Provision Map Information & Strategies

Know Who, Know How

Provision Mapping – Know Who, Know How Index

CTRL and Click on the header to follow the link for information, alternatively you can use the search function 🔍 Find ⌄ above, each page also has a hyperlink to bring you back to the Index pages

1. <u>Academy 21</u>

Academy21 are an online alternative provision. They provide provision to young, vulnerable learners who, for whatever reason, are unable to attend school.

This is a broad and balanced curriculums for student from year 5 up to year 13, with tailored provision for each key stage. Lessons are delivered live online and are fully interactive.

Learners are guided through each lesson by expert teachers, with the same teacher and peer group within each subject. Homework activities, which can be completed online, are set after every lesson. Teachers and parents are able to access the overall marks at any time, if needed.

Content is provided for every lesson which is delivered, then can be accessed by learners at any time.

Access Arrangements

Access arrangements are agreed before an assessment. They allow candidates with specific needs, such as special educational needs, disabilities or temporary injuries to access the assessment and show what they know and can do without changing the demands of the assessment. The intention behind an access arrangement is to meet the needs of an individual candidate without affecting the integrity of the assessment. Access arrangements are the principal way in which awarding bodies comply with the duty under the Equality Act 2010* to make 'reasonable adjustments'.

Access arrangements are either assessed through standardised assessments (for example reading, handwriting, processing) or centre delegated (for example separate invigilation, laptop, rest breaks, prompter, coloured overlay, scribe). There must be an evidence base that the need has been established over time and that there is teacher reports or external reports confirming this to be appropriate as a normal way of working for the child. In exceptional circumstances, new evidence comes to light from external professionals that allow new access arrangements to be put in place either close to or during exams.

Access Arrangement Options

25% Extra Time

In order to award 25% extra time the SENCo must determine the needs of the candidate based on one of the following:

• a current Education, Health and Care Plan which confirms the candidate's disability; or
• a fully completed assessment carried out no earlier than the start of Year 9 by an assessor confirming a learning difficulty relating to secondary/further education and must include a detail picture of need.

So as not to give an unfair advantage, Part 2 of Form 8 must confirm that the candidate has at least:
• two below average standardised scores of 84 or less;
the two standardised scores must relate to two different areas of speed of working as below:
• speed of reading and speed of writing; or
• speed of reading and cognitive processing; or
• speed of writing and cognitive processing; or
• two different areas of cognitive processing which have a substantial and long-term adverse effect on speed of working.

At Minsthorpe Community College we use the CTOPP2 to assess phonological processing, KTEA3 to assess Reading Fluency and DASH for speed of handwriting to assess students to see if they meet this criteria.

<u>Bilingual Translation Dictionaries</u>

SENCo must determine the needs of the individual candidate. Not all candidates for whom English is an additional language will need to use a bilingual translation dictionary. It is the end of the month, three years after the candidate has entered the United Kingdom, which must be adhered to.

The candidate's first language is not English, Irish or Welsh;
• the candidate entered the United Kingdom within three years of the examination(s);
• English is not one of the languages spoken in the family home;

The evidence compiled by the EAL Co-ordinator or the SENCo must confirm all of the above.

<u>Coloured Overlay</u>
Typically for students who have difficulties with coloured blindness or specific learning difficulties, an identified coloured overlay can be provided in exams to use to access text.

At Minsthorpe Community College, coloured overlays are provided where concerns have been raised and assessment has evidenced the need, the recommended overlay is part of the students provision map and teacher evidence confirms the use of it is a normal way of working.

<u>Complex Needs</u>

Where a child has a formal diagnosis of a medical condition (e.g. ASD), AA can be implemented without having to have any additional evidence from in school assessments. Evidence only needs to relate to the normal way of working to be able to implement as a centre delegated means of support.

<u>Live Speaker</u>

For aural tests, clear amplification may be necessary to improve the candidate's ability to hear, or a transcript of a listening test may be read to enable the candidate to also lip/speech-read. The SENCo may need to consult a specialist teacher, i.e. a qualified Teacher of the Deaf, to identify the most appropriate arrangement for a candidate with hearing loss.

The live speaker will speak, read aloud or cue in the language being assessed, e.g. Cued French, the contents of the CD in a Listening examination.

At Minsthorpe Community College this AA is put in place wherever the evidence is provided by a Teacher of the Deaf that recommends this as support in ensuring access to recorded materials.

Modified Papers

Modified enlarged papers are intended for candidates who cannot read a standard examination paper. The layout and presentation of the standard paper is modified to remove elements of visual complexity without changing the demands of the assessment. Pictures and diagrams are often re-drawn to make them more visually accessible.

At Minsthorpe Community College this is typically for students with a visual impairment, there will be a recommended font type and size typically recommended by a Teacher of the Visually Impaired, this will be evidenced as a recommendation in a student profile and through teacher evidence as a normal way of working.

Prompter

A prompter may be permitted where a candidate has a substantial and long-term adverse impairment resulting in persistent distractibility or significant difficulty in concentrating.
For example, the candidate:
• has little or no sense of time (e.g. candidates with ADHD or ASD); or
• persistently loses concentration; or
• is affected by an Obsessive-Compulsive Disorder which leads them to keep revising a question rather than moving onto other questions.

In such instances a candidate may be assisted by a prompter who can keep the candidate focused on the need to answer a question and then move on to answering the next question.

Reader

A reader is a responsible adult who reads the instructions of the question paper and the questions to the candidate. This may involve reading the whole paper to the candidate or the candidate may request only some words to be read.
(See the rules – the use of a reader within this section.)

At Minsthorpe Community College we assess reading using the WRAT IV. Where students are below the standardised score of 85, do not improve with intervention and where teachers can evidence that reading to the students is a normal way of working, this AA can be put in place for exams.

Scribe

A scribe is a responsible adult who, in non-examination assessments and/or in an examination but not in a Speaking Test, writes or types a candidate's dictated answers to the questions.

At Minsthorpe Community College we use scribes where handwriting is illegible, interventions have not impacted and use of laptop has not removed the barriers to learning. This is rarely required as typically, these other support mechanisms are successful.

Supervised Rest Breaks

The SENCo must be satisfied that:

• the candidate has an impairment which has a substantial and long-term adverse effect, giving rise to persistent and significant difficulties (the candidate is disabled within the meaning of the Equality Act); and

• there is a genuine need for the arrangement.

There is no maximum time set for supervised rest breaks. The decision must be made by the SENCo based on their knowledge of the candidate's needs and the candidate's normal way of working when placed under timed conditions.

At Minsthorpe Community College this arrangement is provided for students with a medical need or where this would be an appropriate form of support for students needing extra time to complete assessments.

Word Processor

Centres are allowed to provide a word processor with the spelling and grammar check facility/predictive text disabled (switched off) to a candidate where it is their normal way of working within the centre.

At Minsthorpe Community College we provide students with laptops to support their learning where evidence demonstrates this is the appropriate form of support, they are then able to have this in exams, providing teacher evidence support this as their normal way of working.

Return to Contents

Beginning of Document

2. Action 2 Change

Alternative Provider used for step outs and as part of a personalised timetable student where the presentation is through persistent disruptive behaviours. The aim of the providers is to re-engage students in learning, with successful integration back into mainstream education. Instil an appreciation and love for lifelong learning, ensuring success.

3. Actions and Consequences Intervention

Student Strategy	Teacher Strategy
Focus on your aspirations and the steps you need to take to get there.	Encouraging students to see the bigger picture. How their choices now will affect their future.
Think before you act.	Encourage students to balance the positives and negatives in situations that arise.
Self reflect when things go wrong. What other choices could you have made?	Encouraging self-reflection, using student friendly language to unpick situations where poor choices have been made.

Beginning of Document

4. ADHD (Attention Deficit Hyperactivity Disorder)

It is normal for children to have trouble focusing and behaving at one time or another. However, children with ADHD do not just grow out of these behaviours. The symptoms continue, can be severe, and can cause difficulty at school, at home, or with friends.

A child with ADHD might daydream a lot, forget or lose things a lot, squirm, or fidget, talk too much, make careless mistakes, or take unnecessary risks, have a hard time resisting temptation, have trouble taking turns, have difficulty getting along with others.

Predominantly Inattentive Presentation: The student finds it challenging to organise or finish a task, to pay attention to details, or to follow instructions or conversations. They are easily distracted or forgets details of daily routines.

Predominantly Hyperactive-Impulsive Presentation: The student fidgets and talks a lot. It is hard to sit still for long (e.g., for a meal or while doing homework). Smaller children may run, jump, or climb constantly. The presentation includes feeling restless and impulsive. Someone who is impulsive may interrupt others a lot, grab things from people, or speak at inappropriate times. It is hard for them to wait their turn or listen to directions. The child is at higher risk of accidents and injuries than others due to their inability to control these impulses.

Combined Presentation: Parts of both presentations are evident in the child.

Strategies

- Keep classroom rules clear and concise and remind of these regularly with particular emphasis on good behaviours;
- Get the child to repeat back instructions to demonstrate they have understood;
- Provide a lesson task list;
- Use agreed verbal and visual cues with the child for getting their attention and to inform them how long they have left of an activity;
- Limit and sit away from stimuli as much as possible;
- Give frequent and immediate feedback;
- Provide immediate and specific praise for good behaviour;
- Plan in agreed movement and rest breaks;
- Allow the student to use fiddle toys;
- Break work down into smaller chunks;
- Plan for the time of day, a student with ADHD will typically be quieter in a morning and livelier in the afternoon;
- Consider carefully planned positive peer support.

Return to Contents

Beginning of Document

5. ADHD Referral

A referral is underway to assess whether the child meets the criteria for a diagnosis of ADHD. This is a detailed process and takes some time from initial discussion with parents to assessment in clinic, possibly as long as 6 months.

Return to Contents

Beginning of Document

6. <u>All About Me</u>

A key expectation set out in the SEND Code of Practice (2015) is to ensure that it is a person-centred approach. A crucial element of this is to capture the child's voice and to respond to their wishes or have clear rationale as to why you would not, it also must include the child's aspirations and that these wishes should be used to shape their educational experiences. It should help to guide what support looks like and should be a key factor for children in linking their current learning back to their ambitions.

Beginning of Document

7. <u>Anger Management Intervention</u>

Student Strategy	Teacher Strategy
Explore what your triggers are.	Know the student's triggers
Recognise physical symptoms of anger in yourself.	Know the physical symptoms of anger in the student and intervene early.
To use counting and breathing to self sooth.	Be aware of the student's favoured breathing/counting technique.

<u>Beginning of Document</u>

8. Anxiety Intervention

Student Strategy	Teacher Strategy
Practice breathing techniques	Be aware of the student's favoured breathing technique.
Let the teacher/peer know if you feel a panic attack coming on.	Encourage communication for how the student is feeling. Regular check ins to monitor the level of anxiety.
Self-talk – using calming techniques	Be aware of the student's favoured self-calm technique.

Return to Contents

Beginning of Document

9. AP Curriculum

When a student has AP curriculum on their provision, they are not accessing lessons through mainstream subjects and are having their broad and balanced curriculum through the bespoke and personalised curriculum to compliment any off site Alternative Provision they may be accessing.

Return to Contents

Beginning of Document

10. ASD Referral

A referral is underway to assess whether the child meets the criteria for a diagnosis of ASD. This is a detailed process and takes some time from initial discussion with parents to assessment in clinic, typically about 18 months.

Return to Contents

Beginning of Document

11. Aspire 2 B

Aspire 2 B is an Ofsted approved Alternative Provider at Post 16. They also offer provision to KS3 and KS4 students offering a Nurturing approach to support Emotionally Based School Avoidance difficulties along with delivering English, Maths and IT based qualifications.

Return to Contents

Beginning of Document

12. Attachment Difficulties

Infants who experience negative or unpredictable responses from a parent/carer may develop an insecure attachment style. They may see adults as unreliable and they may not trust them easily. Children with insecure attachments may avoid people, exaggerate distress, and show anger, fear, and anxiety. They may refuse to engage with others. These attachment difficulties can have different presentations based on how the child responds to the experience:

Anxious-insecure attachment

This form of attachment happens when parent/carers respond to their child's needs sporadically. Care and protection are sometimes there — and sometimes not. In anxious-insecure attachment, the child can't rely on their parents to be there when needed. As a result, the child fails to develop any feelings of security from and for the parent/carer. As a result, the child learns that they can't rely on their parent/carer to be there if they feel threatened, they won't easily move away from the parent to explore. The child becomes more demanding and even clingy, hoping that their exaggerated distress will force the parent to react. In anxious-insecure attachment, the lack of predictability means that the child may eventually become needy, angry, and distrustful.

Avoidant-insecure attachment

Sometimes, a parent/carer has trouble accepting and responding sensitively to their child's needs. Instead of comforting the child, the parent minimizes their feelings, rejects their demands, doesn't help with difficult tasks

The child may be expected to help the parent with their own needs. The child learns that it's best to avoid including the parent/carer in meeting their needs as they do not respond in a helpful manner. In avoidant-insecure attachment, the child learns to shut down their feelings and become self-reliant. Children with an avoidant-insecure attachment won't turn to the parent when they're distressed and try to minimize showing negative emotions.

Disorganised-insecure attachment

The parent presents with oppositional behaviours to the child's needs. They reject, ridicule, and frighten their child. Parents who display these behaviours often have a past that includes unresolved trauma. Tragically, when the child approaches the parent, they feel fear and increased anxiety instead of care and protection. The child learns how they must behave to survive the lack of support from the parent/carer.

Strategies

- Find opportunities to build a relationship, even when your attempt(s) are rejected.
- Find reasons to praise, don't make it all about the task/learning.
- Find times to work with carefully selected positive peers, include the child's voice.

- Ensure the child knows you are aware of them and their needs, prioritise them over other students when they ask for your help/support.
- Use writing frames to support tasks, a blank page can be overwhelming.
- Use tasks about winning and losing sparingly.
- Always lower your voice when managing behavioural incidents.
- Provide a highly predictably, structured routine.
- Use visual timetables and instructions.
- Break tasks into small chunks.
- Plan in agreed movement breaks.
- Plan in agreed timeout (inside/outside of the class).

13. Attribution Theory (Thoughts, feelings, and behaviours)

Student Strategy	Teacher Strategy
Do not get in a "hot" situation. Take yourself away from it instead.	Discuss pathways with students. What their 'Hot thoughts' were in a situation (their instant reactions) alongside their feelings.
Discuss triggers - make sure you realise what your personal triggers are.	Be aware of the student's personal triggers, talk to them and agree discreet signalling for check ins.
Do not focus on the negatives. Focus on the positives.	Supportively challenge the student's thoughts and perspective, breaking down the situation and helping them to realise how to avoid escalation.

14. Audiological Curriculum

Delivered by a Qualified Teacher of Hearing Impairment (HI). Students with HI are taught in a small group about their aids and how to manage and use them independently.

Return to Contents

Beginning of Document

15. Autistic Spectrum Disorder

Autism is a medical, neurological condition with no treatments or a "cure".

Autism is a processing difference that can have an impact on many areas of a person's life.

Autistic people will experience differences in three key areas:

Social Understanding and Communication –

Students will have differences in communication, understanding and use of language to their peers. This leads to differences in how the person interacts and develops relationships. It impacts on how they manage in large groups, it can be a challenging environment to be in, they are more likely to prefer to be on their own.

Sensory Processing and Integration - Sensory differences can include hyper (high) or hypo (low) sensitivity in relation to their senses. This can affect sight, hearing, touch, taste, smell, interoception (internal sensations), balance (vestibular) and body awareness (proprioception). These differences will vary from student to student and can fluctuate in their responsiveness depending on a number of different factors for example the time of day or the environment. Students will find it much more difficult to regulate their emotions in environments where they are having sensory experiences and this is unlikely to be something obvious to anyone else, you may not know the trigger to a behaviour and they may not be able to explain it.

Flexible Thinking, Information Processing and Understanding – Autistic students have differences in their attention, interests and how they learn. This can include being very focused on interests. They have a different way of being flexible, so often feel safer and more comfortable with routines and structure as this lessens uncertainty. The more predictable an experience is the better the student will manage the situation. This can only affect their strong sense of fairness as they are looking for all rules and boundaries to be delivered fairly at all times, any sense of injustice can have a significant impact.

While autistic people share these similar characteristics to some degree, they are also all different from each other. This is because autism is considered a spectrum. The autism spectrum is not linear from high to low but varies in every way that one person might vary from another.

There is no 'typical' autistic person. Every autistic individual has their own strengths, differences, and needs, their own life journey and their own unique story.

Strategies

- Always provide clear and consistent structure i.e., in lessons, at break times, at unstructured times within lessons.
- Teach class routines and rules using visual aids.
- Keep instructions clear and simple. Avoid asking lots of questions in a short space of time.
- Give time to process information and, if necessary, to communicate an answer.
- Be aware of what is going on in the background e.g., noise and how that may affect attention.
- Visual aids to be used as much as possible to reinforce language, understanding of tasks and expectations.
- Avoid using irony or sarcasm unless you have a strong relationship with the child and know this is ok.
- Do not insist on eye contact, check they are listening by asking them to repeat back information and instructions.

Beginning of Document

16. Balance AP

Balance is an Alternative Provision used by MCC, established to meet the needs of young people who are disengaged in a mainstream setting. They offer a combination of Academic, Vocational and Life skills, focussing on keeping a broad and balanced Curriculum.

Balance is a Key Stage 3 and 4 alternative provision which supports disengaged students and gives them a chance to be successful outside of a mainstream school setting.

Students also receive holistic support with their mental wellbeing and give them a wide range of behavioural strategies to successfully re-integrate back into a mainstream school setting. Balance aims to prepare students mentally, physically and socially for post 16 provision, a future career and the wider world of work.

Return to Contents

Beginning of Document

17. Barnsley College

We offer students in Years 10 and 11 the opportunity to study a vocational qualification course in a college environment alongside completing their GCSEs with Minsthorpe Community College. The vocational areas offered include:

Animal Care

Business, Warehousing and Logistics

Childcare

Construction Skills

Engineering

Hairdressing

Motor Vehicle Maintenance

Return to Contents

Beginning of Document

18. Behaviour Management

Student Strategy	Teacher Strategy
Put your hand up and communicate if you are struggling.	Regular check ins with the student.
Respectfully accept support if it is offered.	Do not shout at them. Deal with behaviours as discreetly as possible.
Get the teacher's attention for positives and not negatives.	Use positive language and praise with the student when they are behaving positively.

19. Bereavement – using the Winston's Wish program

Student Strategy	Teacher Strategy
Make keepsakes in memory of the lost relative.	Encourage the student to use their St Pass if they are becoming visibly distressed.
Communicate feelings to key members of staff in college. Choose people you are comfortable speaking to.	Do not make assumptions about how the student is feeling and avoid projecting feelings on to them.
Let people know when you are struggling.	Recognise signs of struggle such as: tiredness, loss of concentration and being irritable.

20. CAMHS Report/Letter

CAMHS stands for Child and Adolescent Mental Health Services. It is the NHS service that offers support and treatment for children and young people, aged up to 18 years old, who are experiencing difficulties with their mental health and wellbeing.

Usually, when a child or young person feels sad, stressed, frightened or worried, these feelings will pass with time and with help from family, friends, teachers or other health or care professionals.

For those children and young people where these feelings continue despite support, they may need specialist help and CAMHS can support with this. They typically support:

Feelings of sadness, low mood or depression.

Obsessive thoughts and behaviours such as having to check or repeat things.

Anxiety issues, including panic attacks.

Self-harm and thoughts of hurting themselves.

Suicidal thoughts or thoughts that "I don't want to be here anymore".

Problems with eating and food.

Long standing difficulties with coping after a scary and traumatic event.

They also can give parents and carers of children and young people advice on how to support their child with the difficulties they are experiencing.

When CAMHS are working with students at Minsthorpe Community College, they will sometimes write reports with advice and strategies to support them.

Return to Contents

Beginning of Document

21. Chewelry

Chewing can be a very effective way to calm and self-regulate, especially if you're anxious or stressed or need to focus. It's similar to how some people bite their fingernails when they're nervous, or pace back and forth, or tap their foot, etc. Needing to chew on non-food items is often sensory-related,

Return to Contents

Beginning of Document

22. <u>Children & Families Act (2014)</u>

The legislation lays out that local government needs to pay attention to the wishes and feelings of those being worked with, allow for participation on processes and offer support so that can happen, and work to achieve the best possible educational outcomes. The definition of a child with SEN and a disability is laid out, as is the difference between a child and a young person.

Proactive responsibility for identifying and monitoring children with disabilities or SEN falls to local authorities. The same authorities must have adequate provisions in place to look after these children and must work with other key services to meet needs.

All local authorities must have a Local Offer. This outlines the services available to children and young people with SEND and must be updated.

There is a presumption that children will be educated in a mainstream setting, unless the child or their parents are against it and have an Education, Health and Care Plan that allows them to preference special school placement.

Schools and nurseries are required to use their "best endeavours" to meet the needs of the children they educate, including those with SEN. There must be a qualified SEN coordinator in each school and a SEN information report must be published regularly.

The best practice approaches set out in the Children & Families Act (2014) for schools to follow are set out in the SEND Code of Practice (2015).

<u>Return to Contents</u>

<u>Beginning of Document</u>

23. Cognition and Learning

Cognition and Learning is one of the four Broad Areas of Need set out in the SEND Code of Practice (2015).

Cognition and Learning refers to global learning difficulties where children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment. Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia, and dyspraxia.

24. Coloured Overlay

Coloured overlays are sheets of translucent or transparent coloured plastic that can be placed over a page of a book to colour the text beneath without interfering with its clarity. Coloured overlays help to reduce the distortions of text that children sometimes describe. Students are assessed for the colour that is most effective, this can change over time.

Return to Contents

Beginning of Document

25. Communication and Interaction

Communication and Interaction is one of the four Broad Areas of Need set out in the SEND Code of Practice (2015).

It is defined as Children and young people with speech, language, and communication needs (SLCN) who have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all the different aspects of speech, language or social communication at different times of their lives.

Children and young people with ASD, are likely to have difficulties with social interaction. They may also experience difficulties with language, communication, and imagination, which can impact on how they relate to others.

Return to Contents

Beginning of Document

26. Consultation

A consultation is a process that takes place where a facilitator raises a child with their teaching staff to discuss their current experiences and what are the next steps to adaptive teaching to meet their needs. The process has 4 questions to drive a solution focussed approach:

Where are we now? Background from the facilitator.

What is going well? Staff contributing the child's successes in their class.

What helps the child? Staff contribute adaptive teaching strategies that are working.

What can we change – what are the next steps? Staff contribute what they have learned from the consultation that they can put into practice.

This is a 15-minute process. The information from the consultation is shared with the child, their parent/carers and with teaching staff.

27. CSIT – HI Report

CSIT is Wakefield Children's Sensory Impairment Team and HI refers to the Hearing Impairment service. They offer support through identifying student needs, set outcomes, and advise appropriate strategies to meet needs. They also work with Audiology departments to ensure children and young people receive the most appropriate assessment and amplification.

<div align="center">

Strategies

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- The child should sit near the front because hearing aids work most effectively 1-2 metres from the speaker.
- Reduce Background Noise as Hearing aids/cochlear implants (CI) amplify background noise and speech equally. So, listening in noise, even just the noise of a normal busy classroom, is more difficult for the child.
- Repeat, paraphrase and summarise other children's points of view from a position at the front of the class.
- Teach from the front as far as possible and avoid moving around the classroom as you speak. Do not talk as you write on the board or stand against a window with your face in shadow. Ensure that the room is well lit.
- Have an agreed strategy for getting the child's attention before addressing the whole class.
- Pre and post teach tier 2 and subject specific key vocabulary.
- Check in regularly so you know the child understands instructions and expectations of tasks.
- For DVD and audio-based materials provide printed versions for the child to read the information or subtitled DVDs;
- When a child is wearing a radio aid wear the microphone a hand's span away from the mouth and switch off or mute the microphone when not addressing the child directly. Check discretely with the child that the system is working.

28. CSIT – VI Report

CSIT is Wakefield Children's Sensory Impairment Team and VI refers to the Visual Impairment service. They offer support through identifying student needs, set outcomes, and advise appropriate strategies to meet needs. They also have Habilitation Officers who teach mobility, orientation, and independent living skills. They work with Optometrists and Ophthalmologists to ensure that health needs are understood and their implication in the classroom.

<u>Strategies</u>

- Carefully arrange classroom furniture. Ensure there is a clear pathway and keep this consistent.
- Keep worksheets uncluttered and use at least 12pt for font preferably Arial or Comic Sans.
- When addressing the class, it's helpful to mention the child's name to get their attention.
- Keep speech clear and avoid references to what things look like (unless part of the lesson objective).
- Allow lots of time for developing concepts through touch – it takes a while to feel all the way around something, or to peer closely at it with a lens.
- Extra time to be given and/or reducing the amount of detail to be studied at any one time will be necessary.
- Use paper with dark lines and a black pen to write with.

<u>Return to Contents</u>

<u>Beginning of Document</u>

29. Cystic Fibrosis

Cystic Fibrosis (CF) is one of the UK's most common life-threatening inherited diseases. CF is caused by a defective gene. As a result, the internal organs, especially the lungs and digestive system, become clogged with thick sticky mucus resulting in chronic infections and inflammation in the lungs and difficulty digesting food.

According to the most recent report from the UK Cystic Fibrosis Registry, based on people with CF who are recorded as alive 2013-2017, half of people born with cystic fibrosis in 2017 would live to at least 47.

People with CF should not meet each other as they have different bacteria or 'bugs' that grow in their lungs. These 'bugs' are rarely harmful to those who do not have CF but may be harmful to other people with the condition.

People with CF often must undergo a rigorous daily regime of treatments to stay healthy. This can include taking inhaled and injected drugs to clear mucus and fight infections, taking dozens of enzyme pills to digest food, and having physiotherapy morning and night.

Return to Contents

Beginning of Document

31 Developmental Coordination Disorder (DCD) (Dyspraxia)

Developmental Coordination Disorder (DCD) is a motor skills disorder that affects five to six percent of all school-aged children. DCD occurs when a delay in the development of motor skills, or difficulty coordinating movements, results in a child being unable to perform common, everyday tasks. Children with DCD do not have an identifiable medical or neurological condition that explains their coordination problems.

See physical difficulties for strategies to support.

Return to Contents

Beginning of Document

32 Diabetes

Diabetes is a lifelong condition that causes a person's blood sugar level to become too high.

There are 2 main types of diabetes:

Type 1 diabetes – where the body's immune system attacks and destroys the cells that produce insulin

Type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin

Type 2 diabetes is far more common than type 1.

For students with a diagnosis of diabetes an St Medical Pass is issued so that the child can have time to administer any medication or seek support as required. The pass allows the student to leave class without having to wait for permission. For those students with more complex needs a Health Care Plan is issued with advice from the Diabetes health services.

Return to Contents

Beginning of Document

33 Dual Reg Provider Report/Review

When a student is on the role of Minsthorpe Community College but attending a different school, they are dual registered. In these rare instances, reports, communication, and reviews between the schools will take place at regular intervals.

Return to Contents

Beginning of Document

34 Dyscalculia

Dyscalculia is a condition that affects the ability to acquire basic maths skills. Dyscalculic learners may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.

Strategies

- Review what the student already learned before teaching new skills.

- Teach students to "self-talk" through solving problems.

- Let the student write out charts or draw sketches to solve problems.

- Use graph paper to help line up numbers and problems.

- Give the student a list of the math formulas taught in the class.

- Use like coins, blocks, and puzzles to teach math ideas.

- Use attention-getting phrases like, "This is important to know because…."

- Use concrete examples that connect math to real life.

- Check in frequently to make sure the student understands the work.

- Use graphic organisers to organise information or help break down math problems into steps.

Return to Contents

Beginning of Document

35 Dysgraphia

Dysgraphia is a neurological disorder of written expression that impairs writing ability and fine motor skills. It is a learning disability that interferes with practically all aspects of the writing process, including spelling, legibility, word spacing and sizing, and expression.

Strategies

- Provide handouts so there's less to copy from the board.
- Provide typed copies of classroom notes or lesson outlines to help the student take notes.
- Provide extra time to take notes and copy material.
- Provide paper with different-coloured or raised lines to help form letters in the right space.
- Provide graph paper (or lined paper to be used sideways) to help line up math problems.
- Provide paper assignments with name, date, title, etc., already filled in.
- Provide information needed to start writing assignments early.
- Help the student break writing assignments into steps.
- Give examples of finished assignments.
- Offer alternatives to written responses, like giving an oral report.

Beginning of Document

36 Dyslexia

Dyslexia is a learning difficulty which primarily affects reading and writing skills. However, it does not only affect these skills. Dyslexia is actually about information processing. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as organisational skills.

<p align="center">Strategies</p>

- Display visual timetables for the lesson and also read them out loud.
- Hand out letter and number strips so the student can see how to write correctly.
- Use large-print text for worksheets.
- Provide extra time for reading and writing.
- Give the student multiple opportunities to read the same text.
- Use reading buddies during worktime (as appropriate).
- Peer support — one student writes while the other speaks, or they share the writing.
- Pre-teach new concepts and vocabulary.
- Provide the student with typed notes or an outline of the lesson to help with taking notes.
- Provide a glossary of key vocabulary.
- Give step-by-step directions and read written instructions out loud.
- Simplify directions using key words for the most important ideas.
- Highlight key words and ideas on worksheets for the student to read first.
- Check in frequently to make sure the student understands and can repeat the directions.
- Show examples of correct and completed work to serve as a model.
- Help the student break assignments into smaller steps.
- Give self-monitoring checklists and guiding questions for reading comprehension.
- Arrange worksheet problems from easiest to hardest.
- Provide sentence starters that show how to begin a written response.
- Provide extended time for taking tests.

37 Dyslexia Screener

The dyslexia screener is a screening assessment for and **not a diagnosis** of dyslexia. The assessment identifies if a child is at no risk, mild risk, at risk, or strong risk.

If a child is identified as being at high risk, we will write a student profile. We can not diagnose and there are no services for us to refer to for a diagnosis. Parents can seek a private diagnosis, but this is expensive and is not of significant support educationally, typically resulting in a student profile and a laptop for recording.

Return to Contents

Beginning of Document

38 Ear Defenders

Ear defenders aim to reduce the sound level of auditory information being processed; the student is able to continue to hear what people are saying, its merely at a reduced volume. This reduces the amount of auditory information the brain needs to process, providing a reduction in the amount of information the sensory system is being overloaded with. They are typically provided for students who either have identified sensory difficulties or are diagnosed with ASD.

Return to Contents

Beginning of Document

39 Education, Health and Care Plan

An Education, Health and Care Plan (EHCP) is a single multi-agency plan for children and young people aged 0-25 who have Special Educational Needs or Disabilities.

An EHCP will be put in place where a greater level of individual help is needed to ensure that a child/young person makes progress. It will be put in place following an assessment of the child or young person's education, health and care needs (not just educational needs). It is designed to make sure that all the child/young person's needs are assessed and supported at the same time.

The EHC Plan is a statutory legal document. Its preparation is informed by the guidance outlined in the Special Educational Needs and Disability Code of Practice: 0-25 years. This code covers provision for children and young people from birth to 25 years.

Key principles of an EHC Plan are:

Children, young people and their families are involved from the start

The identification of children and young people's needs is supported

There is collaboration between education, health and social care to provide appropriate and planned support

High quality provision is provided to meet the needs of children and young people with SEN

There is successful preparation for adulthood, including independent living and employment

There is greater choice and control for young people and parents over the support offered

The EHC Plan is a working document, which is statutorily reviewed at least once a year and is underpinned by individual Education Plans, Individual Behaviour Plans, Provision Timetables and One Page Profiles. It actively promotes a co-ordinated plan of support for the child or young person and their family. The document should be relevant to the needs of the child or young person and their family. Each stage can be personalised to make it relevant. The involvement of the child/young person and their families is vital, and they should always be central to the process.

This is a required form of support for students with the most complex needs. At Minsthorpe Community College we will advise and support children and families where we are certain, and we have the evidence that this is the correct form of support. We will also explain why we will not pursue this form of support where we feel that this is not the right approach for meeting a child's needs.

40 Education Improvement Teacher

The Educational Improvement Teachers (EITs) are part of the Education, Inclusion and Assessment Service for children and young people in Wakefield. The Team work alongside the Children First Hubs and Team Around the School (TAS), as well as taking referrals from the Inclusion Panels.

They work with children and young people, providing educational support and challenge to professionals, children, young people and their families across Early Help.

EITs use professional knowledge of the education system to advocate for vulnerable children and young people in school. The team provide education support to help children and young people with issues that are beginning to affect their education.

All EITs are qualified teachers and share extensive experiences of teaching in school from foundation stage to secondary age.

Return to Contents

Beginning of Document

41 Education Therapeutic Teacher

The Education Therapy Team are part of the Wakefield Educational Psychology Service, providing support to children and young people across the Wakefield district who are receiving fixed term exclusions, or who are at risk of exclusion from mainstream education.

Education Therapy Team use professional knowledge to support vulnerable children and young people in schools. The team provide 1:1 therapeutic intervention in schools to support children and young people up to the age of 6 to 18 years.

The intention is to work closely with schools to reduce exclusions and improve children's social and emotional well-being.

Individual therapeutic support for children and young people in schools.

• Non-judgmental advice and guidance for parents and schools.

• Strengthening child/parent and school relationships.

• Signposting to specialist services for further help and support.

• Assisting school professionals in developing understanding and knowledge of the child's social and emotional needs.

• Liaison with professionals (where appropriate) throughout the intervention period.

Return to Contents

Beginning of Document

42 Emotional Support Intervention

Student Strategy	Teacher Strategy
To recognise when they have low mood and seek support if needed.	To support students by noting when they are in low mood and encouraging them to seek support.
To recognise their body cues then use strategies given in intervention.	To encourage students to use strategies given in intervention.
To think positively and use positive self-talk and helpful thinking to manage their emotions.	To have regular check ins throughout the lesson.

45 End of College Day Debrief

Students, particularly those with either traits or diagnosis of Autism, can hold in their emotions in school and then release them on arriving home. This intervention is intended for the student to share their reflections of the day, their worries, and thoughts about how they can share their experiences with home, rather than just arriving home and then falling into difficult conversations with family due to carrying pent up emotions.

Return to Contents

Beginning of Document

44 Epilepsy

Epilepsy is a common condition that affects the brain and causes frequent seizures. Seizures are bursts of electrical activity in the brain that temporarily affect how it works. They can cause a wide range of symptoms. Epilepsy can start at any age, but usually starts either in childhood or in people over 60. It's often lifelong, but can sometimes get slowly better over time. Most children with epilepsy are able to go to a mainstream school, take part in most activities and sports, and get a job when they're older.

For students with a diagnosis of epilepsy at Minsthorpe Community College, an St Medical Pass is issued so that the child can have time to administer any medication or seek support as required. The pass allows the student to leave class without having to wait for permission. For those students with more complex needs a Health Care Plan is issued with advice from the Epilepsy Health services.

Return to Contents

Beginning of Document

45 EPS Report/Letter

Educational Psychologists are professionals who apply psychology in our everyday work with children and young people. They are skilled in the areas of understanding child development, human behaviour and emotions, social relationships, and learning.

EPs work with children and young people aged 0-25 years with a wide range of additional/complex needs and disabilities for example emotional, social and mental health, physical and sensory, speech, language and communication, social communication and interaction, developmental delays and learning difficulties.

EPs work with individuals and groups of children, teachers, parents/carers and other agencies who may be involved with the child and their family, across a range of settings.

The EP supports schools to develop their practices for inclusion and enable the school to meet the needs of pupils with complex needs, including those with Special Educational Needs (SEN).

The EP offers a range of support through whole school interventions, bespoke training, work to support groups of pupils and individual pupil support. This is to address all areas of difficulty which manifest themselves in the school environment.

Through planning meetings agreed students are identified, CPD and curriculum support and the reports received then allow for the shaping of support to meet students' needs and remove barriers to learning.

This will be recognised through recommended student strategies and interventions.

Beginning of Document

46 E Safety Intervention

Student Strategy	Teacher Strategy
To identify a trusted person to tell if I encounter online issues.	To support students with identifying a trusted adult.
To understand how to use social media responsibly.	To support with understanding good and safe practice when using social media.
To understand the signs of an inappropriate online relationship.	To ensure that students fully understand who to trust and not trust online.

47 Exam Stress Intervention

Student Strategy	Teacher Strategy
Put 100% effort in and then no one can expect any more.	Praise the student's efforts in lesson.
Let the teacher know if you are struggling.	Regular check ins with the student.
Practise techniques before the exam, such as breathing or counting, that ease your nerves.	Be aware of the student's personal preference for breathing or counting calming techniques. Encourage use of these before formally assessed work.

Return to Contents

Beginning of Document

48 Fiddle Toy

Fiddle toys are designed to help with self-regulation. The school has an identified toy that will be provided when it is felt that it is appropriate, students are not allowed to bring their own to use in lessons. They help students focus, relax, and maintain attention to instruction.

They can also help with stress and anxiety because of the soothing quality of repetitive movements.

Fiddle toys are not a long term solution for a child's difficulties but can be a great way to help release in the moment tension and help students self-regulate and attend in their lessons.

Beginning of Document

49 FIM (Futures in Mind)

FIM (Future in Minds) is joint work undertaken by the College and a Practitioner from Wakefield Children's Mental Health Team (CAMHS). They offer support through consultation for those presenting with lower level mental health or wellbeing concerns; they will advise appropriate strategies to support students at school and external to it;

<div align="center">

Service Offer

</div>

- Small group work around a common concern e.g., anxiety, loss.
- Individual work with a student to embed strategies to support any identified needs that become apparent within the session.
- Communicate with home to ascertain support that is needed to ensure the child's needs are met.
- Offer advice to education as to supporting young people with mental health and wellbeing concerns
- May signpost to other organisations for support e.g. KOOTH counselling.

Return to Contents

Beginning of Document

50 Friendship Intervention

Student Strategy	Teacher Strategy
To encourage students to show interest in what others are saying and be a good listener and make them feel comfortable.	To seat students with positive peers.
To have starters for conversations, when they are with someone they want to know better and know how to be approachable.	To encourage students to answer questions and take part in class discussions.
To look for common interests with peers to help form positive friendships.	To encourage attending an after-school activity.

Beginning of Document

51 Getting to Know You Intervention

Student Strategy	Teacher Strategy
To be able to form positive relationships with peers and staff by showing resilience and respect.	To demonstrate positive behaviours.
To ask for help when you are struggling with your thoughts and feelings.	To have regular check ins with students.
To identify when you need to ask for help by knowing your triggers.	To look out for signs that something is bothering the student and they might need some extra support.

51 GP Report/Letter

A letter received from a General Practitioner regarding a student and typically outlining recommendations to implement in school, advising of actions taken or giving permission for absence.

Return to Contents

Beginning of Document

53 Handwriting Intervention (Formation and Speed)

Student Strategy	Teacher Strategy
Know both your upper-/lower-case alphabet letters which can be difficult to read for someone who doesn't know you. Remember which digits you may form poorly.	In front of exercise book have printed copy of the alphabet (in both upper and lower case) / digits 0 – 9. Students highlight letters/digits they struggle to form. At start of lessons students could practise formation of problem letters/digits in jotter/back of exercise book for 30 seconds/1 minute.
Remember required wpm for your age group. 11 years – 12wpm, 12 years – 14wpm, 13 years – 15/16 wpm, 14 years 17wpm. 15years – 18-19 wpm, 16years –19 wpm.	Do a 1 minute 'write as much as you can' and peer assess.
Remember joined up writing is not a must!	Remind students to look at printed copy of the alphabet and to not join up problem letters in particular.

Beginning of Document

<u>54 Health Care Plan</u>

Children with ongoing medical needs, it may be for a longer term or on a continual basis could have a health care plan (IHCP) that is reviewed annually or earlier if the child's needs change. Parents should be consulted when developing a Health Care Plan and any relevant health professional should also be involved. Procedures should also be put in place for transition between schools.

Health Care Plans are developed in partnership between the school, parents, student and the relevant healthcare professional who can advise on a child's case. The aim is to ensure that schools know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

<u>Beginning of Document</u>

55 Hearing Impairment

Hearing impairments can have a significant impact on a child's educational development, in some cases resulting in learning delay and reduced curricular access. Hearing Impairment spans a range from mild/moderate to severe/profound. It can be temporary or permanent.

Most students with hearing impairment will have been diagnosed at the pre-school stage and will have accessed some level of support from the Hearing Impairment Team and Health colleagues. It is possible for some students to acquire hearing loss late in life through accident or illness or a genetic condition.

A significant proportion of students have some degree of hearing difficulty at some time. Temporary hearing loss in the early years is usually caused by the condition known as "glue ear". Such hearing losses fluctuate and may be mild to moderate in degree. They can compound other learning difficulties.

Listening to language through hearing aids and cochlear implants and the visual concentration required following lip reading and sign language is very tiring. Studies have shown that deaf students are also at higher risk of developing social and emotional difficulties compared to hearing peers.

It is known as a "low incidence" difficulty. Only a handful of students in a school will typically have a hearing impairment and this leads to an increased risk that their needs will be missed.

Strategies

- The child should sit near the front because hearing aids work most effectively 1-2 metres from the speaker;
- Reduce Background Noise as Hearing aids/cochlear implants (CI) amplify background noise and speech equally. So listening in noise, even just the noise of a normal busy classroom, is more difficult for the child;
- Repeat, paraphrase and summarise other children's points of view from a position at the front of the class;
- Teach from the front as far as possible and avoid moving around the classroom as you speak. Do not talk as you write on the board or stand against a window with your face in shadow. Ensure that the room is well lit;
- Have an agreed strategy for getting the child's attention before addressing the whole class;
- Pre and post teach tier 2 and subject specific key vocabulary;
- Check in regularly so you know the child understands instructions and expectations of tasks;
- For DVD and audio based materials provide printed versions for the child to read the information or subtitled DVDs;

- When a child is wearing a radio aid wear the microphone a hand's span away from the mouth and switch off or mute the microphone when not addressing the child directly. Check discretely with the child that the system is working.

56 Home Learning Club

Student Support offer an after school club to support students to complete homework where they may not be able to or it be appropriate to be completed at home. The club is available to all students, with priority given to students at K-SEN Support or with an Education Health and Care Plan if there is significant demand. It is available on a Tuesday, Wednesday and Thursday from 2:30pm to 3:30pm.

Beginning of Document

57 ICT/Touch Type Intervention

An intervention for those students identified as benefitting from using a laptop. Initially, an ICT proficiency check which looks at ability to use keyboard and mousepad/ various Windows tools on task bars/open and save docs/ spellcheck/print/send email and attachments/read email and download/save attachments from staff takes place.

For some students, they do not have the recording skills to use in the classroom and need to have intervention to practice getting to a level that means that they will benefit from using their laptop as an alternative to handwriting as their reasonable adjustment. It also ensures that they have understood their responsibilities following expectations set out in the Laptop Policy.

Student Strategy	Teacher Strategy
Practise typing	Encourage practising different ways of recording typed work. (Use of bullets, grids, charts).
Save your work.	Create a student folder where all typed work is kept. Remind students to save work at regular intervals during your lesson and to send the work to you.
Use double line spacing so your teacher has room to mark/correct your work	Remind students to double space when typing.

See Laptop Protocol for further information

[Return to Contents](#)

[Beginning of Document](#)

58 In Class Intervention

The deployment of support staff at Minsthorpe Community College is aimed at ensuring that the students with the most need receive the most support and that whatever support is put in place, is with the principled approach of ensuring that it encourages independence and does not impair the student, teacher relationship. In class interventions are where students have a time limited input where they may be needing support for a particular form of task, for reminders of strategies given in interventions and ensure they are being used and to enable students to stay in class and succeed.

Return to Contents

Beginning of Document

59 Inc

Inc is the school SEN status for a student who is receiving support but that this has been for less than 12 months so cannot yet be described as SEN Support. This allows for the tracking of students receiving early intervention for impact of provision.

[Return to Contents](#)

[Beginning of Document](#)

60 Inclusion Panel Referral

The Inclusion Panel is a Wakefield LA led strategy that is aimed at reducing the behaviour incidents for students at risk of permanent exclusion or receiving repeated suspensions.

The aims of the Wakefield Secondary Inclusion Panels are to enable school, AP, Council leaders and partners to work collaboratively to:

- take collective responsibility for all pupils in Wakefield;
- make decisions that have the best interest of the pupil at their centre;
- ensure that all pupils in Wakefield have access to continuing education;
- enable pupils, families and schools to get access to the right support when they need it by taking a pro-active approach to identifying needs, and seeking and providing support;

When a student is referred to the Inclusion Panel it is to access one of the support mechanisms available above and beyond normal students to try and meet their needs and reduce the negative experiences they and their family are having.

Beginning of Document

61 Irlen Syndrome

Irlen Syndrome (also referred to at times as Meares-Irlen Syndrome, Scotopic Sensitivity Syndrome, and Visual Stress) is a perceptual processing disorder. It is not an optical problem. It is a problem with the brain's ability to process visual information.

<div align="center">Strategies</div>

- Reduce your fluorescent lighting by creating areas that do not have fluorescent lights, areas where half the lights are off, and areas with full fluorescent lighting. If you have a room with enough natural lighting, do not turn on your fluorescent lights.
- Reading should be done from materials placed directly in front of the child. Children should not attempt to 'share' reading material.
- Allow children to copy from paper to paper. If necessary, copying what has already been copied from a board by another child.
- Encourage and remind children to use the coloured overlay(s) in all subject areas in which reading occurs including Mathematics.
- Ensure that reading is supported using the child's preferred overlay colour(s).

Return to Contents

Beginning of Document

62 ISPACE

Is a community interest company who offer support and advice to individuals over 8 and families. They are not based in schools but may for example offer a short period of intervention that schools can access if funding is available. Sessions will generally link to an element of healthy living e.g. exercise, healthy relationships, self-esteem etc. Currently MCC do not have an ISPACE program running in College.

Return to Contents

Beginning of Document

63 IT Provision

This is the use of typically a laptop, but could be other forms of IT for students to access and record their work rather than by handwriting. The teacher is responsible for ensuring that the student is using their resource regularly in lessons so we ae able to evidence this as a normal way of working and ensure that they can use it in their exams.

Return to Contents

Beginning of Document

64   JCM Joint Consultation Meeting

The Joint Consultation Meeting is a meeting held once a half term to discuss the 10 students with which the school has the greatest concerns at that time. This is typically due to risk of permanent exclusion, of becoming NEET, risk taking behaviours in the community or due to the level of risk they are exposed to with their family. The core group of attendees are the Director of Student Support (Chair), EWO, Student Support Manager, Educational Psychologist, WISENDSS representative, SALT (representing health), Youth Offending Team, Anti Social Behaviour Case officer, Safer School Partnership Officer, Parent Support Advisor. There is also connection with the Service Manager for Social Services for any challenging cases. The aim of the meeting is to agree next steps for these students that may diminish all risks but will ensure that appropriate service involvement can be offered.

Return to Contents

Beginning of Document

65   KeatsEE

KeatsEE is a practical vocation alternative provision offering engineering (fabrication and welding) and sports coaching. The curriculum has a vocational apprenticeship focus and offer opportunities to access to placements at KS5 to continue preparation for adulthood.

66 Key Worker Intervention

The Key Worker Intervention (KWI) is a provision for students who have either been identified as requiring access to support as they are feeling dysregulated in the classroom due to their social emotional mental health (SEMH) difficulties, or for class support at teacher request typically for a limited period, This provision aims to give timely intervention which supports a student in regulating their behaviour/emotions and learning needs to be able to access their learning.

The class support is through teachers request managed by the HLTA for learning support and the decision on issuing and removing of the KWI for SEMH needs is made by the Director of Student Support, the CTL of Student Support or the Student Support Manager, in agreement with relevant members of pastoral staff.

The KWI is designed to help students to become independent learners through using skills taught by the Key Workers to regulate in lessons.

67 Kooth

Kooth was an online counselling service (ended in Wakefield Locality March 2023) which offered support to all young people that registered on their platform.

They also offered 1:1 counselling support to young people face to face when a referral was made by school. Young people identified for support would generally access 7 sessions lasting approximately 45 minutes. The sessions were confidential unless a safeguarding risk. Support within these sessions was therapeutic and strategy based and may have included the creation of a safety plan.

Return to Contents

Beginning of Document

68 KS3 Lunchtime Provision

Lunchtime supported provision in small space to support safety, social skills and manage students presenting with challenging behaviours in less structured environments.

Return to Contents

Beginning of Document

69 KS4 Lunchtime Provision

Lunchtime supported provision in small space to support safety, social skills and manage students presenting with challenging behaviours in less structured environments.

Return to Contents

Beginning of Document

70 KS3 PP

The Key Stage 3 Personalised Provision was the base for students where they were not in all lessons before a change to **Structured Personalised Provision**. Whilst based in KS3PP students had access to all of their learning through a laptop. The use of PP was for numerous reasons and when a child was in PP, teachers are asked for work it would be beneficial to know why students are out of your lesson, if unknown and to see what support you can put in place to enable a smooth transition back into classroom.

Return to Contents

Beginning of Document

71 KS3 RP

A student in the KS3 Resource Provision is having a broad and balanced curriculum highly adapted to the student's needs due to their difficulties. The full details of the KS3RP is included on the website.

Return to Contents

Beginning of Document

72 KS4 PP

The Key Stage 4 Personalised Provision was the base for students where they were not in all lessons before a change to **Structured Personalised Provision**. Whilst based in KS3PP students had access to all of their learning through a laptop. The use of PP was for numerous reasons and when a child was in PP, teachers are asked for work it would be beneficial to know why students are out of your lesson, if unknown and to see what support you can put in place to enable a smooth transition back into classroom.

Return to Contents

Beginning of Document

73 KS4 RP

A student in the KS3 Resource Provision is having a broad and balanced curriculum highly adapted to the student's needs due to their difficulties. The full details of the KS3RP is included on the website.

Return to Contents

Beginning of Document

74 Language Intervention (Expressive and receptive language)

Student Strategy	Teacher Strategy
Avoid repetition of the same language by referring to synonyms.	Create synonym trails for commonly used words. Have these displayed when students are writing.
With homophones, write down each one before making your final choice. Which one looks right?	Ask students to write homophone options in their margin, before then circling the correct one once clarity has been sought.
Look for root of unfamiliar words – does this give you a clue? Eg ignite and ignition.	Encourage students to question the origin of a key word. Ask where students first heard this word, to enable them to make stronger links between words and their roots.

75   Lego Therapy Intervention

Student Strategy	Teacher Strategy
To encourage students to listen to instructions and ask to be repeated back if they don't understand.	Encourage students to actively listen and ask the student to repeat back instructions to make sure they understand what they must do.
To describe what they want from people but in a positive way.	Encourage and model to students to speak in a positive manner.
To build up resilience through problem solving and asking for help instead of giving in.	To encourage students to keep trying even if they find the task hard.

Return to Contents

Beginning of Document

76   <u>Literacy Intervention</u>

Student Strategy	Teacher Strategy
Reading and Spelling: Remember and learn your problem digraphs/trigraphs/quadgraphs/blends/split digraphs and blends to help with spellings and reading. Write them in the margin to remind you of them as an aide memoire.	Reading and Spelling: In margin allow students to write their key problem digraphs/trigraphs/quadgraphs/blends/split digraphs within a given noun/adjective/verb and highlight the diagraph etc as an aide memoire. Have key technical vocabulary easily available to encourage students to identify their own problem diagraphs within key and tier 2 vocabulary.
Reading Fluency: Practise reading aloud interviews/plays to improve speed of reading and confidence. When reading silently assume a 'character' voice' to help focus upon question/sentence/text content. Use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.	Reading Fluency: Ask students to read aloud in pairs/small groups at every opportunity. Suggest to students when reading silently assume a 'character' voice' to help focus upon a question/sentence/text content. Students use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.

77 Managed Move

A managed move is for a student moving schools for an agreed period to see if they can be successful in the new setting, where for different reasons, this has not been able to be possible in the current setting. At the outset of the managed move an agreed list of expectations that the student must meet are set out including a number of weeks that they have to be successful for. If all the targets are met then the student formally transfers to the new school, if not, they return to the original school. The student is dual registered whilst the managed move is taking place.

Return to Contents

Beginning of Document

78 <u>Managing Emotions and Feelings Intervention</u>

Student Strategy	Teacher Strategy
To identify and reduce triggers	Look for any changes in appearance and speak to student 1:1 to address any concerns.
To engage in positive self-talk.	Encourage students to find things they like about themselves,
Use positive ways to respond to situations.	only give constructive criticism

<u>Return to Contents</u>

<u>Beginning of Document</u>

79 Medical Risk Assessment

Students regularly hurt and injure themselves and this can affect access to the site and to lessons. Where this is the case a medical risk assessment with the child and family member takes place and an agreement of what adjustments will be provided is set out and staff informed.

Beginning of Document

80 Moderate Learning Difficulty

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

There is no legal definition of where one definition of a learning need begins and ends i.e. when a student could move from being described as moving from moderate to severe in terms of their learning difficulty. A catch all description is the term Global Learning Difficulties.

<p align="center">Strategies</p>

- Focus on what the student can do and build on this.
- Strategic praise for all progress they are making.
- Simplify language, repeat words and clarify meanings.
- Lots of over learning and repetition in lessons.
- Pre and post teach tier 2 and specific curriculum vocabulary.
- Use concrete resources and examples.
- Reduce the amount of writing required.
- Ensure worksheets or uncluttered and a clear, easy to read font.
- Allow students to print rather than insisting on joined up handwriting.
- Support organisation by stating clearly what is needed verbally and visually when appropriate.
- Check discreetly that the child is managing with the pace of the lesson and be prepared to repeat information regularly.

Return to Contents

Beginning of Document

81 <u>Multi-Sensory Impairment</u>

Children and young people with multi-sensory impairment (MSI) have difficulties with both sight and hearing. Many children also face other challenges, such as medical conditions or physical disabilities.

A very small number of children and young people with MSI are totally blind and deaf, but most have some useful vision and/or hearing. Children and young people with MSI need to get as much information as possible from any useful sight and hearing they have and from their other senses. For many children and young people, touch can provide a means of learning about the world and a means of communicating. Some children and young people with MSI become very skilled in using the sense of smell, for example, and use it to identify people and places. Some recognise movement around them because of something as subtle as changes in air pressure on
their skin.

<u>Strategies</u>

- Ensure the child is positioned optimally for vison and hearing.
- Give positive reinforcement for wearing of hearing aids and glasses;
- Try to avoid moving around the classroom whilst talking;
- Repeat, paraphrase and summarise other children's points of view from a position at the front of the class;
- Manage the pace of class discussion and check the child is following and understanding what is happening;
- Use of visual aids as much as possible;
- Bullet points from discussions are recorded and shared with the child;
- Reduced use of board – child must have a desk top copy of information
- Use access technology as much as possible – for example, a tablet computer connected to interactive whiteboard.

<u>Return to Contents</u>

<u>Beginning of Document</u>

82 No Specialist Assessment

This is a Primary Need used for when additional educational provision is being made to help a pupil access the curriculum, as part of the graduated approach, but the specific need has not been determined.

Return to Contents

Beginning of Document

83 Nurture

A nurture group is a school-based intervention run by two members of staff with small groups of students. The aim is to replace missing early experiences by developing positive pupil relationships with both teachers and peers in a supportive environment. An assessment tool is completed by primary schools for Y6 students to help determine which students would require to be in the nurture group based on their social, emotional, and mental health and/or learning needs as they start at Minsthorpe Community College.

Students attend Nurture instead of attending French, History and Geography lessons. they still access learning in these subjects through a topic based approach. The students also received support for their learning needs and transition into their main subjects when assessed to be ready by the Nurture teacher.

The Nurture curriculum ceases at the end of Year 7. Although, not typical, students can be placed in Nurture during Year 7 who were not originally identified as requiring it at the transition point.

Parents must agree for their child to be placed in Nurture for it to be a part of their provision.

Return to Contents

Beginning of Document

84 Oak Forest School

Oak (Outdoor Activities for Kids) Forest School is an alternative provider used with identified students who benefit from the outdoor learning curriculum. The students learn new, lifelong, practical skills and deliver qualifications and reinforce positive team building skills in a woodland environment.

Return to Contents

Beginning of Document

85 Occupational Therapy Report

Occupational Therapy provide assessment and therapy to children whose ability to play, participate in the school day and self care is affected by illness, disability, fine and gross motor skills and sensory needs (smell, taste, noise, typically) . Therapists give advice on physical and sensory management of environments.

Any report received will have any recommendations and strategies built into the child's provision and a student profile where applicable.

Return to Contents

Beginning of Document

86 Other Difficulty/Disability

This is a Primary Need used for when additional educational provision is being made to help a pupil access the curriculum, as part of the graduated approach, but the specific need is not described by the range of primary need indicators available through the DfE for students with SEND.

Return to Contents

Beginning of Document

87 Other Physical Disability

This is a Primary Need used for when additional educational provision is being made to help a pupil access the curriculum, as part of the graduated approach, but their specific physical need is not described by the range of physical primary need indicators typical for students with SEND.

Return to Contents

Beginning of Document

88   P16 Mentoring

Student's presenting with issues or concerns including academic success, personal, social or emotional problems are assigned a mentor. Post 16 mentors work one on one with the student to explore the issues at hand they then offer bespoke support and guidance in line with the student's needs. Once the immediate issue has been resolved the mentor works with the student to support them in developing strategies for dealing with similar issues more independently in the future.

Return to Contents

Beginning of Document

89 P16 Well Being Support

The Post 16 team are able to support students with their wellbeing needs by offering pre-arranged or drop-in appointments. As well as the Post 16 office, students have a designated room where they can go for support if/when needed. During the appointments students are offered advice and if appropriate signposting to other services.

90 Paediatric Report/Letter

Child Health (Paediatrics) is the area of medicine that deals with the diagnosis, treatment and prevention of health conditions in children aged 0 to 16 years and transition to adult services for young people aged 16-18 years. This care is provided by many different health professionals experienced in the care of children in many different settings.

When students are under the care of paediatrician's, letters and reports can be shared with school to give update, ask for information and make recommendations for in school actions and further referrals to consider.

Return to Contents

Beginning of Document

91 Parent Support Advisor

The Parent support adviser acts as an advocate for and works with professionals in school, students, and families to resolve issues. They overcome barriers to learning to help parents support their children's learning.

Key responsibilities include:

- meeting with school staff, students and parents to identify problems and possible solutions.
- advising parents and carers about their legal responsibility to ensure their children receive an education up to the age of 25.
- making referrals to other agencies, such as social services, educational psychologists, health professionals or the careers service.
- making home visits or meeting students and parents in school to provide ongoing support.
- encouraging parents to make good relationships with the school.
- advising on child protection issues and preparing reports on students with special educational needs and/or disabilities.

Return to Contents

Beginning of Document

92 Partial TT

For specific reasons, typically health, students can be placed on a partial TT for a time limited period. This is only done with explicit agreement from home and any advisory services, if involved. Any partial TT must be reviewed regularly and the aim is always to move to full time in school as expediently as possible.

93 Personal Hygiene Intervention

Student Strategy	Teacher Strategy

Beginning of Document

94 Physical Disability

A physical disability is a substantial and long-term condition affecting a part of a child's body that impairs and limits their physical functioning, mobility, stamina or dexterity.

The loss of physical capacity results in the child having a reduced ability, or inability, to perform body movements such as walking, moving their hands and arms, sitting and standing as well as controlling their muscles.

A physical disability does not necessarily stop a task being performed but makes them more challenging. This includes daily tasks taking longer to complete, such as getting dressed or difficulty gripping and carrying things. It is important to note that defining physical disability is not about the physical condition itself but how it impacts access to learning.

A child may be born with a physical disability or acquire it in life due to an accident, injury, illness or as a side effect of a medical condition. Examples of physical disability include cerebral palsy, multiple sclerosis, epilepsy, Carpal tunnel syndrome, amputations and spinal cord injuries.

Strategies

- Encourage support for the student from classmates.

- Consider physical access issues in the classroom.

- Use computers and audio-visual aids in the student's learning.

- Be prepared to plan for specialised equipment such as adapted keyboards, page turners, word boards or special desks.

- If writing is difficult consider using a recording device.

- Encourage communication to prevent isolation.

- Allow students extra time to complete tasks;

- If teaching Physical Education, note that slower-paced activities are better than those requiring a fast response. Students will do better catching a bounced ball than a thrown one; kicking a stationary ball than a moving one.

- Students may have a low self-image; therefore it is important to ensure that the student feels included and is encouraged and praised;

- As students tend to become distracted quite easily minimise distractions in the classroom environment.

- If students use wheelchairs, where possible place yourself at their eyelevel when talking to them;

95 Physical Disability affecting Mobility

A physical difficulty that presents through mobility difficulties related to gross motor difficulties, these are likely to include the requirement for aids for carrying equipment around site and for aiding movement.

See Physical Disability for strategies to support.

Return to Contents

Beginning of Document

96 P16 Wellbeing Support Room

The Wellbeing Support room is designed to identify need and apply support when needed. Discussions and small focus group work take place with students who seek this help and if appropriate can be sign posted/referred onto specialist services. Some students attending in person, some via email and some on the phone. It is a designated protected time for students who are struggling.

Return to Contents

Beginning of Document

97 <u>Precision Teaching Intervention</u>

Student Strategy	Teacher Strategy
Learn the meaning of and then spot common prefixes and suffixes to help you decode the meaning of new vocabulary.	Show/have a display of common prefixes and suffixes exemplified within subject specific/commonly used vocabulary. Highlight the meaning of the prefix/suffix in the display.
Create your own simple sentences which use problem homophones correctly. Learn to spell the full sentences accurately - highlighting the homophone to visualise it in correct context.	Choosing personally challenging homophones, in back of exercise book ask students to write sentences - maybe subject specific – which contains homophone in correct context. Remind students to use/visualise sentences as a point of reference.
Explore the different ways in which a noun can be described when speaking/writing. Be aware of what the 5 senses are and apply to the Specialist Support of the noun to improve and expand upon creativity/ideas.	Students self/peer assess 3-5 challenging subject-related spellings (as given by teacher) and highlight incorrect words. Next lesson allow 1 minute for revision of any highlighted problem vocab then self/peer assess again. Repeat this spelling practice/testing strategy on a regular basis.

98 Private Dyslexia Report

A private dyslexia report is a paid for assessment by a parent/carer for their child. This process is for families who feel that a formal diagnosis as this is not typically available through local authorities and schools.

Where a report is received advice and recommendations will be implemented, typically through a student profile and interventions.

Private dyslexia reports can not be use to put access arrangements in place, the centre (school) must carry out their own assessments to determine any additional support in exams.

Beginning of Document

99 Profound & Multiple Learning Difficulties

A child is diagnosed with profound and multiple learning disability (PMLD) if they have more than one disability, with the most significant being a profound learning disability. Children with a profound and multiple learning disability tend to have physical disabilities, complex health needs or mental health difficulties. Children with PMLD often require the support of carers to help with everyday needs such as eating and washing.

Children with PMLD will typically be placed in a special school due to their complex needs and difficulties with learning.

Return to Contents

Beginning of Document

100   PSP Pastoral Support Plan

A Pastoral Support Plan (PSP) is a formal meeting attended by school, parent/carers, the child and any agencies involved. A PSP is implemented when a child's behaviours are causing concern, including being at risk of suspension and permanent exclusion and have not responded to interventions and supports. It is an opportunity for stakeholders to share views and determine the next actions to reduce behaviour concerns and ensure that support and provision are adapted to remove barriers to learning. The PSP is reviewed at least termly to ensure that support and provision remains under review as part of an Assess, Plan, Do, Review process.

101   Reading Intervention

Student Strategy	Teacher Strategy
Reading and Spelling: Remember and learn your problem digraphs/trigraphs/quadgraphs/blends/split digraphs and blends to help with spellings and reading. Write them in the margin to remind you of them as an aide memoire.	Reading and Spelling: In margin allow students to write their key problem digraphs/trigraphs/quadgraphs/blends/split digraphs within a given noun/adjective/verb and highlight the diagraph etc as an aide memoire. Have key technical vocabulary easily available to encourage students to identify their own problem diagraphs within key and tier 2 vocabulary.
Reading Fluency: Practise reading aloud interviews/plays to improve speed of reading and confidence. When reading silently assume a 'character' voice' to help focus upon question/sentence/text content. Use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.	Reading Fluency: Ask students to read aloud in pairs/small groups at every opportunity. Suggest to students when reading silently assume a 'character' voice' to help focus upon a question/sentence/text content. Students use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.

Beginning of Document

102   Removed

When this is in the SEN Status for a student it reflects that the student has previously had support, and this is no longer required. This nomenclature allows all students who have successfully had their SEN status "removed" to be tracked for their progress.

103   <u>Resilience Intervention</u>

Student Strategy	Teacher Strategy
Never give up and believe in yourself.	Regular check ins and encouraging the student if they show signs of struggle or resistance to a task.
Help them to recognise unhelpful thinking habits.	Try to teach emotional reasoning, challenge black and white thinking, ease self-criticism, celebrate the individuality of the student (often students succumb to compare and despair theory)
Encourage positive thinking. Focus on their strengths and not their weaknesses.	Celebrate success when it arises. Normalise the idea of self-development.

<u>Return to Contents</u>

<u>Beginning of Document</u>

104   (RPSP) Resource Provision Support Plan

A Resource Provision Support Plan (RPSP) is a formal meeting attended by school, parent/carers, the child and any agencies involved. An RPSP is implemented for children who are going to be accessing the RPSP and when they are already in attendance and due to concerns a formal meeting is deemed necessary. It is an opportunity for stakeholders to share views and determine the next actions to reduce concerns and ensure that support and provision are adapted to remove barriers to learning. The RPSP is reviewed at least termly to ensure that support and provision remains under review as part of an Assess, Plan, Do, Review process.

105   Reverse the Cycle

Alternative Provider offering positive experiences and life skills through cycle maintenance in small group setting and students being able to build and then keep their own bike. There is the opportunity for qualifications for longer term placements.

106   Road Safety Intervention

Student Strategy	Adult Strategy
Always take your time, think about whether where you are crossing is safe.	Help the child practice taking their time as a normal routine, if you see them rushing, remind them of strategies from road safety intervention as they can be generalised.
Don't panic! Much better to take your time and not rush, be late and be safe!	Consider giving rest breaks at times if you see the student worrying and remind them that they were taught this in their intervention.
Have a mental checklist that you repeat to yourself to help you remember your safe routine.	Allow the student to practice rehearsing mental checklists so that they can use this as a good habit for all their organisation.

Return to Contents

Beginning of Document

107 Safety Risk Assessment

A safety risk assessment is implemented where a child is presenting with risk taking behaviours in school and consideration for provision and support is necessary to reduce risk to themselves and others.

The risk assessments are reviewed at regular intervals, ensuring that new information from involved professionals and the child's changes in presentation are considered.

Return to Contents

Beginning of Document

108   SALT Report/Letter

A Speech and Language Therapist helps children with a range of Speech, Language and Communication Needs (SLCN) to achieve and maintain their potential. It also provides support and advice to families and those working with children.

Children may present with:

- Delayed or disordered language development

- Speech sound difficulties

- Stammering

- Voice disorders

- Social communication difficulties/Autism

- Severe Learning Difficulties

- Physical disabilities, e.g. cerebral palsy

- Hearing impairment

- Maxilla-facial disorders such as cleft palate

- Feeding and Swallowing difficulties

A Speech & Language Therapist:

- can assess and advise regarding a child's speech, language and communication development. Therapists are trained to advise and support children with SLCN and their families.

- works in local Community Clinics, schools and hospitals.

- works with parents, teachers, health staff as well as children. This may be in a group or one-to-one.

Minsthorpe Community College commissions its own Speech & Language Therapist and they assess students and report their findings, which result in interventions and student profiles and can lead to signposting to other services.

Return to Contents

Beginning of Document

109   School Nurse

School Nurse teams work within school to support young people, and those who care for them. They will offer support and advice linked to healthy living. School nurses are registered nurses who have successfully completed specialist training in the health of children and young people. We have a designated School Nurse who works in College once a week offering drop ins to all students at lunch time and will work 1:1 with young people referred into the service. Work may be around health and development including mental health as well as physical.

Return to Contents

Beginning of Document

110   Self Esteem Intervention

Student Strategy	Teacher Strategy
Encourage them to believe in themselves and to not compare to others.	Encourage self-belief. Acknowledge the challenge level of tasks but reassure them that they are well prepared.
Practice positive affirmations	Be aware of the most effective affirmations for the student. Display them prior to a KPOW.
Help the student to realise that everybody makes mistakes.	Reassure the student that making mistakes does not equate to failure.

Return to Contents

Beginning of Document

111   SENDIASS (Special Educational and/or Disability Independent Advice Support Service)

The service offers guidance and support to children and young people under the age of 25 and their parents and carers through a range of channels, including phone, email, website, social media, and face-to-face interaction at our office and community outreach centres.

 They offer information and guidance about:

- The law on special educational needs and disability
- Education, health and care plans and the procedures surrounding them
- Personalisation and personal budgets
- The Local Offer – sharing information about the services, activities and support available in the local Wakefield area
- Managing mediation, tribunals, appeals, exclusions and complaints
- SEND support in early years provision, mainstream schools and post-16 institutions
- Local provision in mainstream, resourced mainstream and special schools
- Where to go for additional support locally or nationally
- What to do when things go wrong

They collaborate with parents, carers and young people to co-produce our resources. We also provide volunteering opportunities for those looking to increase their involvement with the service.

Contact details – 0808 802 6666

Familyline@family-action.org.uk

Mon – Fri, 9am to 9pm.

Return to Contents

Beginning of Document

112   Sensory and/or Physical Needs

Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties. Information on how to provide services for deafblind children and young people is included in the section on Multi Sensory Impairment (MSI).

This also refers to students with fine and gross motor difficulties. This is the ability to manipulate items using fingers and hands or/and ability to move around the classroom and site. More information is detailed in the Physical Disability (PD) and Physical Disability affecting Mobility sections.

Return to Contents

Beginning of Document

113   SEN Support

SEN Support is the status for a student formally identified as having a Special Educational Need and/or Disability. The SEND Code of Practice (2015) sets out the statutory guidance on identifying students as having an SEND.

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her.

A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

• has a significantly greater difficulty in learning than the majority of others of the same age, or

• has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions

For children aged two or more, special educational provision is educational or training provision that is additional to or different from that made generally for other children or young people of the same age by mainstream schools, maintained nursery schools, mainstream post-16 institutions or by relevant early years providers.

For students identified initially at Minsthorpe they will be initially at the status of Inc so they can be monitored, if the need for provision continues over 12 months (it does not have to be continuous) then the student will be added to the SEND register.

Any child admitted, already identified at SEN Support will remain at this status and be monitored.

For all students, if no provision is necessary for 12 months then the student will be removed from the status.

Parents are informed of their child's status at each stage of this process as required.

Return to Contents

Beginning of Document

114 Severe Learning Difficulty

A learning disability is a reduced intellectual ability and means difficulties with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

There is no legal definition of where the severity of this learning need begins and ends i.e. when a student could move from being described as moving from mild, to moderate, to significant, to severe in terms of their learning difficulty. A catch all Specialist Support is the term Global Learning Difficulties.

<p align="center">Strategies</p>

- Focus on what the student can do and build on this;
- Strategic praise for all progress they are making;
- Simplify language, repeat words and clarify meanings;
- Lots of over learning and repetition in lessons;
- Pre and post teach tier 2 and specific curriculum vocabulary;
- Use concrete resources and examples;
- Reduce the amount of writing required;
- Ensure worksheets or uncluttered and a clear, easy to read font;
- Allow students to print rather than insisting on joined up handwriting;
- Support organisation by stating clearly what is needed verbally and visually when appropriate;
- Check discreetly that the child is managing with the pace of the lesson and be prepared to repeat information regularly.

Return to Contents

Beginning of Document

115   Social Skills Intervention

Student Strategy	Teacher Strategy
To give eye contact if not too uncomfortable.	To encourage eye contact in the lesson, use the student's name before you speak to them.
Listen to others before you speak.	Encourage waiting their turn to speak. Use the ABC strategy.
Look for facial expressions for reading social cues.	Use explicit facial expressions to show the student when you are unhappy or pleased with them, or when you are inviting them to talk.

116   Social, Emotional and Mental Health

Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.

Minsthorpe Community College has clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils.

<div align="center">Strategies</div>

- Allow flexible deadlines when they find a particular assignment worrisome;
- Provide limited choices to help them feel like they have some control;
- Check understanding of instructions regularly;
- Provide lesson task lists;
- Model calmness and self-control;
- Have agreed visual cues for when movement break outs or time outs are required;
- Pick up on any negative comments towards the child quickly, don't let anything go;
- Manage how much pressure you put on the child with regards to completing tasks and raising the challenge of exams and qualifications;
- Break tasks into smaller chunks;
- Reassure students that they can catch up if they have had periods of absence;
- Help students use positive statements about their performance and encourage positive and realistic target setting;
- Carefully plan positive peer and group work.

Beginning of Document

117 Specific Learning Difficulty

Specific Learning Difficulties affect the way information is learned and processed. They are neurological (rather than psychological), usually run in families and occur independently of intelligence. They can have significant impact on education and learning and on the acquisition of literacy skills.

SpLD is an umbrella term used to cover a range of frequently co-occurring difficulties, most commonly known as:

- Dyslexia – difficulties with reading, spelling' processing and remembering information

- Dyspraxia or Developmental Coordination Disorder (DCD) – difficulties with planning and executing movement, spatial and social skills;

- Dyscalculia – difficulties with understanding simple number concepts, number facts and procedures;

- Dysgraphia – impairs writing ability and fine motor skills.

Common characteristics of SpLDs:

Memory difficulties, organisational difficulties, writing difficulties, visual processing difficulties, reading difficulties, auditory processing difficulties, sensory distraction and sensory overload.

<div align="center">Strategies</div>

- Break learning tasks into small steps;
- Check for understanding of tasks regularly;
- Reinforce verbal information with visual support;
- Model what you want the child to do;
- Breakdown instructions into smaller, manageable steps;
- Allow time for students to process requests;
- Provide all resources, ensuring they are clear at the childs desk;
- Provide a lesson task list;
- Frequently read to the class resources and information on the board;
- Manage classroom stimuli;
- Limit the level of recording or find alternatives way to evidence work.

Return to Contents

Beginning of Document

118   Spectrum

Spectrum is a health service with specific expertise in sexual health. Within school, Spectrum will work with students within their L4L lessons delivering a range of talks around this subject matter including healthy relationships and consent. They do offer bespoke sessions for small groups or individuals, following a referral from school, to complete more in depth work around an identified area to support them in their future. All young people can access support from Spectrum via the health clinics and services promoted across the district. The contact information is held upon our 'Student Safety Contacts' document which everyone can access from our website.

119   (SLCN) Speech, Language and Communication Need

Speech, Language and Communication is an umbrella term for a range of needs. Children with SLCN may have difficulty with many aspects of communication. These can include difficulties with fluency, forming sounds and words, formulating sentences, understanding what others say and using language socially. When working with students in a school environment the typical difficulties students present with expressive, receptive and dysfluency. Click on the links for information and strategies.

Expressive language difficulties is where students understand what others are saying. But they have a hard time expressing their own ideas when they speak

Receptive Language difficulties is where students often don't understand what others say. They struggle with the meaning of language and may respond in ways that don't make sense. But their challenges aren't related to hearing loss or intelligence.

Dysfluency is the disruption of the forward flow and timing of speech by repetition of sounds, syllables or words, sound prolongation and/or blocking.

Strategies

- Provide a clear and consistent structure to all aspects of learning.
- Always ensure you have the child's attention before giving any instruction.
- Break instructions down, long instructions need chunking.
- Always check for understanding, repeat as needed.
- Plan a range of tasks to sustain interest.
- Pre and post teach Tier 2 and subject specific vocabulary.
- Minimise distractions.
- Use specific and targeted praise.
- Create opportunities for communication and model.
- Reinforce learning and language that is cross curricular to enable links to be made
- Use visual supports at every available opportunity.

Return to Contents

Beginning of Document

120   Spelling Intervention

Student Strategy	Teacher Strategy
Reading and Spelling: Remember and learn your problem digraphs/trigraphs/quadgraphs/blends/split digraphs and blends to help with spellings and reading. Write them in the margin to remind you of them as an aide memoire.	Reading and Spelling: In margin allow students to write their key problem digraphs/trigraphs/quadgraphs/blends/split digraphs within a given noun/adjective/verb and highlight the diagraph etc as an aide memoire. Have key technical vocabulary easily available to encourage students to identify their own problem diagraphs within key and tier 2 vocabulary.
Reading Fluency: Practise reading aloud interviews/plays to improve speed of reading and confidence. When reading silently assume a 'character' voice' to help focus upon question/sentence/text content. Use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.	Reading Fluency: Ask students to read aloud in pairs/small groups at every opportunity. Suggest to students when reading silently assume a 'character' voice' to help focus upon a question/sentence/text content. Students use a piece of paper/ruler as a guide and to blank out any superfluous material yet to read.

Beginning of Document

121   ST Locker

A student can require a place to keep personal equipment that it is necessary to have in school, but not carry around during the school day.

122   ST Medical Pass

The Student Support (St) Medical Pass is a provision for students who have identified needs requiring access to facilities with urgency and/or the need to leave the classroom without teacher permission.

The decision to issue a St Medical Pass is established through evidence shared with the college demonstrating the health need.

The St Medical Pass is designed to help the student manage their own health needs. Teaching staff record when the student uses the pass on Sims and this is monitored by the CCTL and Student Support.

There are 6 different reasons for providing a St Medical Pass and some students may have more than one reason to have one. The 6 reasons are:

1   Access to toilet

2   Access to Hub

3   Safe movement around site

4   Uniform adjustments

5   Access to P16 Pastoral

6   Student permission to drop into SPP when struggling.

Return to Contents

Beginning of Document

123 ST Pass

The Student Support (St) Pass was a provision for students who had been identified as requiring access to support to leave the classroom due to their social emotional mental health (SEMH) difficulties and without teacher permission. This has now been replaced by the Key Worker Intervention. This information is included as students have on their provision map as a legacy provision.

The decision on issuing and removing of the St Pass is made by the Director of Student in agreement with the relevant member of pastoral staff.

The teacher role is to email Classroom Assistance and request collection from outside the class and that a student is using their St Pass. This is the case when the student has had no warnings or one warning. If the student has had two warnings then the email to Classroom Assistance is to direct the student to the Removal Room.

The St Pass is designed to help the student manage their own behaviour or emotional needs, by allowing them to come to Student Support before college starts, during snack breaks and withdraw from the lesson before there is any disruption to learning or risk taking behaviours for them and other students.

Whenever a St Pass is used, the Higher Level Student Support practitioner will record on the Student Support database and on Sims so that the Inclusion Team can monitor pass use to allow for adaptations to support for students as required.

The student will complete a St Pass form for each time they use the pass. This will be with support from a member of Student Support and any key information shared with relevant staff in a timely manner. If staff would like to see the reason a student has used a pass from their lesson they can, unless there are specific safeguarding reasons.

All use is monitored to inform patterns of use, concerns over students misusing and those not using who should be. Misuse does include poor behaviour in Student Support once the St Pass has been used. This information is used to make decisions regarding next steps. This can include an initial warning letter home to the student and parent/carers to inform that further misuse will result in the pass being removed. If this misuse then continues, the pass will be removed.

Return to Contents

Beginning of Document

124   Step Back

Step Back is the college, on site, away from mainstream school provision for students. They are typically in KS3 and are having difficulties managing their behaviour in mainstream lessons and have not responded to the typical provision offer.

In Step Back the students have intensive support of their SEMH needs whilst still accessing a broad and balanced curriculum.

When the students are settled and responding to the provision, they traffic light their timetable to prioritise return to lessons and a process of reintegrating to lessons with support.

Return to Contents

Beginning of Document

125   Structured PP

The Structured Personalised Provision is the base for students where they are not in a lesson or subject for an agreed period. Whilst based here they have access to all their learning through a laptop. The use of Structured PP can be for numerous reasons and if there is a child in this provision and you are being asked for work it would be beneficial to know why they are out of your lesson, if unknown and to see what support you can put in place to enable a smooth transition back into classroom.

Return to Contents

Beginning of Document

126 Student Profile

The student profile is the specific targeted persistent teaching strategies that will benefit students in the classroom that are required to remove barriers to learning. They are reviewed at least annually, archived where students are reaching their potential and are shared with the student and home when implemented for their views. Once they agree to the content they are shared with staff.

127   Teams Around Schools (TAS)

Team Around The School – is a consultation meeting held with the school; Youth Hub (early Intervention Team); Education Improvement; Future in Mind lead and Health where, with consent, families are discussed who feel that they would benefit from early help support for out of school needs. Other organisations may be invited to the meeting if support is available from their service e.g. housing or Youth offending.

Return to Contents

Beginning of Document

128   Thinking Skills

Student Strategy	Teacher Strategy
Highlight words/text you want to remember – your brain likes this method. Practise 'spot the difference' exercises – your brain always thinks things are correct first time round.	Encourage the use of highlighting/colour coding texts. Encourage proof-reading as your brain thinks it knows what is there. Use analogy of 'spot the difference'.
Greatly reduce input – don't try to multitask and remember that talking in class affects input load.	Use bullet points/mind mapping to condense ideas and provide scaffold. Give students one task/instruction at a time.
Ask for an explanation if you don't understand – you know from the reasoning activities that we don't all think the same.	Regularly check in with the student but determine the best way of doing so – some students prefer this to be very discreet.

Return to Contents

Beginning of Document

129   Traffic Light Timetable

When students are having difficulties accessing lessons, they are given the opportunity to rate their lessons in green (enjoy), amber (ok) and (red) struggling so that adaptations to timetables and information with staff can be shared.

130   Turning Point

Turning Point specialises in supporting those impacted by substance misuse, mental health amongst other things. They work closely with all services to help better understand the needs of the people we support. Some services are only accessible to those over 16 and therefore referrals from school are often self-referral for Post 16 students. However, they will be following referral and assessment work, with younger people if a specific need is identified.

131   UCAN

Alternative Provider offering vocational experiences across a number of disciplines to support introduction and transition to post 16 provision.

Return to Contents

Beginning of Document

132   <u>Use of Language Intervention</u>

Student Strategy	Teacher Strategy
Learn the meaning of and then spot common prefixes and suffixes to help you decode the meaning of new vocabulary.	Pre and post teach key vocabulary through displaying of common prefixes and suffixes exemplified within subject specific/commonly used vocabulary. Highlight the meaning of the prefix/suffix in the display.
Highlight homophones to help you visualise them in correct context.	Ask students to write sentences which contains homophone in correct context. Remind students to use/visualise sentences as a point of reference.
Explore the different ways in which a noun can be described when speaking/writing. Be aware of what the 5 senses are and apply to the Specialist Support of the noun to improve and expand upon creativity/ideas.	Teacher to provide a model Specialist Support of the 5 senses applied to a subject specific noun. Encourage students to apply as many of the senses as possible to a Specialist Support/evaluation as and when appropriate.

<u>Return to Contents</u>

<u>Beginning of Document</u>

133   Vision Impairment

Vision impairment in children and young people is a low incidence, high impact disability and can take many forms, with widely differing implications for a child/young person's education.

The effect of visual problems on a child/young person's development depends on many factors including the severity, type of loss, age at which the condition appears and overall functioning level of the child/young person. Many children/young people who have multiple disabilities also have vision impairments.

Children who are born with a vision impairment have very different needs to adults who acquire a sight loss and have had many years of full vision. Significant vision impairment can delay early childhood development and learning, including social communication, mobility, and everyday living skills.

Most teaching approaches take vision for granted, so making sure that children/young people with vision difficulties achieve their full educational potential can present significant challenges.

<div align="center">Strategies</div>

- Carefully arrange classroom furniture. Ensure there is a clear pathway and keep this consistent.

- Keep worksheets uncluttered and use at least 12pt for font preferably Arial or Comic Sans.

- When addressing the class, it's helpful to mention the child's name to get their attention.

- Keep speech clear and avoid references to what things look like (unless part of the lesson objective).

- Allow lots of time for developing concepts through touch – it takes a while to feel all the way around something, or to peer closely at it with a lens.

- Extra time to be given and/or reducing the amount of detail to be studied at any one time will be necessary.

- Use paper with dark lines and a black pen to write with.

Return to Contents

Beginning of Document

134   Wakefield Autism Support Project

WASP supports families of young people either on the Autistic Spectrum (diagnosed or under investigation) or who have other neuro-developmental conditions.

WASP offers two distinct elements which work in collaboration with each other to support both the parents/carers and the young person with a bespoke package of support.

The Aim of the project is to work alongside existing commissioned services to identify young people with ASD or other neuro-developmental conditions who require support around their emotional wellbeing in order to prevent a deterioration which may require more potentially intense intervention. Intervention practitioners will then work with the young person to provide time limited interventions to support their wellbeing and resilience and to signpost to other available services. In addition to this a second program of parent support and development that will run alongside to work with the parents/carers of the young person. The aim of this intervention is to provide peer on peer support to allow parents with lived experiences to support others and to build resilience/confidence to allow parents to support their young person in seeking appropriate support in the future.

135   Wakefield College

Early College Transfer is an offer for students more suited to a vocational, college environment. A wide range of subjects are available leading to qualifications where appropriate with transition to post 16 opportunities.

Return to Contents

Beginning of Document

136   Wells Academy

Wells Academy is an Alternative Provider. They deliver core subjects and a Nurture curriculum in an active, safe and inclusive environment. They support opportunities for employability in the local community and also offer health and wellbeing and the knowledge of dietary requirements for a healthy life-style. Additionally they work in conjunction with Hemsworth Miner Welfare CIC to improve links with the local community and the people in the surrounding area.

Return to Contents

Beginning of Document

137 WISENDSS CIAT Report

Wakefield Inclusion Special Educational Needs and/or Disability Support Services (WISENDSS) is the Local Authority funded specialist advisory teacher services for students with more complex needs and has different specialisms.

CIAT is the Communication, Interaction and Action Team and offer advice for students with Communication, Interaction, Sensory and Physical needs. They observe and meet with students and write reports on how needs can be met, and barriers removed to support their needs, leading to the writing/updating of student profiles and provision being implemented.

Return to Contents

Beginning of Document

138   WISENDSS EAL Report

Wakefield Inclusion Special Educational Needs and/or Disability Support Services is the Local Authority funded specialist advisory teacher services for students with more complex needs and has different specialisms.

EAL is the English as an Additional Language specialism and they typically work with students who have been in the country for less than two years, exceptions are where they are assessing and supporting students with language and SEND barriers to learning.

<p style="text-align:center"><u>Strategies</u></p>

- Consider providing written reinforcement of work covered in lessons (transcripts, PowerPoints) to ensure content of lesson is recorded.
- Position near the front of the class with direct view of whiteboard so that students can see
- Clearly and pick up on gestures and body language.
- Seat with a subject buddy who is a good role model of language and learning.
- Ensure an age –appropriate bilingual dictionary is available for use.
- Be aware of the pace of the delivery.
- Avoid long sessions of teacher talk without being interspersed with other activities.
- Provide plenty of visual support, such as artefacts, pictures, maps, diagrams, flow charts.
- Visuals will support an EAL learner's understanding of lesson content.
- Write clearly and legibly on Whiteboard/ Smartboard and avoid using confusing abbreviations
- During question/answer session model good sentence structure and repeat correct answers given by other pupils for reinforcement. Sympathetically re-cast and remodel
- Make opportunities for EAL learner to verbalise concepts introduced and rehearse language with a partner.
- Encourage students to note down key vocabulary and language structures and build up subject-specific glossaries in the back of exercise books or personal vocabulary books
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139 WISENDSS EAL Support

Wakefield Inclusion Special Educational Needs and/or Disability Support Services (WISENDSS) is the Local Authority funded specialist advisory teacher services for students with more complex needs and has different specialisms.

EAL is the English as an Additional Language specialism and they typically work with students who have been in the country for less than two years, exceptions are where they are assessing and supporting students with language and SEND barriers to learning.

For some students it is necessary for the specialist teacher to work with them over a period of time to support with identified language gaps and to guide the school on how and when to integrate into mainstream lessons.

Return to Contents

Beginning of Document

140   WISENDSS LSS Report

Wakefield Inclusion Special Educational Needs and/or Disability Support Services (WISENDSS) is the Local Authority funded specialist advisory teacher services for students with more complex needs and has different specialisms.

LSS is the Learning Support Service and offer advice for students with specific and global learning difficulties. They observe and meet with students and write reports on how needs can be met and barriers removed to support their needs, leading to the writing/updating of student profiles and provision being implemented.

Return to Contents

Beginning of Document

141   WISENDSS SEMH Report

Wakefield Inclusion Special Educational Needs and/or Disability Support Services (WISENDSS)is the Local Authority funded specialist advisory teacher services for students with more complex needs and has different specialisms.

SEMH refers to the Social Emotional and Mental Health support and the service offers advice for students with barriers to learning presenting with these needs. They observe and meet with students and write reports with recommendations of how needs can be met leading to the writing/updating of student profiles and provision being implemented.

Return to Contents

Beginning of Document