



NEWMARKET ACADEMY

Policy for Special Educational Needs and Disabilities

Compliance

This policy complies with the statutory requirement laid out in the SEND Code of Practice 0-25 (May 2015) and has been written with reference to the following guidance and documents:

- Equality Act 2010: Advice for Schools DfE 2013
- SEND Code of Practice 0-25 (May 2015)
- Schools SEND Information Report Regulations (2014)
- Statutory Guidance on supporting pupils at School with Medical Conditions
- Safeguarding Policy
- Accessibility Plan
- Teachers' Standards 2012
- This policy was created by the SENCO Clare Watson, with the SEND Governor: Darren Woodward, in liaison with SLT and all staff. Students with SEND and their parents were consulted regarding the policy.

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| Policy Title | SEND Policy |
| Policy Created / Amended | December 2020 |
| Policy Ratified | At the LGB meeting of 14th January 2021 |
| Policy Review Date | January 2022 |

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(Principal)

1 PURPOSE AND SCOPE

SEND BELIEFS AND VALUES AT NEWMARKET ACADEMY

Our vision: “Difficulties Mastered are Opportunities Won”

Newmarket Academy is a mainstream, comprehensive school which delivers the full range of National Curriculum subjects. Newmarket Academy supports every student to access all mainstream opportunities by providing support with appropriate, tailored work. Learning is adapted to meet individual needs.

Newmarket Academy aims to raise aspiration through high quality learning, enhanced with respectful, positive relationships and inclusive practice.

Our aim is that every teacher is a teacher of all children, and every classroom offers a differentiated learning experience, where every child can succeed and progress.

All students have the right to achieve their maximum academic and social potential. The SEND policy for Newmarket Academy seeks to promote this by providing equality of access to all areas of the curriculum. Students are taught in an environment where they are treated with respect and individuality is valued.

At Newmarket Academy, we believe students have learning “differences” rather than “difficulties”. It is our policy to identify, assess and understand these differences to facilitate carefully tailored classroom provision that ensures good progress, develops resilience for all students and prepares them for life beyond school.

2 CONTENT

2.1 Aim of the Academy

The aim of Newmarket Academy is to provide an excellent education in a healthy, safe, supportive learning environment, where people are valued and make positive contributions to the school community, and where students enjoy and achieve and go on to attain social and economic well-being as responsible, independent members of society.

The policy outlines the commitment of the students, staff and Governors to promote equality. This involves tackling the barriers that could lead to unequal outcomes so that there is equality of access and the diversity within the Academy community is celebrated and valued.

We believe that equality at our school should permeate all aspects of school life and is the responsibility of every member of the school and wider community. Every member of the school community should feel safe, secure, valued and of equal worth. At Newmarket Academy, equality is a key principle for treating all people the same, irrespective of their gender, ethnicity, disability, religious beliefs/faith, tradition, sexual orientation, age or any other of the protected characteristics (Equality Act 2010).

2.2 Principles

- 2.2.1 Newmarket Academy is committed to offering an inclusive curriculum to ensure the best possible progress of all our students, whatever their needs or abilities.
- 2.2.2 Students have SEND if they have significantly greater difficulty (differences) in learning than their peers or a disability which requires special educational provision to be made for him/her.
- 2.2.3 Children/Young People's Special Educational Needs and Disabilities are generally thought of in four broad areas of need:
 - Communication and interaction
 - Cognition and learning
 - Social, emotional & mental health
 - Sensory and/or physical needs
- 2.2.4 Every student is entitled to benefit from an approach to SEND that is of the highest standard, that takes account of unequal starting points and that is provided irrespective of age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity.

2.3 Purposes

- 2.3.1 To identify students with SEND and ensure their needs are met and independence promoted through a comprehensive education.
- 2.3.2 To ensure that students make the best possible progress by providing opportunities for the expertise within the Learning Support Team to be influential across the teaching and learning experience.
- 2.3.3 To ensure parents are informed of their children's special educational needs and that there is effective communication between parents and the school.
- 2.3.4 To ensure that students express their views and are fully involved in decisions which affect their education.
- 2.3.5 To promote effective partnership and involve outside agencies when appropriate.

2.4 Guidelines

Newmarket Academy will ensure that students with SEND engage in all the regular activities of the school, so far as is reasonably practicable and is compatible with:

- The student receiving the special education provision which his/her learning difficulty calls for
- The provision of effective education for the students with whom he or she will be educated
- The efficient use of resources

2.5 Roles and Responsibilities

2.5.1 Principal

The Principal, Mr N Froy, has overall responsibility for SEND provision at Newmarket Academy.

2.5.2 The SENDCO

The SENDCO is Mrs Clare Watson. Mrs Watson is a qualified teacher who has responsibility for co-ordinating SEND provision and working closely with the Head of School, Leadership Team, House Leaders and teacher colleagues. The SENDCO should:

- Be closely involved in the strategic development of the SEND policy and provision to raise the achievement of students with SEND
- Have responsibility for day-to-day operation of the school's SEND policy and for co-ordinating provision for students with SEND, working closely with staff, parents/carers and other agencies
- Seek to develop effective ways overcoming barriers to learning
- Sustain effective teaching through close analysis and assessments of students' needs, by monitoring the quality of teaching and standards of students' achievements
- Oversee the records on all students with special educational needs
- Liaise with and advise fellow teachers
- Lead and manage Teaching Assistants as part of the Student Centre Team
- Contribute to the in-service training of staff
- Liaise with parents/carers of students with SEND
- Liaise with external agencies including the local authority's support and educational psychology services, health and social care and voluntary bodies
- Play a key role within the transfer of students with SEND
- Be responsible for monitoring the progress of students with SEND and producing a Self-Evaluating Review outlining in detail the progress made and areas for development
- When required, support the monitoring of exclusions amongst students with SEND
- Liaise with the Governor with responsibility for monitoring the provision of SEND arrangements:
Darren Woodward

2.5.3 Teachers

Teachers are responsible and accountable for the progress and development of the pupils in their class, including where pupils access support from teaching assistants or specialist staff. High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEND. Furthermore, all teachers must be aspirational for students with SEND. Teachers should:

- Be fully aware of the school's SEND policy and of the procedures for identifying, assessing and making provision for students with SEND
- Work in collaboration with the SEND department to develop resources and ensure effective support for students with SEND
- Direct the work of TAs to achieve progress for students with SEND
- Adopt the "Assess, Plan, Do, Review" approach to SEND

2.5.4 Heads of Department

Heads of Department should:

- Ensure fully differentiated schemes of work and resources are in place to support lesson planning and delivery for all students
- Ensure Literacy and Numeracy policies are embedded in subject areas in order to support students working below expected levels in these core areas
- Monitor, evaluate and review the quality of teaching and learning across the subjects with regard to students with SEND

- Effectively direct the work of the department TAs using the “Assess, Plan, Do, Review” approach to SEND to quality assure the effectiveness of provision.
- Monitor completion of the Assess, Plan, Do Review Cycle and work with the SENDCO to ensure Quality First Teaching and reasonable adjustments are being made for students with SEND within their department lessons.

2.5.5 Teaching Assistants

Teaching Assistants (TAs) should:

- Work with and support teachers
- Support students with SEND to access the curriculum and make good/outstanding progress
- Empower students with SEND to become independent learners
- Deliver specialist support strategies/teacher led interventions in and out of the classroom

2.5.6 Senior Leadership Team

The Academy’s Senior Leadership Team should:

- Ensure statutory requirements for SEND are met across the school including the Assess, Plan, Do, Review cycles
- Establish a programme of professional development to raise staff awareness and capacity to improve planning, teaching and learning at all levels to ensure quality education for students of all learning abilities

2.5.7 Governors

The Governors should:

- Review and agree the SEND policy annually
- Make regular visits to monitor provision

2.5.8 Assigned Staff

Designated Safeguarding Lead: Mrs Elaine Wilson

Responsible for Pupil Premium Funding: Mr Neil Fisher

Children in Care (CIC) Co-ordinator: Mrs Lisa Collins

Responsible for the Management of meeting Medical Needs: The First Aid trained staff within the office

2.5.9 Admissions

The school aims to be fully inclusive. All students are welcome, including those with special educational needs and/or disabilities. The arrangements of their admission will be in accordance with the Unity Schools Partnership Admissions Policy.

3 IDENTIFICATION, ASSESSMENT AND PROVISION

3.1 Allocation of Resources

Newmarket Academy allocates all targeted funding it receives from Unity Schools Partnership to support special educational needs and disability provision. This funding is currently used to pay for in-class, group and individual support from Teaching Assistants, Specialist Interventions and for the specialist teaching carried out by the SENDCO.

In addition, there is an allocation for capitation from the main school budget.

3.2 Identification

The school identifies students with special educational needs and disability using a broad range of indicators.

The following are examples of the main strategies used:

- Subject teacher referrals
- Analysis of student performance data
- Analysis of academy report data
- Liaison with partner primary schools
- Trust screening procedures
- Standardised tests
- Expressions of concerns from parents/carers, students, teaching staff and other professionals

Students who are identified as having special educational needs and disabilities are listed in our SEND Register, with details of their needs included. Electronic access to the SEND Register is readily available to all teaching and support staff.

Criteria for addition and removal of students from the SEND Register – See *Appendix 1*

3.3 Assessment

Strategies used for assessment include:

- Attainment and achievement data
- Student interviews
- Information from parents/carers
- Analysis of students' work
- Standardised and diagnostic tests
- Use of outside agencies, e.g. advisory teachers, educational psychologists, occupational therapists, physiotherapists, speech and language therapists

3.4 Provision

Under the new SEND Code of Practice (May 2015), there is now only one category of SEND provision. This is 'School Support' and includes students with an Education, Health & Care Plan (EHCP) (which supersedes the former Statement of Special Educational Needs, often referred to as a "Statement") and students without an Education, Health & Care Plan, who require significant and sustained support to access the curriculum.

The SEND department also maintains a 'Staff Awareness' list for teachers. This provides information about students with additional needs who do not require sustained support from the Student Centre Team to access the curriculum. The Staff Awareness List, together with strategies for supporting these students, is available to teachers and support staff via the school's electronic 'Shared Teaching Area', and these students' needs will be largely met through 'quality first teaching'. The Student Centre will monitor the progress of 'Awareness' students and respond to requests for support from teachers and parents in the form of further investigation and advice, where appropriate.

Specialist curriculum provision is available at Key Stage 3 in the form of targeted support primarily for literacy and numeracy (in class, small group or 1:1). At Key Stage 4, specialist provision is offered through various option choices: British Racing School, attendance at West Suffolk College, Youth Award, reduced timetables for some students and work experience. Students may also be invited to attend subject-specific interventions.

Use is made of outside agencies where appropriate, e.g. advisory teachers, educational psychologists, occupational therapists, physiotherapists, speech and language therapists, behaviour support service, etc., to ensure that appropriate provision is made available to students.

4 REVIEW

The school ensures that the needs of students are reviewed on a regular basis through:

- Newmarket Academy's formalised schedule of parent meetings, including review meetings and parents'/carers' consultations
- The SEND Provision Map
- Monitoring of student assessment data through regular progress meetings of Achievement Leaders and the Deputy Head
- Review of Education, Health and Care Plans (EHCPs)
- Use of standardised tests/assessments, e.g. Wide Range Achievement Test (WRAT)
- Meetings with parents/carers and other professionals
- An 'open door' policy towards meeting parents/carers to review progress and provision.

5 CURRICULUM ACCESS AND INCLUSION

All students are fully integrated in the life of the school and have the opportunity to participate in the full range of school activities, including extra-curricular activities and work-based opportunities.

The school curriculum is designed to be fully inclusive. Students with special educational needs and disabilities are supported in accessing the curriculum through appropriate planning and support from teaching and support staff.

6 COMPLAINTS PROCEDURE

Newmarket Academy aims to resolve disagreements and complaints swiftly and without recourse to formal complaints procedures. However, should parents wish to complain about provision for a student with special educational needs and disabilities, they should refer to the school's complaints procedure.

7 STUDENT PARTICIPATION

The child's/young person's views are paramount if support is to be successful. Newmarket Academy actively encourages student voice through participation in all aspects of academy life. The voice of students with SEND may be heard, for example, through:

- Seeking their views on progress towards targets and collaborative selection of 'new targets'
- Seeking their views on progress and support for school self-evaluation review
- Attendance at Annual Reviews, including those that prepare for the transition to adulthood in Years 9 and beyond
- Attendance at meetings with their parents/carers
- Participation in assessments and discussion about availability of access arrangements for external examinations
- Completion of questionnaires, active participation in interviews and collaborative compilation of One Page Profile documents

8 LINKS WITH OTHER SCHOOLS, TRANSITION AND TRANSFER ARRANGEMENTS

At Newmarket Academy, we have close links with our feeder primary schools.

The key liaison activities are:

- Meetings with the SENDCOs from primary schools
- Visits to primary schools by the SENDCO: Clare Watson, and other members of the Student Centre, as appropriate.
- Visits to Newmarket Academy by individual students and/or small groups of students as required prior to Intake/Move Up day.
- Liaison with parents/carers of students in Year 6
- Presentation to staff regarding Year 7 students with SEND (September PD Day)

Newmarket Academy also has close links with our partner post-16 providers, such as West Suffolk College. These relationships will continue to be developed in line with the New Code of Practice and the fact that support for SEND is now 0-25 years.

9 TRAINING AND RESOURCES

9.1 The training needs of all staff are regularly reviewed and planned for in order that all staff are well equipped to meet the needs of the most common barriers to learning.

9.2 Staff induction includes a meeting with the SENDCO to explain the systems and structures related to SEND provision and the needs of individual students.

9.3 Enhanced training is resourced where students present with rarer or more complex difficulties.

10 STORING AND MANAGING INFORMATION

Please refer to the Unity Schools Partnership Data Protection Policy.

11 ACCESSIBILITY

Our Accessibility Plan (statutory requirement) describes the actions that Newmarket Academy plans to take to improve access to the environment, the curriculum and to printed information. Please refer to the Newmarket Academy website.

12 BULLYING

Newmarket Academy is committed to providing a caring and safe environment for all students. Bullying of any kind is unacceptable here. If bullying does occur, all students must feel able to report it and know that incidents will be dealt with promptly and effectively. Anyone who knows or suspects bullying is happening is expected to report it. Please refer to the Anti-Bullying and Safeguarding policies.

13 REFERENCES

Department for Education (DfE)/Department for Health (DfH), (2015), Special Educational Needs and Disability Code of Practice: 0 to 25 years: Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities (Reference: DFE-00205-2013), Crown Copyright

Department for Education (DfE), (2015), Mental Health and Behaviour in Schools: Department Advice for School Staff (Reference: DFE-00435-2014), Crown Copyright

14 APPENDICIES

| Appendix 1: SEND Register Indicators. Long term failure to progress despite personalised classroom provision and Wave 2 intervention | | | | |
|---|--|--|--|--|
| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 |
| Information from primary school | Reading age at 2 years + below chronological age | Reading age at least 2 years below chronological age | Reading age at least 2 years below chronological age | Reading age at least 2 years below chronological age |
| Reading age 2+ years below chronological age | WRAT score below 85 for word reading, | WRAT score below 85 for word reading, | WRAT score below 85 for word reading, | WRAT score below 85 for word reading, |
| WRAT score below 85 for word reading, comprehension or maths | comprehension or maths | comprehension or maths | comprehension or maths | comprehension or maths |
| Continuous lack of progress against learning targets in English and/or Maths | Continued regression from Year 8 baseline in English and/or Maths | Continued regression from Year 9 baseline in English and/or Maths | Continued regression from Year 10 baseline in English and/or Maths | Continued regression from Year 11 baseline in English and/or Maths |
| Below expected progress at the end of Year 7 | Continuous lack of progress against learning targets in English and/or Maths | Continuous lack of progress against learning targets in English and/or Maths | Continuous lack of progress against learning targets in English and/or Maths | Continuous lack of progress against learning targets in English and/or Maths |
| Continued regression from KS2 baseline | Below expected performance at the end of the year in English and/or Maths | Below expected performance at the end of the year in English and/or Maths | Continual working below baseline and failure to reach end of year target in English and/or Maths | |

WRAT – Wide Range Achievement Test. This is used with students to obtain a standardised score for word reading, comprehension, spelling and maths; this is converted to give the ‘age’ at which the student is performing for each of the components.

Other standardised assessments are also used to corroborate WRAT results; Suffolk Reading Test, BPV’s, PHAB, Sandwell Maths Assessment.

Appendix 2: Learning Needs Indicators.

Students not making progress, requiring Wave 2 short-term intervention to catch up

| Year 7 | Year 8 | Year 9 | Year 10 | Year 11 |
|---|---|---|---|---|
| Information from primary school | Reading age 2 years below chronological age | Reading age 2 years below chronological age | Reading age 2 years below chronological age | Reading age 2 years below chronological age |
| Reading age 2 years below chronological age | Cognitive Abilities Test (CAT) score of 75 – 85 in any score | Cognitive Abilities Test (CAT) score of 75 – 85 in any score | Cognitive Abilities Test (CAT) score of 75 – 85 in any score | Cognitive Abilities Test (CAT) score of 75 – 85 in any score |
| Below expected progress at the end of the year | Regression from year 9 baseline | Regression from year 9 baseline | Regression from year 10 baseline | Working below baseline throughout the year |
| Regression from KS2 baseline | Failing to reach end of year target in English and/or Maths | Failing to reach end of year target in English and/or Maths | Failing to reach end of year target in English and/or Maths | |
| SEMH: Continuous lack of progress against behaviour targets | SEMH: Continuous lack of progress against behaviour targets | SEMH: Continuous lack of progress against behaviour targets | SEMH: Continuous lack of progress against behaviour targets | SEMH: Continuous lack of progress against behaviour targets |
| On-going concerns leading to Pastoral support involvement | On-going concerns leading to Pastoral support involvement | On-going concerns leading to Pastoral support involvement | On-going concerns leading to Pastoral support involvement | On-going concerns leading to Pastoral support involvement |
| FTE leading to SPSF | FTE leading to SPSF | FTE leading to SPSF | FTE leading to SPSF | FTE leading to SPSF |
| Referral to outside agencies | Referral to outside agencies | Referral to outside agencies | Referral to outside agencies | Referral to outside agencies |

Notes:

SEMH: Social, Emotional and Mental Health is one of the SEND areas of need.

FTE: Fixed Term Exclusion. A student is excluded for a fixed period of time, e.g. 3 days

SPSF: Suffolk Pupil Support Framework. A plan put into place to support a student with identified social, emotional and/or mental health needs.

Criteria for Placement on SEND Register

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

The SEND Code of Practice suggests four broad areas of need:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health difficulties
- Sensory and/or Physical needs

The broad areas give an overview of the range of needs that should be planned for. The purpose of identification is to work out what action the school needs to take, not to fit a pupil into a category. In practice, children and young people often have needs that cut across all these areas and their needs may change over time.

A student has SEND where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to students of the same age. High quality teaching, differentiated for individual pupils, is the first step in responding to pupils who have or may have SEN. Providing this 'Quality First Teaching' to the whole class as the norm is likely to mean that fewer students will require different or additional provision.

For some children, SEND can be identified at an early age. However, for other children and young people, difficulties become evident only as they develop. All those who work with children and young people should be alert to emerging difficulties and respond early.

It may also be beneficial to understand what is not SEND:

- Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEND.
- Slow progress and low attainment do not necessarily mean that a child has SEND, and should not automatically lead to a pupil being recorded as having SEND. However, they may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed, may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties.
- Difficulties related solely to limitations in English as an additional language are not SEND.

Summary of Code of Practice: Broad Areas of Need

1. Communication and Interaction

1.1 Speech and Language Difficulties

Children and young people with speech, language and communication needs (SLCN) 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 of the different aspects of speech, language or social communication at different times of their lives. (Code of Practice: 6.28)

1.2 Autistic Spectrum Disorders

Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others. (Code of Practice: 6.29)

2. Cognition and Learning

2.1 General Learning Difficulties

Support for learning difficulties may be required when 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. (Code of Practice: 6.30)

2.2 Specific Learning Difficulties

Specific learning difficulties (SpLD) affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia. (Code of Practice: 6.31)

3. Social, Emotional and Mental Health (SEMH) Difficulties

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. (Code of Practice: 6.32)

Schools and colleges should have 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. (Code of Practice: 6.33)

3.1 Identifying Children with Possible Mental Health Problems

Behavioural difficulties do not necessarily mean that a child or young person has a possible mental health problem or a special educational need (SEN). Negative experiences and distressing life events can affect mental health in a way that brings about temporary change in a young person's behaviour. However, consistent disruptive or withdrawn behaviour can be an indication of an underlying problem and, where there are concerns about behaviour, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues. (Mental Health Advice: 2.1)

Persistent mental health difficulties may lead to pupils having significantly greater difficulty in learning than the majority of those of the same age. Schools should consider whether the child will benefit from being identified as

having a Special Educational Need (SEN). Any special educational provision should ensure it takes into account the views and wishes of the child and their family. (Mental Health Advice: 2.12)

Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils, whose needs may otherwise go unrecognised. (Mental Health Advice: 2.2)

3.2 Mental Health Problems in Children and Young People

Some children experience a range of emotional and behavioural problems that are outside the normal range for their age or gender. These children and young people could be described as experiencing mental health problems or disorders. (Mental Health Advice: Annex A: 5.2)

Mental health professionals have defined these as:

- emotional disorders, e.g. phobias, anxiety states and depression;
 - conduct disorders, e.g. stealing, defiance, fire-setting, aggression and anti-social behaviour;
 - hyperkinetic disorders, e.g. disturbance of activity and attention;
 - developmental disorders, e.g. children who are markedly distressed or socially impaired as a result of an extremely abnormal pattern of attachment to parents or major care givers; and
 - other mental health problems, which include eating disorders, habit disorders, post-traumatic distress syndromes; somatic disorders; and psychotic disorders, e.g. schizophrenia and manic depressive disorder.
- (Mental Health Advice: Annex A: 5.3)

3.3 Main Types of Mental Health Needs

3.3.1 Conduct Disorders

Overt behaviour problems often pose the greatest concern for practitioners and parents/carers because of the level of disruption that can be created in the home, school and community. These problems may manifest themselves as verbal or physical aggressions, defiance or anti-social behaviour. In the clinical field, depending on the severity and intensity of the behaviours, they may be categorised as Oppositional Defiance Disorder (ODD), a persistent pattern of anti-social behaviour which extends into the community and involves serious violation of rules). (Mental Health Advice: Annex C)

3.3.2 Anxiety

Anxiety problems can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. Symptoms of anxiety include feeling fearful or panicky, breathless, tense, fidgety, sick, irritable, tearful or having difficulty sleeping. If they become persistent or exaggerated, then specialist help and support will be required. (Mental Health Advice: Annex C)

3.3.3 Depression

Feeling low or sad is a common feeling for children and adults, and a normal reaction to experiences that are stressful or upsetting. When these feelings dominate and interfere with a person's life, it can become an illness. According to the Royal College of Psychiatrists, depression affects 2% of children under 12 years old, and 5% of teenagers.

Depression can significantly affect a child's ability to develop, to learn or to maintain and sustain friendships. There is some degree of overlap between depression and other problems, e.g. behavioural problems. (Annex C).

3.3.4 Hyperkinetic Disorders

Although many children are inattentive, easily distracted or impulsive, in some children these behaviours are exaggerated and persistent, compared with other children of a similar age and stage of development. When these behaviours interfere with a child's family and social functioning, and with progress at school, they become a matter for professional concern.

Attention Deficit Hyperactivity Disorder (ADHD) is a diagnosis used by clinicians. It involves three characteristic types of behaviour – inattention, hyperactivity and impulsivity. Whereas some children show signs of all three types of behaviour (this is called ‘combined type’ ADHD), other children diagnosed show signs only of inattention or hyperactivity/impulsiveness.

Hyperkinetic Disorder is another diagnosis used by clinicians. It is a more restrictive diagnosis but is broadly similar to severe combined type ADHD in that signs of inattention, hyperactivity and impulsiveness must all be present. These core symptoms must also have been present before the age of seven, and must be evident in two or more settings. (Mental Health Advice: Annex C)

3.3.5 Attachment Disorders

Attachment is the affectionate bond children have with special people in their lives that lead them to feel pleasure when they interact with them and be comforted by their nearness during times of stress. Researchers generally agree that there are four main factors that influence attachment security: opportunity to establish a close relationship with a primary caregiver; the quality of caregiving; the child’s characteristics; and the family context. Secure attachment is an important protective factor for mental health later in childhood, which attachment insecurity is widely recognised as a risk factor for the development of behaviour problems. (Mental Health Advice: Annex C)

3.3.6 Eating Disorders

The most common eating disorders are anorexia nervosa and bulimia nervosa. Eating disorders can emerge when worries about weight begin to dominate a person’s life. Someone with anorexia nervosa worries persistently about being fat and eats very little. They lose a lot of weight and, if female, their periods may stop. Someone with bulimia nervosa also worries persistently about weight. They alternate between eating very little, and then bingeing. They vomit or take laxatives to control their weight. Both of these eating disorders affect girls and boys but are more common in girls. (Mental Health Advice: Annex C)

3.3.7 Substance Misuse

Substance misuse can result in physical or emotional harm. It can lead to problems in relationships, at home and at work. In the clinical field, a distinction is made between substance abuse (where use leads to personal harm) and substance dependence (where there is a compulsive pattern of use that takes precedence over other activities). It is important to distinguish between young people who are experimenting with substances and fall into problems, and young people who are at high risk of long-term dependency. This first group will benefit from a brief, recovery-oriented programme focusing on cognitions and behaviour to prevent them moving into more serious use. The second group will require on-going support and assessment, with careful consideration of other concurrent mental health issues. (Mental Health Advice: Annex C)

3.3.8 Deliberate Self Harm

Common examples of deliberate self-harm include ‘overdosing’ (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation. The clinical definition includes attempted suicide, though some argue that self-harm only includes actions which are not intended to be fatal. It can also include taking illegal drugs and excessive amounts of alcohol. It can be a coping mechanism, a way of inflicting punishment on oneself and a way of validating the self or influencing others. (Mental Health Advice: Annex C)

3.3.9 Post-Traumatic Stress

If a child experiences or witnesses something deeply shocking or disturbing, they may have a traumatic stress reaction. This is a normal way of dealing with shocking events and it may affect the way the child thinks, feels and behaves. If these symptoms and behaviours persist, and the child is unable to come to terms with what has happened, then clinicians may make a diagnosis of post-traumatic stress disorder (PTSD). (Mental Health Advice: Annex C)

4. 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. (Code of Practice: 6.34)

Some children and young people with a physical disability (PD) require additional on-going support and equipment to access all the opportunities available to their peers. (Code of Practice: 6.35)

4.1 Visual Impairment

Visual impairment is the consequence of functional loss of vision which cannot be corrected by glasses. There can also be temporary or permanent loss of vision.

- **Visual acuity:** where central vision is used to look at objects in detail, such as reading a book or watching television;
- **Visual field:** the ability to see around the edge of your vision while looking straight ahead.

4.2 Hearing Impairment

Hearing impairments can range from mild through to severe and profound. They may be temporary or permanent and become apparent in many different ways. There are different types of hearing loss:

- **Monaural:** hearing loss in one ear only. This condition is relatively easy to cope with in the classroom if the child is positioned appropriately;
- **Conductive Loss:** this impairment affects the mechanism by which sound waves reach the nerve endings in the cochlea. One of the most common forms is 'Glue Ear', where an excess amount of fluid collects in the middle ear;
- **Sensory Loss:** this is caused by damage to the nerves and there are no surgical procedures available to restore hearing. Hearing aids are prescribed to maximise residual hearing.

4.3 Physical Needs

Physical needs can include fine and/or gross motor skills, mobility and spatial awareness.

Criteria Table for SEN Register

| Area of need | Sub categories | Criteria | | | | |
|---------------------------------|---------------------------------------|---|---|---|---|--|
| Cognition & Learning | General Learning Difficulties | Are characterised by limited development of knowledge and skills across the curriculum | Are often recognised by having lower academic achievement than their peers (two chronological years behind) | Have problems acquiring and/or retaining basic skills and developing concepts in literacy and/or numeracy | May have poor social skills, or experience emotional and behavioural difficulties | Have difficult in dealing with abstract ideas and generalising from experience |
| | Specific Learning Difficulties | Dyslexia – a specific learning difficult with reading, spelling, written language and sometimes numeracy | Dyspraxia – impairment of the organisation of movement, linked to difficulties with language, thought and perception | Dyscalculia – a learning disability that results in difference in understanding, processing and making use of mathematical information | | |

| Area of Need | Sub Categories | Criteria | | | | | | |
|----------------------|---|---------------------------|------------------------------|--|--|--|---|--|
| Communication | Speech & Language Difficulties | Producing accurate speech | Retrieving words from memory | Expressing words in correct sequence that results in meaningful language | The acquisition and expression of one’s own thoughts and ideas | Receiving and processing language at speed in order to respond to another person’s ideas | Understanding and using social language appropriate to the setting or context | |

| | | | | | | | | | | | |
|--------------------------|-----------------------------------|-------------------------------|---|--|---|--|---|---|--|--------------------------|--|
| & Interaction | Autistic Spectrum Disorder | Difficulty relating to others | Frequent misunderstanding of social conventions | Lack of empathy or awareness of the feelings of others | Tendency to insist on following set routines or intricate rituals | Excessive, even obsessive, interest in a subject | Behaviour which may appear inflexible and self-determined | Spoken language that is punctuated with mannerisms, gestures and words out of context | Literal interpretation of idioms and metaphors | Avoidance of eye contact | Inability to understand body language, facial expressions and voice tone |
|--------------------------|-----------------------------------|-------------------------------|---|--|---|--|---|---|--|--------------------------|--|

| Area of Need | Sub Categories | Degrees of Loss | Criteria | | | | |
|-----------------------------|--------------------|---|---|--|---|--|---|
| Sensory &/Or Physical Needs | Hearing Impairment | <p>Mild Hearing loss (the quietest sound can hear between 21-40dB) The child will hear nearly all speech but may mis-hear if not looking directly at the speaker. This condition can be hard to identify.</p> | <p>Day-dreaming, slowness to respond, asking for repetition. Watching speaker's face for clues. Tilting head to maximise aural input.</p> | <p>Reading difficulties, confusion when attempting phonic work and sound discrimination activities.</p> | <p>Fluctuating pace of working, tiring quickly, discrepancy between verbal and practical skills.</p> | <p>Poor attention and listening skills, distracting others.</p> | <p>Immature vocabulary, language structure or speech.</p> |
| | | <p>Moderate hearing loss (the quietest sound can hear between 41-70dB): The child will have great difficulty in hearing anyone speaking without a hearing aid. He/she will rely on lip-reading and visual clues, often without realising. You may notice a child misses word endings such as ss or sh.</p> | | | | | |
| | | <p>Severe hearing loss (the quietest sound can hear between 71-90dB): Even with a hearing aid the child will need visual clues to gain information. The spoken voice may be comprehensible but the child will be limited in the use of verbs, adjectives.</p> | <p>Performance and progress that does not fulfil earlier expectations; inability to make progress within the curriculum</p> | <p>Significant speech & language difficulties restricting communication with peers and teachers and inhibiting</p> | <p>Difficulties in making and sustaining peer relationships leading to concerns about social isolation,</p> | <p>Emotional and/or behavioural problems, perhaps including periods of withdrawal, disaffection and reluctance to attend school.</p> | <p>Difficulties in maintaining and sustaining concentration in the classroom, leading to problems in completing work and a need for adapted materials and a</p> |

Profound hearing loss (the quietest sound can hear is more than 90dB):

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

without considerable amplification of hearing and increased use of visual means of communication.

language use in the curriculum.

the risk of bullying and growing frustration.

level of support beyond what it is realistic to expect from the class teacher.

| Area of need | Sub Categories | Degrees of loss | Criteria | | | | |
|-----------------------------|-------------------|---|---|--|--|---|--|
| Sensory &/Or Physical Needs | Visual Impairment | <p>Mild visual impairment: The child will see nearly all visual based activities but may miss some information unless it is given verbally.</p> | Difficulties/inability to copy from the board, child requests specific seat in classroom. | Lack of response to visual signals in the class. Asks for instructions to be given verbally. | Has difficulties in other areas, such as hand-eye coordination, balance & organisation. | Unusual distance or angle of books. Requires more time to complete tasks and may suffer visual fatigue. | Possible anxiety or stress leading to withdrawal or frustration. |
| | | <p>Moderate visual impairment (having very poor visual acuity (less than 3/60), but having a full field of vision): The child will have great difficulty in seeing printed materials and board work under font size N14. He/she will rely on verbal clues often without realising.</p> | | | | | |
| | | <p>Severe visual impairment (having poor visual acuity (between 3/60 and 6/60) and a severe reduction in field of vision): Even with modified work the child will need verbal clues to gain information.</p> | Requires modified materials and specialist equipment to access the curriculum. | Mobility problems that impact on independent travel and self-help skills. | High visual stress causing visual fatigue, even with correct materials & specialist equipment. | Uses touch to establish learning materials, i.e. science equipment. | Possible associated stress leading to increasing withdrawal or frustrated behaviour. |
| | | <p>Profound visual impairment (having slightly reduced visual acuity (6/60 or better) and a significantly reduced field of vision): Requires Braille or MOON, tactile diagrams, 3D representations to access the curriculum.</p> | | | | | |

| Area of Need | Sub Categories | Degrees of Difficulty | Criteria | | | | |
|-----------------------------|----------------|--|---|--|---|---|---|
| Sensory &/Or Physical Needs | Physical Needs | Moderate physical difficulty: Child may require additional support for mobility, gross and/or fine motor difficulties and minor difficulties in spatial orientation. | Struggles getting changed and may seek help, e.g. for PE lessons. | May require support moving between lessons and during unstructured social times. | Ability to participate in most classroom activities but problems undertaking specific tasks and activities. | May require alternative methods of recording work. | |
| | | Severe physical difficulty: Child will require full support for mobility, gross and/or fine motor difficulties and major difficulties in spatial orientation. | Will need support during PE lessons and getting changed. | Will require support moving between lessons and handling equipment, also during unstructured social times. | Difficulty participating in classroom activities without specialist equipment or support. | Requires health and safety considerations during practical lessons, e.g. Tech, Science, PE. | Will require alternative methods of recording work. |

| Area of Need | Sub Categories | Criteria |
|-----------------------------------|----------------|---|
| Social, Emotional & Mental Health | | <p>All pupils who present with behaviours associated with social, emotional and/or mental health difficulties will be investigated on an individual basis in discussions with the young person, parent and any other professionals deemed necessary.</p> <p>There are often two key elements that enable schools to reliably identify children at risk of social, emotional and/or mental health problems:</p> <ul style="list-style-type: none"> • effective use of data so that changes in pupils' patterns of attainment, attendance or behaviour are noticed and can be acted upon; and • an effective pastoral system so that at least one member of staff (e.g. a form tutor) knows every pupil well and can spot where unusual behaviour may have a root cause that needs addressing and take decisions on how best to support pupils. |