and Young People who have Continuing Care Needs and may need additional support at home, at school or in the Community. This support usually takes the form of commissioned Packages of Care but can also be delivered via a Personal Health Budget.</p> <p>As Specialist Nurses we also case manage health needs within the Community by working as the Child or Young Person’s Lead Professional, working closely with other Professionals supporting the Child in and outside of Enfield.</p> <p>We also receive referrals for Children who are palliative and take the Nursing lead on end of Life care in the Community.</p> <p><i>Play and Bereavement</i></p> <p>We provide and lead a quality play and bereavement service for children and young people age 0-19 and their families who are diagnosed with a life limiting or life threatening condition</p> <p>We assess the child/young people’s play, development and emotional needs. We also support parents/carers to implement appropriate strategies for play as part of the child’s overall care.</p> <p>We also offer pre and post bereavement support for their families. Working with any child/young person who have lost a parent/Sibling or has had a traumatic bereavement. I have developed and am the Chair Person for Little Sparks Enfield which runs alongside BEH-MHT providing the funding for all the sibling groups, families parties and outings, our one to one bereavement work and bereavement groups and our yearly family memory day.</p>	<p>Website: https://www.beh-mht.nhs.uk/services/specialist-nursing-bereavement-and-play-team/247</p>

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<p>Speech and Language Service (School-age)</p> <p>Enfield School-age Speech and Language Service (Reception to end of Secondary) – Complete Speech and Language Service referral form submitted with the application for a statutory needs assessment of special educational needs.</p> <p>Speech and language clinical lead pathways e.g. developmental language disorder (Reception to end of Secondary) - Discussion with relevant Clinical Lead Speech and Language Therapist prior to submitting Speech and Language Service referral form.</p> <p>Speech and language health pathways e.g. speech sound problems and stammering (Reception to 18 years) – Complete and submit the Speech and Language Service referral form.</p> <p>Enfield Communication Advisory Support Service (ECASS) (Primary and Secondary Schools) - All schools can access the universal pathway within the 5 strands. Targeted schools can access universal and targeted offer from strands 1 - 4.</p> <p>Whole school training “An Introduction to Developmental Language Disorder” is available to all schools without charge from the Clinical Lead Speech and Language Therapist for DLD.</p>	<p>Referral from SENCO for specific pathways:</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/School%20age%20speech%20and%20language/referral%20pathway%20dec%202019.docx</p> <p>For Clinical Lead/Health Pathways:</p> <p>https://www.beh-mht.nhs.uk/downloads/Services/School%20age%20speech%20and%20language/clinical%20lead%20flow%20chart%20dec%202019.docx</p> <p>Cedar House St Michaels Site Gater Drive Enfield EN2 0JB</p> <p>Admin Hub: 020 8702 6930</p> <p>Email: beh-tr.cssadminhub@nhs.net</p>

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<p>SWERRL Team (Strengthening Wellbeing, Emotional Health, Relationships and Readiness for Learning - formerly known as Primary Behaviour Support Service)</p> <p>Formerly known as the Primary Behaviour Support Service. This is a multi-disciplinary team working in partnership with schools and other services in Enfield. They support the improved inclusion of primary school children who are experiencing social, emotional and mental health (SEMH) difficulties using trauma-informed perspectives to understanding children’s challenging behaviour and their troubled life experiences.</p> <p>SWERRL provides consultative and strategic input to develop SEMH sensitive practices in school with access to specialist support for parents and families alongside school-based interventions.</p> <p>This service is primarily commissioned to work at SEN Support and provides assistance with school-based assessment of SEMH needs, advice on school-based responses and planning for school-based management of needs, support for school-based interventions, which may include direct work with CYP, staff consultations and liaison with parents and training.</p>	<p>Parents/carers must have signed consent for involvement.</p> <p>Tel: 020 3855 5879</p> <p>Email: Office.BSS@enfield.gov.uk</p>
<p>Youth Development Service</p> <p>The Youth Development Unit (YDU) is an educational service offering young people out of school educational activities, accredited learning opportunities and mentoring support via our five open access Youth Centres.</p>	<p>Website: Welcome to Youth Bubble and Inspiring Young Enfield (taptub.co.uk)</p>
<p>Waverley School Outreach Service</p> <p>Practice Support and modelling of inclusive classrooms and curriculum approaches e.g. shadowing opportunities in special schools and consultation at whole class/ group level (not individuals). Parent workshops. Training in Manual Handling, Self-care, Safeguarding for children and young people with physical and continence needs.</p> <p>Support for schools with managing complex needs accompanied by behaviours of concern which result in part-time timetables – particularly in the Early Years and Primary</p>	<p>Tel. 020 8805 4397</p> <p>Email: l.bennett@waverley-sch.co.uk</p>

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<p>West Lea School Emotionally Based School Non-Attendance Provision, Home-Hospital Tuition and Attendance Support Unit</p> <p>ASU provision for approximately 30 students per annum from Year 7 to Year 11 (15 students at any one time).</p> <p>Outreach Support for pupils in Years 5 and 6 with EBSNA.</p> <p>Home-Hospital Tuition co-ordinated and delivered by a qualified teacher and tuition delivery by tutors.</p>	<p>Tel: 020 8807 2656</p> <p>Email: Tuition-ASUreferrals@westleaschool.co.uk</p>

