



MILLFIELD
PREP SCHOOL

School Information Report 2022-2023

Headteacher: Mr Dan Thornburn
Headteacher of Pre-Prep Mr Mike Jory

SENCO: Sarah Lennon

SEN Governor: Mrs Kate Griggs

Information on where the local authority's local offer is published:

[Local Offer update form - Somerset County Council](#)

At Millfield Pre-Prep - MPPS, every pupil is an individual with their own profile of strengths and needs. As a school, our commitment is to provide outstanding and inclusive education that meets the needs of all our learners. The majority of this will happen alongside their peers. However, at times to ensure that pupils make excellent progress, they will be in receipt of extra lessons within the MPPS or in the Learning Development Centre (LDC). However, where a pupil requires special educational provision i.e. provision additional to or different from the range of provision deemed appropriate for the majority of pupils of the same age within the school, as part of the Graduated Response, the pupil has Special Educational Needs (SEN). At Millfield, we prefer the more inclusive term of additional education needs and or disability (AEND).

Every teacher is a teacher of every pupil including those with AEND. Within the context of The Equalities Act (2010) and the AEND Code of Practice: 0-25 years (2014) pupils with SEND must be supported, well taught and make progress together with receiving justice, fairness and equality of opportunity. We ensure where reasonably practicable, we adjust to meet the needs of our learners. However, we also ensure that this is a school in which individuals can thrive.

The SENCO at MPPS, Sarah Lennon, ensures this process is maintained by all staff.

The SENCO contact details are:

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School Information report frequently asked questions.

To find out the answer to any of the questions below, please click on the question, you will be taken to the correct place in the document.

1. What Special Educational Need provision is made at MPPS?
2. How do you identify pupils at MPPS as having a special educational need?
3. What provision do you offer for children with a SEND?
(Regardless of whether they have an EHCP)
4. How do you ensure the provision is right for my child?
5. How do you review the progress my child with SEND makes?
6. How will you teach my child with SEND?
7. Will you make specific adaptations to the curriculum and or the learning environment if my child needs this?
8. What additional learning support is available for my child with SEND?
9. Can my child with SEND take part in school activities such as trips and clubs?
10. What additional support is available for my child's social and emotional needs?
11. How will you support my child's physical needs?
12. How do you support my child's medical needs?
13. What training does your staff have to ensure they know about SEND?
14. How do you ensure my child has the correct facilities and equipment they need?
15. How do you make sure that I am part of the process and that my voice is heard, when deciding what is right for their education?
16. How do you make sure my child's voice is heard and that they have their say in what support they have?
17. What do the governors of your school do in relation to my child with SEND?
18. How do I make a complaint?
19. How do you ensure the correct professionals and specialist services are involved with my child?
20. What support is there for my child with SEND and me in this area?
21. How do you help my child with transition?
22. What is meant by the term Special Educational need and what incorporates SEN and disability (SEND)
23. What areas of SEND are there?

Special Educational Needs for which provision is made at MPPS.

A child may be described as having a special educational need if they have a significantly greater difficulty in learning than the majority of others of the same age or have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided (i.e. over and above adjustments, aids and services required by the Equality Act 2010).

This may mean that they have a learning difficulty or a disability that requires support that is different from, or additional to, that provided for other children of the same age. MPPS provides support for a range of special educational needs which are put into four broad categories:

- Communication and interaction
- Cognition and Learning
- Social, emotional and mental health
- Sensory and/or physical

The Equality Act 2010 defines a disabled person as a person with a disability. A person has a disability for the purposes of the Act if they have a physical or mental impairment and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Our SENDCO and many of our specialist teaching Staff are qualified Dyslexia Teachers. Many of our staff members have specialist training and experience in supporting children with a variety of Special Educational Needs and Disabilities.

MPPS's policies for the identification and assessment of pupils with special educational needs.

MPPS Duties and Responsibilities

For those pupils that arrive at Millfield Prep School - MPS with a formal assessment, and those pupils who are later identified as having learning differences, MPS will:

- Ensure that all teaching staff can identify AEND pupils and can access AEND information on such pupils via the School Management Information System (iSAMS);
- Provide for pupils who have AEND, to allow them to join in the activities of the school, alongside pupils who do not have AEND, so far as is reasonably practical and compatible and is not detrimental to the education of the pupils with whom they are educated;
- Have regard for the AEND of pupils and monitor them accordingly, following the assess, plan, do and review cycle;
- Identify, via the referral system and further assess pupils with possible AEND, if the pupil appears to be under-performing;
- Aim to provide an education that is suitable to the needs of the individual pupil and promote achievement;
- Provide pastoral support that meets the needs of the pupil;
- Ensure safeguarding procedures with relation to the pupil.

Identification and provision for pupils with AEND is a matter for all teaching staff, the learning support team, the joint Head of LDC, the Head Teacher and the Governing Body. As stated in the SEND Code of Practice (2014), teaching such pupils is a whole-school responsibility, requiring a whole-school response. Central to the work of every teacher is a continuous cycle of 'assessment, planning, doing and reviewing,' that takes account of the wide range of abilities, aptitudes and interests of the pupils. The majority of pupils will learn and make the expected progress with 'Quality First Teaching'. However, for some pupils with AEND, there may be a need to provide an additional level of provision that supports their learning and promotes positive achievement.

Provision for pupils with special educational needs whether pupils have EHC Plans or are part of the Graduated response to AEND.

Reasonable Adjustments

MPPS offers the following arrangements and adjustments to support pupils, with pre-identified learning difficulties and for those pupils who are identified as having learning difficulties at some point during their time at MPPS. See the accessibility policy for further clarification.

AEND support – included in the school fees

- Small class sizes;
- Differentiation of the learning and environment;
- Opportunities to attend sessions with the MPPS Specialist Teacher in very small groups;
- Timetabled small group learning support lessons;
- Where it is needed, external agencies come in to support such as Speech and Language Therapist – This is at a cost, as a private arrangement between the family and the therapist;
- Where it is needed services are referred to: Integrated Therapies, Portage, EYFS Area SENCO, others as necessary by arrangement.

How the school evaluates the effectiveness of its provision for pupils:

Pre and post intervention assessments are carried out. These inform the effectiveness of the assessment. A ratio gain calculation is carried out with a ratio gain of 2 or more being acceptable. (See appendix 2) The child must be able to generalise their success in intervention back into the classroom, teachers will ensure that their learning and teaching environment enables this through differentiation and removal of barriers. This is further measured by parental involvement, pupil voice, observations and work scrutiny.

The school's arrangements for assessing and reviewing the progress of pupils with special educational needs:

School will follow the Assess, Plan, Do and Review cycle. A period of limited progress refers to one 'new term'. This means that progress is reviewed. The children undertaking provision will also have a pre and post intervention assessment undertaken, reading 3 x per academic year and spelling 2 x unless we feel extra assessment is warranted. This will inform us of their progress. We deem progress with a ratio gain of 2 or more acceptable. (Ratio gain is further explained in the appendix). Pupil voice and parental involvement is encouraged.

The school's approach to teaching pupils with special educational needs:

The school is fully inclusive and as such will ensure that the teaching environment accommodates need and allows for opportunities for children to thrive. The school will follow accessibility arrangements, further clarified in the school accessibility policy and plan and will make alteration to the learning and physical environment, as far as is reasonably practical, according to the strengths and needs of the individual child.

We recognise that many children will have additional needs at some time during their school life. Whilst many factors contribute to the range of difficulties experienced by some children, we believe that much can be done to overcome them by parents, teachers and pupils working together.

We have rigorous monitoring in place which tracks the progress children make in Reading, Writing and Maths and in the Foundation subjects, using GL Assessments and analysis. We regularly scrutinise assessment data and can quickly identify those children who are not making expected progress and may need some additional support or intervention.

If a child is making slow or less than expected progress, this does not necessarily mean that a child has an AEN. There may be other reasons such as family circumstances or friendship issues that can affect a child's learning. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty.

Concerns may also be raised by parents and carers, teachers and support staff. Additionally, children may be identified with an AEND via a GP referral, health visitor, speech and language service, the school nurse or paediatrician.

MPPS follows the SEN Code of Practice (2014) via a Graduated Approach to identify, assess and monitor a child's special educational needs.

If you are concerned about your child's progress you should talk to his or her class teacher first or contact the SENCO, or Headteacher if you feel unsatisfied by their response.

As well as providing support for children from within the school, we are also able to involve outside professionals as and when necessary.

How the school adapts the curriculum and learning environment for pupils with special educational needs:

The learning and physical environment is adapted, as far as is reasonably practicable, to ensure barriers are removed. The school will also carry out all recommendations within the pupil's Pupil Passport and from specialists, in consultation with the pupil and parents.

As part of the school admission process, we ensure that the school is right for your child, so that their continued successes can be ensured.

Additional support for learning that is available to pupils with special needs:

The children at MPPS receive the support they need to achieve. This is through, for example:

- High quality learning and teaching;
- Adaptation of the learning and physical environment, as far as is reasonably practicable;
- Specialist Teaching support – for example, pre-teaching key vocabulary, making resources to support differentiation such as word mats, carrying out specialist programmes of intervention, supporting class teachers' Quality First Teaching;
- Using Information technology, such as iPads to remove barriers
- Provision as identified by the class teacher, Head of Learning Development, Specialist Teachers, parents and Area SENCO, identified as being appropriate to reduce the gap in their learning;

How the school enables pupils with special educational needs to engage in the activities of the school (including physical activities) together with children who do not have special educational needs:

As a school we ensure that the focus is on the outcome rather than the task. This means that a child may achieve the outcome in any way that supports their learning or physical strengths. As such the curriculum is fully differentiated to ensure this can be achieved.

With specialist Teachers and highly trained Sports staff, we endeavour to work together to ensure success as far as is reasonably practicable.

Trips are always planned in advance and checked by our staff. We will ensure that a trip is inclusive of your child and their needs.

Support that is available for improving the emotional, mental and social development of pupils with special educational needs.

At MPPS we have a school counsellor, who supports pupils with their social and emotional needs. Our school ethos is such that social and emotional needs are of paramount importance to us and we do not believe children are able to learn effectively if we do not successfully support this. We have a high-quality pastoral care system in place that meets weekly to ensure that children's emotional, mental and social needs are considered.

MPPS and MPS value this so highly that there is a deputy Head Teacher for Pastoral; MPPS is part of this system.

Classrooms have different strategies in place to support children's self-esteem and self-regulation. Planned and discussed on an individual basis.

Our school believes in a 'growth mind-set' where we support pupils to address metacognitive strategies (learning how to learn) to ensure they see how to learn rather than thinking they are unable.

Emotional well-being is supported by making sure that children who find change difficult are well prepared for any changes or transitions. To promote positive friendships, we may use 'circle time' involving the whole class.

Children can also request time to talk with an adult.

Further to this our SENCO – the Head of The Learning Development Centre, is also a qualified Mental Health First Aider.

How do we support children's physical needs?

As part of our accessibility policy, we ensure that as a school we continue to make reasonable adjustments to our site. There is however, no escaping the large campus on which we structure our curriculum.

Specialist teachers and Occupational Therapists, where appropriate, will provide specific advice and guidance for specific children. They may also provide training for staff.

Teachers follow up any recommendations by providing specific interventions to children, for example for handwriting or fine motor skills either individually or in small groups, with the specialist teacher.

MPS is on many levels and as previously stated is a large campus. We do have accessible toilet facilities which are suitable.

How do we support children's medical needs?

The school has an onsite medical centre staffed by nurses and a doctor visits to see boarders. The nurses are in school to carry out checks with children and to provide advice and training to staff. They are also available to assist in writing Health and Care plans for children when necessary.

Medicines are stored safely in the medical centre apart from inhalers, which are kept in a safe place in the classrooms. Children with allergies also have epi pens in school and the school is starting (under DfE guidance) to have their own epi pen in specific locations that are available for children who have been previously prescribed an epi pen. Several staff members are first aid trained (also see our medications policy).

How do we support children during unstructured parts of the day?

Lunch and playtimes are staffed to ensure safe adult: child ratios. There is a range of play areas which the children can use freely. Staff and buddies help to ensure all children are engaged in play. Children with additional needs may have a named member of staff for support who could guide them to a specific area for example the sand pit or a quiet space, or they may provide suitable activities or resources.

Information about the expertise and training of staff in relation to children and young people with special educational needs and about how specialist expertise will be secured.

The SENCO – Head of the LDC ensures that the staff have regular training in matters of AEND at termly inset days. Training is identified through auditing of staff knowledge. All members of staff have received some training relating to SEND, whilst others will have received more focused training to enable them to support children with specific needs, for example, those on the autistic spectrum, children with speech, language and communication difficulties, children with social and emotional needs or those with physical and coordination needs. Ensuring that our staff has appropriate and regularly updated training is a key element of the school's strategic planning. Training will occur in house where staff specialism enables this or by contacting relevant specialists from Health and Education.

Information about how equipment and facilities to support children and young people with special educational needs will be secured.

If a child needs specialist equipment this is purchased through the schools delegated funding or by parents, where appropriate. If it is specified in the EHCP, then consultation will have occurred between yourself, and us as a school on admission.

The arrangements for consulting parents of children with special educational needs about, and involving such parents in, the education of their child.

We believe fully in ensuring that parents' voice is heard in the education of their child. The process for informing parents occurs through our Graduated Approach to AEND. The first person you should always liaise with is the class teacher. If you feel you require more information then please speak to the specialist teacher, the Head of the LDC, or the Head of MPPS. We fully value the voice of the child and their parents in all matters concerning the education of your child.

Depending on the level of documentation, we have different timelines for formal consultation with parents. This includes:

- Parents' evenings
- School Report:
- Pupil Profiles
- Provision Map
- Meetings and planning for the individual needs of your child;
- Education Health Care Plan (My Plan): For pupils with SEND. As agreed with Somerset Local Authority (depending on the child's address) Annual review (Unless they are in reception in which case, we will review it after 6 months.

Further to this we also hold an open-door policy; parents can always speak to their class teacher. We aim to ring parents back the same day, where a telephone message has been left to speak to a member of staff and parents will be advised at the time of phoning if this is not possible. Parents regularly provide staff with messages they want to be heard immediately on the day when dropping off or collecting their child. As part of our ethos, we see the importance of direct communication with parents.

The arrangements for consulting young people with special educational needs about, and involving them in, their education.

The pupil voice is of paramount importance to us at MPPS, in line with our ethos. The pupil voice can be heard in the following ways:

- Pupil profile;
- Talking with the class teacher.

We ensure as part of the process for identifying AEND, the pupil voice is the main voice and the first voice we hear. We do this through various strategies that follow 'Helen Sanderson' approaches to hearing the pupil voice. Communication is not a barrier to this and we ensure that we hear the voice in the way that the pupil is able to communicate.

Any arrangements made by the governing body or the proprietor relating to the treatment of complaints from parents of pupils with special educational needs concerning the provision made at the school.

The first point of contact should be your class teacher/tutor. However, if you feel their response is unsatisfactory, we have a full complaint procedure that can be followed. Please see the complaint procedure policy.

How the governing body involves other bodies, including health and social services bodies, local authority support services and voluntary organisations, in meeting the needs of pupils with special educational needs and in supporting the families of such pupils

The governing body of the school appoints an AEND Governor who ensures that all governors are aware of the school's AEND provision, including the deployment of funding, equipment and personnel. The school have an identified AEND Governor. The Head of LDC has a responsibility to report to Governors, annually as a minimum, about all matters of AEND.

The contact details of support services for the parents of pupils with special educational needs, including those for arrangements made in accordance with section 32.

Please see the Somerset Council Local offer, which details all the support you can expect to be offered having a child with additional needs being a member of Somerset Local Authority:

Information on where the local authority's local offer is published:

[Local Offer update form - Somerset County Council](#)

Your local authority has a responsibility to look after your family and their needs in relation to AEND. If you do not have a Somerset address, your local authority local offer will be the place to look for all things happening in your area.

MPPS works effectively with many different agencies and organisations such as the Educational Psychology service. We also consult with Social Services, Child Protection and Educational Welfare Officers, as well as Health professionals such as Paediatricians, School Nurse-medical centre, Health Visitors, the Speech and Language Therapy Service, Occupational Therapy and Child and Adolescent Mental Health Services.

We also work collaboratively with other local schools to make effective use of combined expertise and training.

There are other organisations that can provide guidance and support for families of children with Special Educational Needs and/or Disability. The Somerset Parent Carer forum offers parents and carers free, confidential and impartial information and advice. Phone 01458-259384 or go online at <https://somerseparentcarerforum.org.uk/>

The school's arrangements for supporting pupils with special educational needs in a transfer between phases of education or in preparation for adulthood and independent living.

Transferring to a new school is a significant time in a child's life and we recognise that some children may find this more difficult to cope with than others. Many strategies are in place to enable a pupil's transition to be as smooth and positive as possible.

Discussions between the previous and receiving schools take place prior to the pupil joining or leaving. Our Head MPPS, Head of Admissions and Head of the LDC, will receive and pass on relevant information on pupils with AEN and additional visits/transition support programmes will be arranged for pupils who need extra time to adjust to their new school.

Within MPPS, all pupils will do 'class swaps' in the summer term, where they will spend time with their new teacher and individual transition plans will be put in place for those who need additional support during the summer term and before if needed.

Appendix 1

Staff concerned about a pupil's progress-
1st period of limited progress

Assess: Teachers to do something under quality first teaching and provision. Assess differentiation. **Do:** something different: **follow schools' 'Notice and adjust document' Strategies - notify GT and HoY who will bring up at Pastoral Committee, update iSAMS**

Plan: Teacher Led review – plan to do something: Monitoring and typical adjustments by class teacher. **Do:** Adjust learning environment and/or teaching strategies and **Adjust'**

Review: Progress made?

Yes

Outcomes met: feedback to parents. Continue provision as necessary to ensure progress.

No

Assess: Two consecutive periods of limited progress – plan to do something different/better. Refer to LDC – notify GT and HoY

Plan: Specialist Teacher led review: Support from LDC – what should I be doing to maximise the impact of my quality first teaching? Plan outcomes for support – What's working? What's important? What needs? **Do:** Adjust learning environment and/or teaching strategies. **Adjust Pupil Profile Strategies/PDP – notify parents, update iSAMS**

Review: Progress made?

Yes

Outcomes met: Feedback to parents continue to provide correct level of differentiation and adjustment to learning environment and monitor.

No

Assess: A further consecutive periods of limited progress – plan to do something different/better.

Plan: Specialist Teacher led review: Continuing Support/guidance from LDC. Better quality first teaching; more focus on intervention. **Do:** Access to learning – adjust the environment to increase access. **BUT NOTE, not identifying SEN at this point) Adjust pupil profile: Assess and list strategies and Targets. Adjust Pupil Profile Strategies/PDP – notify parents, update iSAMS – Monitor status**

Review: Progress made?

Yes

Outcomes met: Feedback to parents continue to provide correct level of differentiation and adjustment of the environment and monitor.

No

Plan: Outcomes, intervention and support. Targeted intervention is needed LDC to give advice here, on provision available in the school that could meet additional needs of the child (These needs will be better defined at this stage **Do:** Targeted intervention as necessary. Continue QFT and access and **Create provision map. Adjust Pupil Profile Strategies/PDP – notify parents, update iSAMS, AEN Support**

Review: progress made?

NO

Yes

Plan: Specialist being brought in (e.g. EP, OT, SALT, OT, Paediatrician: someone with specialist skills and qualifications)

Do: Transition period of evidence gathering

AEN and needs now much better known and beginning to be defined clearly (and the specialist should be able to define this further): AEN Support + on iSAMS register at this stage

Access to learning – adjust the environment to increase access. Continue Intervention that is supportive. Follow ‘what is necessary’ to achieve the outcomes as defined in the My Support Plan

A non-statutory Support Plan is considered:

Person-centred planning; what works, what’s important to and for the child etc.

This transition period will support this evidence gathering. **Adjust Pupil Profile Strategies/PDP – notify parents, update iSAMS AEN Support +**

Outcomes met: Feedback to parents continue to provide correct level of differentiation and adjustment and monitor.

Yes

Continue to monitor, assess; plan; do; review cycles with Pupil Plan according to outcomes and review cycles.

Hold an annual meeting or earlier if needs change.

NO

Refer for EHC Plan

Ensure all paperwork from each stage is gathered and hold meeting to assemble paperwork.

Submit and follow timeline for EHCP

Appendix 2 - Ratio Gain (RG)

The most effective way to establish if a reading or spelling intervention has been effective is to use ratio gains.

Many UK studies report results not in standard scores but in reading and spelling ages, from which ratio gains can be calculated in order to evaluate the effectiveness of the intervention.

Ratio gain is the gain in reading (or spelling) age made by a group during a chronological time span, expressed as a ratio of that time span (Topping & Lindsay, 1992).

For example:

If a child has a reading age of 7:04 years at the start of an intervention and after 10 weeks (that is 2 ½ months) he ends with a reading age of 8:00 years he has made progress of 8 months in this 2 ½ month period. On the face of this it looks very good, but how good is it? We can calculate this by finding out the ratio gain.

RG = months gain divided by time in months.

A ratio gain of 1.0 means that the child's skills are developing at a normal pace, **but they will not be catching up with their peers**. Brooks (2007) suggests that:

- Ratio gains of less than 1.4 are of 'doubtful educational significance',
- Between 1.4 and 2.0 of 'modest impact',
- Between 2.0 and 3.0 of 'useful impact',
- Between 3.0 and 4.0 of 'substantial impact' and
- Above 4.0 of 'remarkable impact' (Brooks. 2007, p. 289).

In the case above the child's progress has been of '**substantial impact**'

However, Brooks (2007) points out that ordinary teaching (i.e. no intervention) does not enable children with literacy difficulties to catch up, and hence it is fair to presume that, in the absence of control or comparison groups, and where effect sizes cannot be calculated, findings of **ratio gains in excess of 2.0 may be taken as good evidence in support of the method employed**.

NB

Several studies have shown that, without help, **dyslexic pupils** progress at around only 5 months per calendar year in reading (ratio gain 0.42) and 3 months in spelling (ratio gain 0.25) (Thomson, 1990, 2001; see also Rack and Walker, 1994). Dr Singleton suggests **that in cases of dyslexia the achievement of ratio gains of 1.00 or greater represents substantial progress** for these individuals, even though they may still have literacy skills below levels required to access the curriculum effectively. **Based on Dr Singleton's Interventions for Dyslexia report, pages 29 – 30 taken from the Rose review P.178**

What do we mean by the term Special Educational Needs

Definition of Special Educational Needs from the Special Educational Needs and Disability (SEND) Code of Practice: for 0-25 years (2014)

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 them. A child of compulsory school age or a young person has a learning difficulty or disability if they:

- have a significantly greater difficulty in learning than the majority of others of the same age; or
- have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

SEN Areas of Need

The 2014 SEND Code of Practice outlines four areas of special educational need that include a range of difficulties and conditions:

1. [Communication and interaction](#)
2. [Cognition and learning](#)
3. [Social, emotional and mental health](#)
4. [Sensory and/or physical](#)

By clicking on each of the areas above you will be taken to the pages that give examples of these area of need with descriptions and links to suggested websites for gaining more information.

Communication and Interaction

Some of the aspects of difficulty included in this area are:

Autistic Spectrum Disorder (ASD)

ASD is a relatively new term that recognises there are a number of sub-groups within the spectrum of autism. Pupils with ASD find it difficult to:

- understand and use non-verbal and verbal communication
- understand social behaviour, which affects their ability to interact with children and adults
- think and behave flexibly, which may be shown in restricted, obsessional or repetitive activities.

Pupils with ASD cover the full range of ability and the severity of their impairment varies widely. Some pupils also have learning disabilities or other difficulties, making diagnosis difficult.

Pupils with Asperger's syndrome should be recorded in this category. These pupils share the same triad of impairments but have higher intellectual abilities and their language development is different from the majority of pupils with autism.

- Further information can be found at: <http://www.autism.org.uk/about-autism>
- Local organisations offering information, advice and support for children and young people with ASD and their families, Speech, Language and Communication Needs (SLCN) See your local offer.

Children and young people may have a range of difficulties with speech and language, some of which may resolve as the student develops.

For some children, such difficulties may be confined to their production of speech. For others, it may be hard to find the right words or to join them together meaningfully in expressive language. They may have problems in communicating through speech and may find it hard to acquire language and express thoughts and ideas. They may experience difficulties or delays in understanding or responding to verbal cues from others, or in understanding and using appropriate language for social interaction.

The fact that a child or young person may understand and speak English as an additional language does not in itself constitute a speech and language difficulty. It is important to note, however, that different

languages have different structures/phonologies (sound systems) which can sometimes cause initial short-term difficulties.

Further information can be found at: <http://www.ican.org.uk/>

Social, Emotional and Mental Emotional Health

Children with emotional difficulties include those who may be withdrawn or isolated, hyperactive and lack concentration; those with immature social skills and those presenting other difficulties arising other complex needs.

Some children may have emotional needs and/or social problems that interfere with their own ability to learn effectively. In some instances, the difficulties they experience may cause disruption to the learning of other children or young people.

Social difficulties, in this context, occur when students have problems managing interactions with others in school effectively and appropriately. They may have difficulty making the necessary adjustments to conform to the expectations of others in a variety of settings. The process is known as socialisation. Either difficulty may impact substantially on the child's ability to learn.

Some of the aspects of difficulty included in this area are:

Adjustment Disorders

A child suffering from an Adjustment Disorder may have witnessed a stressful event or had a big change in their normal lifestyle. This could then have an adverse reaction on their emotional health and/or behaviour.

Anxiety Disorders

A child suffering from an Anxiety Disorder may be prone to frequent panic attacks. Here the child may complain of physical symptoms such as headaches or stomach aches. The child may also display inappropriate emotional responses, such as outbursts of laughter or crying out of context

Obsessive-Compulsive Disorder ('OCD')

A child suffering from EBD may also have an Obsessive Compulsive Disorder (OCD). Here the child can display recurrent and persistent obsessions or compulsions. Behaviours may include repetitive hand washing, praying, counting, and repeating words silently.

Attention deficit hyperactivity disorder (ADHD)

Attention Deficit Hyperactivity Disorder is a complex condition can seriously affect a child's concentration, behaviour and learning. A child with ADHD will often feel easily bored, may be distracted by unimportant sounds and sights, be impulsive and find it hard to sit still. This impacts

on their learning as they can find it very hard to concentrate for the periods of time needed to complete tasks. Consequently, the work that they produce may not necessarily reflect their true ability.

Further information can be found at: www.addiss.co.uk

Sensory and/or Physical

Some of the aspects of difficulty included in this area:

Hearing Impairment (HI)

Pupils with an HI range from those with a mild hearing loss to those who are profoundly deaf. They cover the whole ability range.

For educational purposes, pupils are regarded as having an HI if they require hearing aids, adaptations to their environment and/or particular teaching strategies to access the concepts and language of the curriculum. A number of pupils with an HI also have an additional disability or learning difficulty. Hearing loss may be because of conductive or sensorineural problems and can be measured on a decibel scale. Four categories are generally used: mild, moderate, severe and profound. Some pupils with a significant loss communicate through sign instead of, or as well as, speech.

Visual Impairment (VI)

A visual impairment is generally defined as an eyesight problem that cannot be corrected by wearing glasses or contact lenses or by surgery.

The terms partially sighted, low vision, legally blind, and totally blind are used in the educational context to describe students with visual impairments. They are defined as follows:

- "Partially sighted" indicates some type of visual problem has resulted in a need for special education;
- "Low vision" generally refers to a severe visual impairment, not necessarily limited to distance vision. Low vision applies to all individuals with sight who are unable to read the newspaper at a normal viewing distance, even with the aid of eyeglasses or contact lenses. They use a combination of vision and other senses to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille;
- "Legally blind" indicates that a person has less than 20/20 vision ?? in the better eye or a very limited field of vision (20 degrees at its widest point); and
- Totally blind students learn via Braille or other non-visual media.

Multi-Sensory Impairment (MSI)

Pupils with MSI have a combination of visual and hearing difficulties. They are sometimes referred to as deafblind but may have some residual sight and/or hearing. Many also have additional disabilities but their complex needs mean it may be difficult to ascertain their intellectual abilities. Pupils with MSI have much greater difficulty accessing the curriculum and the environment than those with a single sensory impairment. They have difficulties in perception, communication and in the acquisition of information. Incidental learning is limited. The combination can result in high anxiety and multi-sensory deprivation. Pupils need teaching approaches that make good use of their residual hearing and vision, together with their other senses. They may need alternative means of communication.

Physical Disability (PD)

There is a wide range of physical disabilities and pupils cover the whole ability range. Some pupils are able to access the curriculum and learn effectively without additional educational provision. They have a disability but do not have an SEN. For others, the impact on their education may be severe.

In the same way, a medical diagnosis does not necessarily mean a pupil has an SEN. It depends on the impact the condition has on their educational needs.

There are a number of medical conditions associated with physical disability that can impact mobility. These include cerebral palsy, heart disease, spina bifida and hydrocephalus, and muscular dystrophy. Pupils with physical disabilities may also have sensory impairments, neurological problems or learning difficulties.

Some pupils are mobile but have significant fine motor difficulties that require support. Others may need augmentative or alternative communication aids.

Medical Needs

A medical diagnosis or a disability does not necessarily imply a special educational need (SEN). It may not be necessary for the child or young person with any particular diagnosis or medical condition to have any additional form or educational provision at any phase of education. It is the child's medical needs rather than a diagnosis that must be considered.

Some children may not require school-based SEN provision but they have medical conditions that, if not properly managed, could hinder their access to education.

Children and young people with medical conditions will include those with Asthma, Diabetes, Arthritis, Epilepsy, severe allergies, Incontinence, Eczema, Cystic fibrosis, Tracheotomy, Colostomy and Ileostomy.

In such cases, school staff will take into consideration the medical guidance available.

Cognition and Learning

Some of the aspects of difficulty included in this area are:

Moderate Learning Difficulty (MLD)

Pupils with MLDs will have attainments significantly below expected levels in most areas of the curriculum despite appropriate interventions. Their needs will not be able to be met by normal differentiation and the flexibilities of the National Curriculum.

They should only be recorded as MLD if additional educational provision is being made to help them to access the curriculum. Pupils with MLDs have much greater difficulty than their peers in acquiring basic literacy and numeracy skills and in understanding concepts. They may also have an associated speech and language delay, low self-esteem, low levels of concentration and under-developed social skills.

Profound and Multiple Learning Difficulty (PMLD)

Pupils with profound and multiple learning difficulties have complex learning needs. In addition to very severe learning difficulties, pupils have other significant difficulties such as physical disabilities, sensory impairment or a severe medical condition. Pupils require a high level of adult support, both for their learning needs and also for their personal care. They are likely to need sensory stimulation and a curriculum broken down into very small steps. Some pupils communicate by gesture, eye pointing or symbols, others by very simple language. Their attainments are likely to remain in the early P-scale range (P1-P4) throughout their school careers (that is below level 1 of the National Curriculum).

Severe Learning Difficulty (SLD)

Pupils with Severe Learning Difficulties (SLD) have significant intellectual or cognitive impairments. This has a major effect on their ability to participate in the school curriculum without support. They may also have difficulties in mobility and co-ordination, communication and perception and the acquisition of self-help skills. Pupils with severe learning difficulties will need support in all areas of the curriculum.

They may also require teaching of self-help, independence and social skills. Some pupils may use sign and symbols but most will be able to hold simple conversations. Their attainments may be within the upper P scale range (P4-P8) for much of their school careers (that is below level 1 of the National Curriculum).

Specific Learning Difficulty (SpLD)

“A child or a young person with a Specific Learning Difficulty (SpLD) may have difficulty with one or more aspects of learning. This includes a range of conditions such as dyslexia (difficulties with reading and spelling); dyscalculia (maths); dyspraxia (co-ordination) and dysgraphia (writing).” (2013 SEN Code of Practice)

Dyscalculia

Pupils with dyscalculia have difficulty in acquiring mathematical skills. Pupils may have difficulty understanding simple number concepts, lack an intuitive grasp of numbers and have problems learning number facts and procedures.

Further information can be found at: <http://www.ncl.d.org/types-learning-disabilities/dyscalculia>

Dysgraphia

People with dysgraphia are affected by an extreme difficulty with fine motor skills and can have trouble organizing letters, numbers and words on a line or page. This can result partly from:

- Visual-spatial difficulties: trouble processing what the eye sees
- Language processing difficulty: trouble processing and making sense of what the ear hears.

Further information can be found at: <http://dysgraphia.org.uk>

Dyslexia

Pupils with dyslexia have a marked and persistent difficulty in learning to read, write and spell, despite progress in other areas. Pupils may have poor reading comprehension, handwriting and punctuation. They may also have difficulties in concentration and organisation, and in remembering sequences of words. They may mispronounce common words or reverse letters and sounds in words.

Further information can be found at: <http://www.bdadyslexia.org.uk>

Dyspraxia

Pupils with dyspraxia are affected by an impairment or immaturity of the organisation of movement, often appearing clumsy. Gross and fine motor skills are hard to learn and difficult to retain and generalise. Pupils may have poor balance and coordination and may be hesitant in many actions (running, skipping, hopping, holding a pencil, doing jigsaws, etc). Their articulation may also be

immature and their language late to develop. They may also have poor awareness of body position and poor social skills.

Further information can be found at: <http://www.dyspraxiafoundation.org.uk>