

## GA SEND Ordinarily Available Provision

Updated - 2025



### Quick links

<a href="#">Cognition and Learning</a> Strategies, Resources, Advice and Consultation available	<a href="#">Communication and Interaction</a> Strategies, Resources, Advice and Consultation available	<a href="#">Social, Emotional, Mental Health</a> Strategies, Resources, Advice and Consultation available	<a href="#">Sensory and/or Physical Needs</a> Strategies, Resources, Advice and Consultation available
<a href="#">Difficulties with learning</a> . For example, despite appropriate adaptation, CYP is making inadequate progress over time across the curriculum and working below age related expectations.	<a href="#">Difficulties saying</a> or expressing what they want to and/ or difficulties in being understood (comprehension).	<a href="#">Patterns</a> of nonattendance	<a href="#">Hearing impairment</a>
<a href="#">Specific learning difficulties</a> affecting one or more specific aspects of learning (for example, literacy difficulties, numeracy difficulties or specific language impairment).	<a href="#">CYP does not understand</a> or use social rules of communication.	<a href="#">Presenting</a> as withdrawn or isolated and unwilling or unable to participate.	<a href="#">Visual impairment</a>
<a href="#">Difficulties saying or expressing</a> what they want to and/ or difficulties in being understood	<a href="#">Difficulties with imagination</a> . Difficulty with social communication and developing relationships	<a href="#">Presenting</a> with challenging and or dysregulated behaviour, for example, refusal to follow instructions, aggression, and damage to property	<a href="#">Physical disability</a>
<a href="#">CYP does not understand or use social rules</a> of communication.	<a href="#">Anxiety in busy</a> and unpredictable environments	<a href="#">Physical symptoms</a> that are medically unexplained for example, soiling, stomach pains.	<a href="#">Severe and complex</a> medical needs including a life threatening diagnosis or condition.
<a href="#">Difficulties with social imagination</a> . Difficulty with social communication and developing relationships.	<a href="#">Sensitivity</a> to sensory stimuli.	<a href="#">Attention and or concentration</a> difficulties.	<a href="#">Physical sensitivity</a> including hyper (over) and hypo (under) responses and possible Sensory Processing Difficulties (SPD).
<a href="#">Anxiety</a> in busy unpredictable environments	<a href="#">Physical outbursts</a> causing harm to others and/ or to self and/or damage to property.	<a href="#">Low level disruption</a> or attention seeking behaviours, for example, talking out of turn, frequent interruptions to learning, fiddling.	
<a href="#">Sensitivity</a> to sensory stimuli.	<a href="#">Limited attention</a> span compared to developmentally appropriate milestones	<a href="#">Difficulty in making</a> and maintaining healthy relationships.	
<a href="#">Physical outbursts</a> causing harm to others and/or to self and/or damage to property.		<a href="#">Difficulties following</a> and accepting adult direction.	
<a href="#">Limited attention span</a> compared to developmentally appropriate milestones.		<a href="#">Presenting as significantly unhappy</a> /stressed.	

**Cognition and Learning | [Back to the top](#)**

**Strategies**

- Adaptive teaching to ensure the development of literacy, numeracy, expressive language, communication skills, minimise unhelpful behaviour and emotional difficulties and promotion of appropriate interpersonal skills with other students.
- Arrangements to support the use and delivery of approaches/materials for CYP with Specific Learning Difficulties (SpLD), which may include a focus on phonological awareness or motor skills programme.
- Effective use of IT equipment to support learning.
- Practitioners and Teaching Assistants are trained and skilled in supporting CYP with general and specific learning difficulties. They are trained in the effective use of feedback and mediated learning.

**Resources, Advice and Consultation available**

- Educational Psychology consultation for individuals or groups.
- Early Years Inclusion Team: strategies to use with individuals or groups and training for Early Years Practitioners.
- Virtual School consultation for the learning and progress of children in care.
- Evidence based interventions information from Education Endowment Foundation [educationendowmentfoundation.org.uk/](https://educationendowmentfoundation.org.uk/)
- Consultation with SEND Specialist Leaders in Education.
- NASEN: [www.sendgateway.org.uk](https://www.sendgateway.org.uk)
- Achievement For All: [www.afa3as.org.uk](https://www.afa3as.org.uk)
- The Dyslexia Trust: [www.thedyslexia-spldtrust.org.uk](https://www.thedyslexia-spldtrust.org.uk)

Need	How do we support?	So What?
<p><b>Difficulties with learning. For example, despite appropriate adaptation, CYP is making inadequate progress over time across the curriculum and working below age related expectations.</b></p>	<ul style="list-style-type: none"> <li>● Awareness of how much information a CYP is able to retain.</li> <li>● Personalised visual timetable.</li> <li>● Visual cues and prompts.</li> <li>● Assessment through observation or teaching to identify the areas of need in consultation with the learner.</li> <li>● Whole setting C&amp;I awareness training.</li> <li>● Clear and simple instructions, breaking down longer instructions and giving one at a time. Scaffolding and modelling. Use of questioning. Oracy, talk partners, articulating learning.</li> <li>● Pre-teaching, for example, provision of an intervention to prepare the learner for the new topic.</li> <li>● Adapted resources. For example, teach the curriculum appropriate to the needs of the CYP not to a chronological age, but rather working to close any gaps.</li> <li>● Chunking, cognitive load and working memory supported.</li> <li>● Social Stories.</li> <li>● Give time before response is needed.</li> <li>● Use of finely grained standardised reading, spelling and numeracy tests to understand learning needs and to measure progress. This could also be the Differentiated Early Years Outcomes framework (DEYO). A whole setting vocabulary approach and focus on the impact of speech and language on learning including whole staff knowledge and awareness of communication milestones.</li> <li>● Collecting pupil voice around CYP perception of how they are doing/coping- Pupil Profiles accurate, up to date, shared with staff. Time spent 1:1 with CYP to collect their input.</li> <li>● Consideration of EAL- level of fluency in home language.</li> <li>● Clear information about time missed from education and the knock-on effect of this attendance success discussions and what students perceive as their barriers.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff have a clearer identification of need and the CYP’s gaps in learning, this allows for individualised provision to meet needs.</li> <li>● Staff can respond in the moment to make adaptations to meet need.</li> <li>● Evidence of support</li> <li>● Learning ‘sticks’ and can be recalled.</li> <li>● A more accessible curriculum is provided.</li> <li>● CYP are more engaged and make progress in their learning. CYP have increased confidence.</li> </ul>
<p><b>Specific learning difficulties</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation or teaching to identify the areas of</li> </ul>	<ul style="list-style-type: none"> <li>● There is a consistency across the</li> </ul>

Need	How do we support?	So What?
<p><b>affecting one or more specific aspects of learning (for example, literacy difficulties, numeracy difficulties or specific language impairment).</b></p> <p><b>(A small number of children may have a formal diagnosis of, for example, dyslexia, dyscalculia or dyspraxia. For all areas of need any provision or support should be provided in line with the needs of the child or young person and is not dependent on diagnosis).</b></p>	<p>need in consultation with the learner.</p> <ul style="list-style-type: none"> <li>● Metacognition approaches such as learning to learn by trying to understand the learner’s difficulty and asking them what helps.</li> <li>● A neuro-diversity approach to celebrate the strengths of each learner.</li> <li>● Recognising and celebrating success in other areas of their life.</li> <li>● Use of evidence-informed approaches to address the difficulty and inform intervention.</li> <li>● Simple presentation changes, for example, font, coloured paper, line spacing, lighting, overlays, adaptation and technology.</li> <li>● Staff will have been informed of what strategies or approaches to use in line with advice from assessments or consultation with outside professionals.</li> <li>● Whole setting training or cascaded training accessed by setting as appropriate. This may be for dyslexia or dyscalculia.</li> <li>● Evidence based interventions to develop skills. For example, spelling, handwriting, literacy, numeracy.</li> <li>● Use of NHS Therapies advice (for example, OT and or SALT).</li> <li>● Use of accessible/assistive technology.</li> </ul>	<p>curriculum.</p> <ul style="list-style-type: none"> <li>● A more accessible curriculum is provided.</li> <li>● Whole school culture supports the self-image of CYP and leads to them feeling well supported.</li> <li>● Staff have a clearer identification of need and the CYP’s gaps in learning, which allows for individualised provision to meet needs.</li> <li>● Staff can respond in the moment to make adaptations to meet need.</li> </ul>
<p><b>Difficulties saying or expressing what they want to and/ or difficulties in being understood</b></p>	<ul style="list-style-type: none"> <li>● Ensure classrooms are communication friendly environments.</li> <li>● Access to an oral language modifier for assessments (The Oral Language Modifier (OLM) is a role created to provide a reasonable adjustment in examinations for candidates who require a level of language support beyond that provided by a reader).</li> <li>● <a href="http://www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx">www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx</a></li> <li>● Use the child’s name first to draw their attention, followed by key word instructions, for example, Jamie, stop.</li> <li>● Avoid turning instructions into questions, for example, by adding ‘shall we’ to the start.</li> <li>● Simple instructions (avoiding idioms, for example, over the moon).</li> <li>● Use simple instructions which provide positive direction, for example tell the child what you do want them to do and not what you don’t want them to do.</li> </ul>	<ul style="list-style-type: none"> <li>● Increased confidence of CYP that they can express their need and be understood by staff- this will encourage CYP to be more likely to engage with communication as it will serve a purpose.</li> <li>● Reduced CYP frustration.</li> <li>● Accelerated progress for CYP who have EAL.</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Using literal language (avoiding sarcasm and figures of speech).</li> <li>● Use of symbol communication such as Picture Exchange Communication System (PECS.)</li> <li>● Use of intensive interaction strategies (for example) with EYFS and nonverbal CYP.</li> <li>● Use positive body language as 70% of what we communicate is non-verbal. Use the appropriate tone of voice (calm, not too loud). Create an appropriate environment (noise, room temperature, lighting, room layout). Awareness of use of language and individual needs (some children may need a language rich environment; others may need it to be kept simple).</li> <li>● Firm and clear direction without shouting.</li> <li>● Referrals to and use of SALT team- provide training at Tiers 1 and 2 for free in Cambs.</li> <li>● Blank levels, information carrying words.</li> <li>● Oral Language Project</li> </ul>	
<p><b>CYP does not understand or use social rules of communication.</b></p>	<ul style="list-style-type: none"> <li>● Whole setting ASC awareness training.</li> <li>● Modelling and role play.</li> <li>● Small group sessions (for example, Circle of Friends).</li> <li>● Social stories.</li> <li>● Prompts, symbols, signing systems.</li> <li>● Now (you are doing this) and Next (you are going to be doing that) boards.</li> <li>● Use of Comic Strip Conversations/an approach in line with the Comic Strip Conversation approach.</li> <li>● Staff understanding around social constructs and the need to support CYP in recognising the relevance to them of social rules.</li> <li>● Lego therapy</li> <li>● Appealing supported social times and supported social communication.</li> <li>● Staff understanding of cultural 'norms'</li> <li>● Whole setting training around the discreet profiles/presentations that exist within the 'autism spectrum'- for example 'PDA'/demand avoidant.</li> <li>● Scripting/sentence stems for staff to use in initiating more positive</li> </ul>	<ul style="list-style-type: none"> <li>● A more holistic view of the CYP in the context of their family and home environment.</li> <li>● CYP feel empowered to be themselves, hopefully reducing the need for masking (which is exhausting and often at the cost of academic learning)</li> <li>● Reduction in negative behaviour</li> <li>● Increase in spontaneity of social interaction/greetings</li> <li>● Staff are better able to interpret student behaviour and responses which means that they are then more likely to meet the student's needs.</li> </ul>

Need	How do we support?	So What?
	interactions/communication with CYP	
<p><b>Difficulties with social imagination. Difficulty with social communication and developing relationships.</b></p>	<ul style="list-style-type: none"> <li>● Use role play and drama, use of props (for example, puppets).</li> <li>● Modelling story telling using photos, videos and sounds can be used to talk through what might be happening and to assist the imagination.</li> <li>● Whole setting ASC awareness training.</li> <li>● Small group and or 1 to 1 tasks and activities.</li> <li>● Calm learning environment.</li> <li>● Clear communication of expectations.</li> <li>● Clear positive support to resolve playground and or peer group disputes.</li> <li>● Opportunities for shared enjoyment</li> <li>● E.g. Circle of Friends style approach</li> </ul>	<ul style="list-style-type: none"> <li>● CYP feel empowered to be themselves, hopefully reducing the need for masking (which is exhausting and often at the cost of academic learning)</li> <li>● Reduction in negative behaviour</li> <li>● Increase in spontaneity of social interaction/greetings</li> <li>● Staff are better able to interpret student behaviour and responses which means that they are then more likely to meet the student's needs.</li> </ul>
<p><b>Anxiety in busy unpredictable environments</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?)</li> <li>● Personalise visual timetable to be used in setting.</li> <li>● Preparation for change of activity or routine. Beginnings and endings are important and require consideration using individual visual prompts as appropriate.</li> <li>● Small group / 1 to 1 tasks and activities.</li> <li>● Calm learning environment.</li> <li>● Clear communication of expectations.</li> <li>● Regular mentor support, including adults or peers.</li> <li>● Positive praise to improve self-esteem as a learner and as an individual.</li> <li>● Use of unconditional positive regard.</li> <li>● Anxiety mapping</li> <li>● Use of anxiety scales</li> <li>● 5 Point Scale approach</li> </ul>	<ul style="list-style-type: none"> <li>● CYP have the tools they need to be as resilient as they can be.</li> <li>● CYP know when changes will happen and are prepared for them.</li> <li>● Communication is clear and appropriate to the age and stage of the CYP.</li> <li>● Therapeutic Thinking approaches are used when appropriate and staff know how to make the changes needed.</li> </ul>
<p><b>Sensitivity to sensory stimuli.</b></p>	<ul style="list-style-type: none"> <li>● Sensory breaks such as, a walk around the classroom, calm box or</li> </ul>	<ul style="list-style-type: none"> <li>● Staff know what adjustments work</li> </ul>

Need	How do we support?	So What?
	<p>regulating activities.</p> <ul style="list-style-type: none"> <li>● Flexibility with uniform policy including shoes.</li> <li>● Consideration to the environment for example, noise, room temperature. Consider the proximity to and intensity of stimuli.</li> <li>● Flexible approach to transitions for example, between lessons, to and from the setting at the start and end of the day and during the daily routine.</li> <li>● Access to a safe place with clear and shared boundaries agreed with all staff and CYP</li> <li>● Use of sensory circuits.</li> <li>● Engage CYP to give their voice.</li> </ul>	<p>and how to decide when to use them.</p> <ul style="list-style-type: none"> <li>● The learning environment is well managed to meet need.</li> <li>● Transitions are planned and plans are shared with the CYP.</li> <li>● Sensory breaks/circuits are available.</li> </ul>
<p><b>Physical outbursts causing harm to others and/or to self and/or damage to property.</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?).</li> <li>● A consistent approach to managing individuals with “reasonable adjustments” made.</li> <li>● Relationship based and trauma informed behaviour policy.</li> <li>● Recording and sharing of frequency and location of triggers and the severity and duration of unregulated behaviours in order to understand and adjust provision with an aim to reduce frequency and intensity.</li> <li>● Understanding, recording and sharing of the severity and duration of unregulated behaviour.</li> <li>● Communication with families about what might be happening at home (divorce, bereavement, illness) and strategies that work/don’t work and relaying this information to staff.</li> <li>● Preventative strategies in place.</li> <li>● Safe area and or reflection room.</li> <li>● Appropriate de-escalation strategies in place (time out card, mirroring, redirection to a safe area, activity or resource).</li> </ul>	<ul style="list-style-type: none"> <li>● Staff are well informed about aspects of the curriculum/ learning which challenge and know what to do to help.</li> <li>● Sound relationships help CYP engage in learning activities.</li> <li>● High quality record keeping about difficult and dangerous behaviour informs next step planning.</li> <li>● Staff understand preceding events.</li> <li>● CYP know where they can go to self-regulate in a safe place.</li> <li>● Staff know which deescalation strategies work and use them.</li> </ul>
<p><b>Physical outbursts causing harm to others and/or to self and/or damage to property.</b></p>	<ul style="list-style-type: none"> <li>● Risk management plan or individual risk assessment.</li> <li>● Reintegration plans (for school age exclusions).</li> <li>● A clear plan of action agreed with parents regarding physical</li> </ul>	<ul style="list-style-type: none"> <li>● Risk management plans are in place to inform staff of the management process.</li> </ul>

Need	How do we support?	So What?
<b>(continued)</b>	intervention if appropriate. <ul style="list-style-type: none"> <li>● Whole setting training on de-escalation strategies and or emotion coaching strategies.</li> <li>● Engage CYP to give their voice to any plans.</li> </ul>	<ul style="list-style-type: none"> <li>● Therapeutic thinking trained staff are available in school. • CYP have their voice heard.</li> </ul>
<b>Limited attention span compared to developmentally appropriate milestones.</b>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?).</li> <li>● Regular, short breaks.</li> <li>● Differentiation of task and environment as appropriate.</li> <li>● Chunking, breaking tasks down to ensure learning successes for CYP.</li> <li>● Personalised visual timetables or visual prompts such as task boards.</li> <li>● Backward chaining. For example, chain parts of the task together (build the sequence at the last part of the task and working back so the child experiences success and then gradually work back to increase more elements until they can do the entire task).</li> <li>● Instructions are given using the CYP name first to gain their attention.</li> <li>● Asking the child to repeat back what activity they are going to do.</li> <li>● Use of timers, so CYP know they only must focus for a comfortable amount of time.</li> <li>● Individualised timetables.</li> <li>● Clear feedback on progress.</li> <li>● I do it, we do it, you do it approach to working independently.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff are well informed about aspects of the curriculum/ learning which challenge and know what to do to help.</li> <li>● Sensory breaks are part of the normal approach to learning.</li> <li>● Visual timetables are in place when needed.</li> <li>● Sound relationships help CYP engage in learning activities.</li> <li>● High quality record keeping about difficult and dangerous behaviour informs next step planning.</li> <li>● CYP have a chance to experience success.</li> </ul>

**Communication and Interaction | [Back to the top](#)**

**Strategies**

- Whole setting awareness and understanding of communication and interaction needs (including administrative and lunch time staff).
- CYP will access strategies and resources typically available in the ordinary classroom, with an emphasis on visual teaching aids to support learning and social activities.
- Tasks may need to be adapted by level, outcome, pitch, pace and grouping.
- Staff are skilled in adjusting the pace and order of activities to maintain interest and attention. Beginnings and endings of activities will be clear and precise.

**Resources, Advice and Consultation available**

- Educational Psychology consultation for individuals or groups.
- County SEND Autism team and Autism toolkit.
- Speech and Language Therapy Service.
- CAMHS.
- Early Years Inclusion Team: Strategies to use with individuals or groups and training for Early Years Practitioners.
- The Autism Education Trust for CYP on the autism spectrum [www.autismeducationtrust.org.uk](http://www.autismeducationtrust.org.uk)
- The Communications Trust for CYP with speech, language and communication difficulties [www.thecommunicationtrust.org.uk](http://www.thecommunicationtrust.org.uk). This will include information on Dyspraxia (CAS), Developmental Language Disorders (DLD), 'Phonological Disorders, and Speech Sound Disorders.
- Elkan resources and training

Need	How do we support?	So What?
<p><b>Difficulties saying or expressing what they want to and/ or difficulties in being understood (comprehension).</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation/teaching, for example, are there parts of the routine/curriculum that they find easier to manage than others?</li> <li>● All staff to be aware of the expected language milestones for CYP.</li> <li>● Modelling and scaffolding language.</li> <li>● Small group or individual language sessions delivered by teaching staff.</li> <li>● Allowing time for child to process and respond</li> <li>● Introduce a variety of language through rhymes and songs.</li> <li>● All attempts to communicate and speak are encouraged.</li> <li>● Providing an additional method of communicating, for example, use of ICT, symbol communication (Makaton, PECS). This could include the use of technology as well as approaches that do not use technology.</li> <li>● A multi-modal communication environment including environmental cues, modelling and ICT.</li> <li>● All classrooms should be communication friendly. <a href="http://www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx">www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx</a></li> <li>● Consider how many information carrying words a child can manage when giving instructions and reduce them.</li> <li>● Tailor delivery style according to the learner's needs for example, give name and clear short instruction or language modification techniques.</li> <li>● Provide visual prompts including key vocabulary and visual timetables.</li> <li>● Extra time to process what has been said.</li> <li>● Think about the environment and limiting any distractions.</li> <li>● Think about the seating arrangements.</li> <li>● Check you have engaged the child's attention before talking to them, use their name to do this.</li> <li>● Check that hearing has been tested.</li> <li>● Pre-teaching of topic vocabulary.</li> <li>● Now (you are doing this) and Next (you are going to be doing that) boards.</li> <li>● Access to an oral language modifier for assessments (The Oral Language Modifier (OLM) is a role created to provide a reasonable</li> </ul>	<ul style="list-style-type: none"> <li>● Staff have clear knowledge of pupil need, identify gaps and target support.</li> <li>● Staff can plan appropriate individualised support where needed.</li> <li>● CYP has developed confidence, they feel success and thrive.</li> <li>● Impact on measured progress with their speech and language skills.</li> <li>● CYP is confident in their own voice, expressing own needs and being a self-advocate.</li> <li>● Staff extended vocabulary through rhymes and songs.</li> <li>● There are opportunities to know vocab and use in other contexts which in turn closes the gap.</li> <li>● CYP takes ownership of their own work.</li> <li>● Staff demonstrate equitable and inclusive practice in the school community.</li> <li>● Visual prompts give the CYP ownership of learning and encourages responsibility.</li> <li>● There is a clarity of instructions to support emotional regulation and support the CYP in being able to comprehend and act on the instructions.</li> </ul>

Need	How do we support?	So What?
	<p>adjustment in examinations for candidates who require a level of language support beyond that provided by a reader).</p> <ul style="list-style-type: none"> <li>● Ensure classrooms are communication friendly environments. <a href="http://www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx">www.thecommunicationtrust.org.uk/resources/resources/resources-forpractitioners/communication-friendly-checklists.aspx</a> (Training offer - for communication friendly setting)</li> <li>● Use the child's name first to draw their attention, followed by key word instructions, for example, Jamie, stop.</li> <li>● Avoid turning instructions into questions, for example, by adding 'shall we' to the start.</li> <li>● Simple instructions (avoiding idioms, for example, over the moon).</li> <li>● Use simple instructions which provide positive direction, for example telling the child what you do want them to do and not what you don't want them to do.</li> <li>● Using literal language (avoiding sarcasm and figures of speech).</li> <li>● Use of symbol communication such as Picture Exchange Communication System (PECS.)</li> <li>● Use of intensive interaction strategies (for example) with EYFS and nonverbal CYP.</li> <li>● Use positive body language as 70% of what we communicate is non-verbal. Use the appropriate tone of voice (calm, not too loud). Create an appropriate environment (noise, room temperature, lighting, room layout). Awareness of use of language and individual needs (some children may need a language rich environment; others may need it to be kept simple).</li> <li>● Firm and clear direction without shouting.</li> </ul>	<ul style="list-style-type: none"> <li>● Clear baseline and tracking show progress over time.</li> <li>● CYP have reduced dependence on adults.</li> </ul>
<p><b>CYP does not understand or use social rules of communication.</b></p>	<ul style="list-style-type: none"> <li>● Whole setting ASC awareness training.</li> <li>● Modelling and role play.</li> <li>● Small group sessions (for example, Circle of Friends, lego therapy).</li> <li>● Social stories.</li> <li>● Prompts, symbols, signing systems.</li> <li>● Now (you are doing this) and Next (you are going to be doing that) boards.</li> </ul>	<ul style="list-style-type: none"> <li>● Inclusivity &amp; equity is demonstrated by all staff.</li> <li>● There is a consistency in staff response, reducing anxiety for CYP</li> <li>● Staff understand social norms</li> <li>● There is a reduction in</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Routines – having set routines builds confidence and skills for the CYP and their reduction of dependence on adults</li> </ul>	<p>challenging behaviours.</p> <ul style="list-style-type: none"> <li>● CYP are aware of social rules of communication and how to get their needs</li> <li>● Improvement in peer relations</li> <li>● Reduced dependence on adults.</li> </ul>
<p><b>Difficulties with imagination. Difficulty with social communication and developing relationships</b></p>	<ul style="list-style-type: none"> <li>● Use role play and drama, use of props (for example, puppets, storytelling cubes).</li> <li>● Modelling story telling using photos, videos and sounds can be used to talkthrough what might be happening and to assist the imagination. • Whole setting ASC awareness training.</li> <li>● Small group and or 1 to 1 tasks and activities.</li> <li>● Calm learning environment.</li> <li>● Clear communication of expectations.</li> <li>● Clear positive support to resolve playground and or peer group disputes.</li> <li>● Lunch clubs – modelling communication.</li> <li>● Social time support during breaks, breakfast, lunch, after school club from an adult/ teacher or facilitator who takes opportunities to teach, practise social skills and conversation interactions.</li> <li>● Zones of regulations /Emotion coaching</li> </ul>	<ul style="list-style-type: none"> <li>● Staff scaffold social situations to support CYP in completing task with reduced adult support.</li> <li>● Staff can remove the pressure of CYP generating their own ideas</li> <li>● Adults model social skills; both positive and negative enabling CYP to reflect, with staff support, how to deal with contexts. Therefore, normalising feelings</li> <li>● The CYP is given the language to discuss emotions and know its ok to feel different feelings</li> </ul>
<p><b>Anxiety in busy and unpredictable environments</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?).</li> <li>● Personalised visual timetable to be used in setting.</li> <li>● Preparation for change of activity or routine. CYP are made aware of in advance Beginnings and endings are important and require consideration using individual visual prompts as appropriate. Transition toys/fiddle toys to focus CYP’s attention and support. Maybe a different entrance to the classroom/school to support emotional regulation and reduce anxiety.</li> <li>● Meet and Greet – with a familiar adult</li> <li>● Small group / 1 to 1 tasks and activities.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff create a flexible environment which can be adapted as required.</li> <li>● Staff ensure a consistency of boundaries to support reducing anxiety</li> <li>● Trust is built between adults and CYP creating positive relationships.</li> <li>● CYP have a support network that they know and understand, which includes peers and/or adults •</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Calm learning environment.</li> <li>● Clear communication of expectations.</li> <li>● Regular mentor support, including adults or peers.</li> <li>● Positive praise to improve self-esteem as a learner and as an individual.</li> <li>● Use of unconditional positive regard.</li> </ul>	<p>CYP the ability to self advocate.</p>
<p><b>Sensitivity to sensory stimuli.</b></p>	<ul style="list-style-type: none"> <li>● Sensory breaks such as a walk around the classroom, calm box or regulating activities.</li> <li>● Flexibility with uniform policy including shoes.</li> <li>● Consideration to the environment for example, noise, room temperature. Consider the proximity to and intensity of stimuli.</li> <li>● Flexible approach to transitions for example, between lessons, to and from the setting at the start and end of the day and during the daily routine.</li> <li>● Access to a safe place with clear and shared boundaries agreed with all staff and CYP.</li> <li>● Use of sensory circuits.</li> <li>● Engage CYP to give their voice.</li> </ul>	<ul style="list-style-type: none"> <li>● CYP can ground themselves and feel confident to leave</li> <li>● CYP is able to self-regulate and return knowing that they can continue as part of the class</li> <li>● CYP can access their education in comfort, not hindered by sensitivity to fabrics etc</li> </ul>
<p><b>Physical outbursts causing harm to others and/ or to self and/or damage to property.</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?)</li> <li>● A consistent approach to managing individuals with “reasonable adjustments” made.</li> <li>● Relationship based and trauma informed behaviour policy.</li> <li>● Recording and sharing of frequency and location of triggers and the severity and duration of unregulated behaviours in order to understand and adjust provision with an aim to reduce frequency and intensity.</li> <li>● Understanding, recording and sharing of the severity and duration of dysregulated behaviour.</li> <li>● Communication with families about what might be happening at home (divorce, bereavement, illness) and strategies that work/don’t work and relaying this information to staff.</li> <li>● Preventative strategies in place.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff are able to make informed decisions about adjustments made.</li> <li>● Therapeutic Thinking is used to inform policy.</li> <li>● Dysregulated behaviour/activity is accurately recorded.</li> <li>● Clear communication with home supports wellbeing.</li> <li>● Everyone in the school community feels safe.</li> <li>● All are involved and engaged through clear communication.</li> <li>● Everyone knows what will happen and when.</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Safe area and/or reflection room.</li> <li>● Risk management plan or individual risk assessment.</li> <li>● Reintegration plans (for school age exclusions).</li> <li>● A clear plan of action agreed with parents regarding physical intervention if appropriate.</li> <li>● Whole setting training on de-escalation strategies and or emotion coaching strategies.</li> <li>● Engage CYP to give their voice to any plans.</li> </ul>	<ul style="list-style-type: none"> <li>● Everyone is part of a common sense of purpose, working together to improve outcomes.</li> </ul>
<p><b>Limited attention span compared to developmentally appropriate milestones</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others?).</li> <li>● Regular, short breaks.</li> <li>● Adaption of task and environment as appropriate.</li> <li>● Chunking, breaking tasks down to ensure learning successes for CYP.</li> <li>● Personalised visual timetables or visual prompts such as task boards.</li> <li>● Backward chaining. For example, chain parts of the task together (build the sequence at the last part of the task and working back so the child experiences success and then gradually work back to increase more elements until they can do the entire task).</li> <li>● Instructions are given using the CYP name first to gain their attention.</li> <li>● Asking the child to repeat back what task they are going to do.</li> <li>● Use of timers, so CYP know they only must focus for a comfortable amount of time.</li> <li>● Individualised timetables.</li> <li>● Clear feedback on progress.</li> <li>● I do it, we do it, you do it approach to working independently.</li> <li>● Engage CYP to give their voice.</li> </ul>	<ul style="list-style-type: none"> <li>● Task planners in place to support attention and focus, tailoring and building from the CYP's starting point.</li> <li>● CYP feels successful</li> <li>● Inclusive &amp; equitable practices are apparent.</li> </ul>

**Social, Emotional, Mental Health | [Back to the top](#)**

**Strategies**

- Settings should assess SEMH to help staff understand the barriers to learning that CYP face. Learning needs should also be reviewed using the settings' own screening or assessment tools and/or external advice to ensure that any SEMH needs or behavioural difficulties are not caused by an unmet learning need or communication difficulty.
- Whole setting approach to understanding Adverse Childhood Experiences (ACES) that promotes resilience and well-being.
- A behaviour policy underpinned by a clear ethos and values that is relationship based, trauma informed, and attachment informed. This may be supported by a STEPs approach to behaviour management.
- Anti-bullying work across the setting. Examples of this might include; school assemblies, restorative practice, buddies, links to the PSHE curriculum. All of these approaches are based on the education not exclusion expectation.
- The Identification of key adults to build positive and trusting relationships with CYP and their families.
- Use of social stories or similar to support effective communication.
- Small group or 1 to 1 work with ELSA / Learning Mentor or Equivalent and support available for staff working with CYP with SEMH via group or individual supervision or ELSA supervision.
- Emphasis on limited choice rather than control and "take up time" to respond to limited choice whenever possible.
- Use of distraction techniques and giving responsibility.
- Explicitly teaching de-escalation and self-management strategies to both staff and CYP.
- Use of PSHE, Circle Time and curriculum approaches to explicitly teach rules and routines, build self-esteem and develop social and emotional skills to all learners.
- Use of small groups for developing social and emotional well-being such as Nurture Groups.
- Well-being screeners included in the Thrive model.

**Resources, Advice and Consultation available**

- Educational Psychology consultation for individuals or groups.
- ELSA training for LSAs from the Educational Psychology team.
- Thrive Training.
- Education welfare officer (attendance).
- Setting Mental Health First Aider.
- School nursing team.
- Early Intervention teams and special school outreach work.
- Consultation with SEND/V trust team.
- CAMHS / YOUUnited / Healthy Minds etc.

## GA SEND Ordinarily Available Provision

Updated - 2025



- Evidence based interventions information from Education Endowment Foundation:  
<https://educationendowmentfoundation.org.uk/education-evidence/guidance-reports/send>
- [www.sendgateway.org.uk](http://www.sendgateway.org.uk)
- MindEd: [www.minded.org.uk](http://www.minded.org.uk)
- Schools in Mind a free network for setting staff and allied professionals which shares practical, academic and clinical expertise regarding the wellbeing and mental health issues that affect schools [www.annafreud.org/what-we-do/schools-in-mind/](http://www.annafreud.org/what-we-do/schools-in-mind/)
- Anna Freud resources for supporting mental health in schools [www.annafreud.org/what-we-do/improving-help/resources/](http://www.annafreud.org/what-we-do/improving-help/resources/)
- Early Years Inclusion Team or similar: Strategies to use with individuals or groups and training for EarlyYears Practitioners

Need	How do we support?	So What?
<p><b>Patterns of nonattendance</b></p>	<ul style="list-style-type: none"> <li>● Early identification of CYP at risk on non-attendance.</li> <li>● Feedback is used to collaborate and plan with parent /carer, to ensure consistency between the home and settings.</li> <li>● Assess, plan, do review is an approach that is used with regular meetings to look at attendance data and to update strategies and interventions.</li> <li>● Discussions with other professionals to try to identify the cause of non-attendance. For example, anxiety, young carer, and unmet educational needs.</li> <li>● Discussions with parent/carers. If concerned, identify possible causes and formulate a plan to support increased attendance in partnership. Identifying those push and pull factors limiting attendance.</li> <li>● Actively gather CYP voice to identify needs or issues preventing attendance.</li> </ul>	<ul style="list-style-type: none"> <li>● Improved attendance at school or provision. Either rapidly increasing or good.</li> <li>● Improved holistic progress.</li> <li>● Reducing/no need for external support.</li> <li>● CYP happy to attend and positive about their experience.</li> <li>● Strengthening relationship between home and school. Parents and carers feel well supported and can gain wider opportunities.</li> </ul>
<p><b>Presenting as withdrawn or isolated and unwilling or unable to participate.</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation and teaching (for example, are there parts of the routine and or curriculum that they find easier to manage than others.) Use these to develop confidence.</li> <li>● Small group work for example, friendship or social skills, nurture groups.</li> <li>● Backward chaining – (for example, bringing learner in at the end of assembly, activity, session or day to build up confidence and attendance).</li> <li>● Play based activities.</li> <li>● Establish interests and use them as motivators for engagement.</li> <li>● Consider buddying and or Peer Mentoring.</li> <li>● Giving responsibility for looking after someone or something else.</li> <li>● Focus on developing (thickening and deepening) existing relationships with adults and peers.</li> <li>● Continued use of unconditional positive regard to ensure fresh start each lesson/ session.</li> <li>● Personalisation of provision in school.</li> <li>● Planned reduction of timetable where necessary</li> </ul>	<ul style="list-style-type: none"> <li>● Positive impact seen in Thrive Screeners (or similar tools).</li> <li>● Improved or increased positive relationships between adult and CYP.</li> <li>● CYP have positive peer relationships.</li> <li>● CYP have increasing confidence boosting self esteem.</li> <li>● There is a reduction in anxiety of the CYP. • CYP is more willing to engage positively</li> </ul>

Need	How do we support?	So What?
<p><b>Presenting with challenging and or dysregulated behaviour, for example, refusal to follow instructions, aggression, and damage to property</b></p>	<ul style="list-style-type: none"> <li>● Whole setting training in awareness of SEMH needs and strategies to support.</li> <li>● Assessment through observation and or teaching, (for example, are there parts of the routine/curriculum that they find easier to manage than others?).</li> <li>● A consistent message but flexible approach (for example, “I want you to be in class learning” is the consistent message, the approach to support this happening may vary or be flexible depending on individual needs).</li> <li>● Whole setting approach to support strategies to facilitate consistency amongst adults.</li> <li>● Reasonable adjustments are made such that we adapt for SEMH in the same way that we adapt for learning.</li> <li>● Understand the story behind the behaviour (for example, what is the history and or context?)</li> <li>● Understand that behaviour is a method of communication, for example, what is x trying to communicate to us through their behaviour?</li> <li>● Helping the CYP to identify and work towards substituting other, more acceptable behaviours.</li> <li>● Use of choices to allow the child some control with the same end result (for example, would you like to talk to me now or in 5 minutes? Would you like to sit on the red chair or the blue chair?).</li> <li>● Teach the learner different ways to get their needs met through PSHE, emotional literacy and social skills work.</li> <li>● Consideration of the routine or timetable and transitions making adaptations where reasonable.</li> <li>● Detailed planning to support transition between year groups and phases of education.</li> <li>● Professionals meeting to discuss and understand behaviours</li> <li>● Professionals meeting to discuss and understand behaviours with parents/carers.</li> <li>● Assessing risk using templates.</li> <li>● Communication with home/family to understand what is going on and to agree strategies.</li> </ul>	<ul style="list-style-type: none"> <li>● Increased confidence of adults in responding to pupils who demonstrate difficult or dangerous behaviour.</li> <li>● Staff note fewer incidents of behaviours which challenge.</li> <li>● CYP can self-regulate more frequently.</li> <li>● Adult responses are consistent.</li> <li>● There is a reduction in time taken to return to learning.</li> <li>● Staff see a reduction of lesson withdrawal and/or exclusions. • CYP present and increase in pro social behaviours</li> <li>● There is a reduced need for external professional input.</li> <li>● APDRs are appropriate and support CYP</li> <li>● CYP is able to speak positively about their school experiences.</li> <li>● Transitions are smoother.</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Communication with other agencies to understand their involvement or possible involvement.</li> <li>● Regular asses, plan, do review cycle.</li> <li>● Engage CYP to give their voice.</li> <li>● Use of emotion coaching/ scripted language style techniques and unconditional positive regard to help repair relationships after an incident.</li> </ul>	
<p><b>Physical symptoms that are medically unexplained for example, soiling, stomach pains.</b></p>	<ul style="list-style-type: none"> <li>● In partnership with parents, identify with the CYP activities that are stress reducing such as games, dance, colouring, gardening, animals, forest school and incorporate them in the daily routine.</li> <li>● Notes situations which prompt anxiety, through anxiety mapping or similar.</li> <li>● Identify a key worker or adult who the CYP trusts.</li> <li>● Liaise with school nurse or health visitor.</li> <li>● Liaise with external agencies if appropriate.</li> <li>● Liaison and collaboration with home is essential to understand the wider picture. This should be frequent and regular through the assess, plan, do review cycle.</li> <li>● Liaise with safeguarding colleagues as appropriate.</li> <li>● Engage CYP to give their voice where appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>● There are reduced incidents of anxiety related responses.</li> <li>● Staff see an increased attendance of CYP to school and to lessons.</li> <li>● CYP is engaged in learning.</li> <li>● CYP feels heard.</li> </ul>
<p><b>Attention and or concentration difficulties.</b></p>	<ul style="list-style-type: none"> <li>● Whole setting awareness training on ADHD/ADD</li> <li>● Assessment through observation and or teaching (for example, are there parts of the routine/curriculum that they find easier to manage than others?)</li> <li>● Understanding the reasons; is there a pattern? Use of ABC, STAR chart or similar, to identify patterns.</li> <li>● Use of a sensory break. Allowing plenty of time for movement or frequent small concentration periods.</li> <li>● Use of sensory aids or spaces.</li> <li>● Have a clear structure to the day.</li> <li>● Visual supports available as needed.</li> <li>● Seating etc considered within the learning space (use of work station</li> </ul>	<ul style="list-style-type: none"> <li>● Improved concentration and/or attention resulting in improved holistic progress.</li> <li>● CYP can self-regulate their sensory needs or staff can prompt them to use a sensory break.</li> <li>● Visual cues are used.</li> <li>● Staff are consistent in their approach.</li> <li>● Staff use educational consequences where appropriate.</li> <li>● Age related strategies are used</li> </ul>

Need	How do we support?	So What?
	<p>etc)</p> <ul style="list-style-type: none"> <li>● Have clear expectations regarding behaviours and a clear and consistent response to behaviours.</li> <li>● Being aware of times of the day that may be more difficult for example before lunch if hungry.</li> <li>● Consideration of discipline procedures and or behaviour policies and any reasonable adjustments that need to be made in line with Equalities Legislation.</li> <li>● Binary approaches to behaviour management such as “ready to learn” will be problematic for CYP with attention and concentration needs and reasonable adjustments must be made.</li> <li>● Use of emotional regulation strategies and check in strategies</li> <li>● Engage CYP to give their voice.</li> </ul>	<p>and make a difference.</p>
<p><b>Low level disruption or attention seeking behaviours, for example, talking out of turn, frequent interruptions to learning, fiddling with objects.</b></p>	<ul style="list-style-type: none"> <li>● Differentiated use of voice, gesture and body language by staff.</li> <li>● Focus on reducing anxiety and thereby behaviours.</li> <li>● Flexible and creative use of rewards and consequences (for example, ‘catch them being good’).</li> <li>● Positive reinforcement of expectations through verbal scripts &amp; visual prompts.</li> <li>● Time out and or quiet area in the setting.</li> <li>● Thicken and deepen existing relationships.</li> <li>● Use of unconditional positive regard strategies.</li> <li>● Use of ABC or STAR charts to identify patterns to behaviours.</li> <li>● Engage CYP to give their voice.</li> </ul>	<ul style="list-style-type: none"> <li>● Scripts for individuals are known by staff and used.</li> <li>● Relationships are developed.</li> <li>● The voices of CYP are heard.</li> <li>● Age appropriate supports are used.</li> </ul>
<p><b>Difficulty in making and maintaining healthy relationships.</b></p>	<ul style="list-style-type: none"> <li>● Small group or nurture principle activities to support personal social and emotional development.</li> <li>● A range of differentiated opportunities for friendship development (such as, buddy systems, friendship strategies, circle time).</li> <li>● Restorative approaches to enable repair to take place following relationship fractures.</li> <li>● Engage CYP to give their voice.</li> </ul>	<ul style="list-style-type: none"> <li>● Emotional development tools are used to support individual’s resilience.</li> <li>● Friendship support strategies are in place and used</li> </ul>

Need	How do we support?	So What?
<p><b>Difficulties following and accepting adult direction.</b></p>	<ul style="list-style-type: none"> <li>● Assessment through observation or teaching (for example, are there parts of the routine or curriculum that they find easier to manage than others?)</li> <li>● Look for patterns and triggers to identify what may be causing behaviours which can be recorded on ABC or STAR charts.</li> <li>● Positive scripts using positive language to re-direct, reinforce expectations for example, use of others as role models (for example, emotion coaching strategies).</li> <li>● Calming scripts to de-escalate, including for example, use of sand timers for 'thinking time'.</li> <li>● Limited choices to engage and motivate.</li> <li>● Flexible and creative use of rewards and consequences.</li> <li>● Visual timetable and use of visual cues for example, sand timers to support sharing.</li> <li>● Relationship based trauma informed practices.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff know which aspects of the curriculum/learning CYP find a challenge and put in place support which helps.</li> <li>● Scripts are in place and effectively support CYP.</li> <li>● Visual cues are in place and effectively used.</li> <li>● Therapeutic Thinking approaches are used to inform practice.</li> </ul>
<p><b>Presenting as significantly unhappy or stressed.</b></p>	<ul style="list-style-type: none"> <li>● Identify and build on preferred ways of learning, subjects and interests.</li> <li>● Safe place and or quiet area identified and clear guidelines for access.</li> <li>● Feedback is used to collaborate and plan with parent /carer, to ensure consistency between the home and setting.</li> <li>● Use of social stories to identify triggers and means of overcoming them.</li> <li>● Engage CYP to give their voice.</li> </ul>	<ul style="list-style-type: none"> <li>● Preferred learning approaches are known by staff and used.</li> <li>● Plans are co produced.</li> <li>● The voice of the CYP is heard.</li> </ul>

Sensory and/or Physical Needs | [Back to the top](#)

**Strategies**

- All setting staff are aware of individual students' sensory and or physical disability and implications in all teaching and learning environments. • Favourable access arrangements are identified & favourable seating arrangements are identified.
- Staff are aware that for some CYP, a sensory or physical disability could impact on CYP language and social interaction.
- Staff should encourage CYP to wear appropriate sensory equipment and use physical aids.
- Staff should ensure that all CYP have understood instructions.
- Staff should be aware and take swift action to prevent unkindness related to sensory or physical needs of CYP.

**Resources, Advice and Consultation available**

- Education Psychology Team
- Sensory Support service. For CYP with sensory impairment (vision, hearing or multi-sensory) information from Sensory Support Service is available to support settings understand the specific, individual needs of these CYP.
- Occupational Therapy Service.
- Children with Disabilities Team.
- Physiotherapy Service.
- NHS Therapy Pack.
- School Nursing Service.
- Council for disabled children: [councilfordisabledchildren.org.uk/](http://councilfordisabledchildren.org.uk/)
- The national sensory impairment partnership for vision impairment, hearing impairment and multi- sensory impairment: [www.natsip.org.uk](http://www.natsip.org.uk)
- RNIB: [www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/education-resources](http://www.rnib.org.uk/services-we-offer-advice-professionals-education-professionals/education-resources).
- Links to useful resources and a document listing teacher-reviewed resources for blind and partially sighted learners.
- Seeing Ear Library: [www.seeingear.org/](http://www.seeingear.org/) (accessible online library for large print).
- RNIB Lending Library: [www.rnib.org.uk/braille-and-giant-print](http://www.rnib.org.uk/braille-and-giant-print) (large print and Braille books)

Need	How do we support?	So What?
<p><b>Hearing impairment</b></p>	<ul style="list-style-type: none"> <li>● All staff who work with a CYP with HI should be made aware how best to support in the setting as advised by their link teacher of the deaf.</li> <li>● Seat near front of class/ group with clear view of practitioner’s face and any visual material used.</li> <li>● Instructions delivered clearly and at an appropriate volume.</li> <li>● Ensure the lesson/ activity content has been heard and understood, particularly when delivering new information, instructions or homework;and/or using unfamiliar vocabulary.</li> <li>● Pre and post tutoring as advised by Teacher of the Deaf (ToD).</li> <li>● Repeating / rephrasing pertinent comments made by other CYP.</li> <li>● Ensuring the CYP accesses those comments.</li> <li>● Be aware the CYP may use lip-reading and visual clues to support their hearing. Ensure that they are face on when you are giving instructions.Avoid moving around the room whilst talking.</li> <li>● Use visual reinforcement (pictures and handouts), to support learning.</li> <li>● Be aware that during physical activity it will be more difficult to follow verbal instructions. Also consider the acoustics in the hall, gym and swimming pool.</li> <li>● Words spoken on an audio/visual recording may need a person to repeat what is being said, provide visual support such as written copy and/or subtitles.</li> <li>● Carpeting, soft furnishing, rubber feet on the table and chair legs etc. will reduce noise.</li> <li>● Seat away from any source of noise, for example, window, corridor, fan heater, projector, the centre of the classroom etc</li> <li>● Encourage good listening behaviours such as sitting still, looking and listening.</li> <li>● Encouraged to ask when not sure what to do and to access resources independently when needed.</li> <li>● A quiet working environment, particularly for specific listening work.</li> <li>● Staff to work together with other professionals to share strategies and advice to support the child.</li> </ul>	<ul style="list-style-type: none"> <li>● Staff follow guidance of teacher of deaf e.g. re seating/correct equipment for classroom where possible.</li> <li>● Staff know child’s individual needs so right equipment in place.</li> <li>● Professionals share reports in timely manner to rest of staff.</li> <li>● CYP able to access learning to make expected progress for the child.</li> <li>● CYP is given time to learn vocabulary for following week. Additional time/adult to explain homework.</li> <li>● Staff speak to the CYP to know how best to speak to peers during learning activities.</li> <li>● CYP has a way to show they haven't heard something.</li> <li>● There is a shared celebration of deaf culture within school e.g., sign language learnt, deaf awareness weeks.</li> <li>● Correct procedures are used in exams and these have been put into place before so are identified as everyday practice</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Provide additional time to complete tasks and assignments. Sensory Support Service would carry out specialist assessments to inform settings practice, for example, language assessments, functional vision assessments, IT, NEALE analysis for large print or braille users.</li> <li>● A specialist teacher from Sensory Support Service would need to contribute to requests for modified assessment papers or where more than 25% of time is required.</li> <li>● Parental communication to learn how to best support at school • Pupil voice heard and acted upon</li> <li>● IT equipment and specific equipment when needed</li> <li>● Extra training for appropriate adults working with child specific to their needs • Education to other children in school on deaf awareness to increase understanding</li> </ul>	
<p><b>Visual impairment</b></p>	<ul style="list-style-type: none"> <li>● Staff to work together with other professionals to share strategies and advice to support the child or young person as advised by Qualified teacher for the visually impaired (QTVI).</li> <li>● Use advice from Sensory Support Service available through the website: <a href="http://www.sensorysupportservice.org.uk">www.sensorysupportservice.org.uk</a></li> <li>● Touch Typing when required to improve recording</li> <li>● Use of magnification and accessibility features.</li> <li>● Use of magnification equipment, for example, visualisers, low vision aids, tablets.</li> <li>● Additional time to complete tasks.</li> <li>● Language mediation of visual information beyond CYP visual reach.</li> <li>● Adapted PE activities.</li> <li>● Line marking and visually friendly environments as per environmental audit and similar interventions suggested by habilitation specialist or QTVI.</li> <li>● Post and pre tutoring to ensure concepts are understood.</li> <li>● Use of real objects to support concept development and understanding.</li> <li>● Use of ICT for example, Chromebook connected to a large screen.</li> <li>● Reading apps/reading pens.</li> <li>● Equipment for life skills/curriculum activities.</li> </ul>	<ul style="list-style-type: none"> <li>● Correct support in Exams and time to explore these in every day practice in the classroom.</li> <li>● Interventions are planned where touch typing, and dictation can be taught/practiced</li> <li>● Reports showing what size fonts/colour/sitting position etc are in place in the classroom.</li> <li>● CYP Learn braille/use of braille when needed.</li> <li>● Classroom/school is tidy and clear and CYP know to put things away if in way of person walking etc</li> <li>● Signage is clear around school.</li> <li>● Lots of concrete resources out in the classroom are used to support learning.</li> <li>● Health and Safety risk</li> </ul>

Need	How do we support?	So What?
	<ul style="list-style-type: none"> <li>● Pupil voice</li> <li>● Rest breaks</li> <li>● Promote understanding of visual impairments for other children</li> <li>● Accessibility plan</li> </ul>	<p>assessment is in place and followed if necessary.</p> <ul style="list-style-type: none"> <li>● Physical changes to buildings are identified in the accessibility plan.</li> </ul>
<p><b>Physical disability</b></p>	<ul style="list-style-type: none"> <li>● Staff to work together with other professionals to share strategies and advice to support the child. This could include the inclusion of appropriate exercises (recommended from a therapist) for a child within the curriculum such as during a warm up session for PE/games etc.</li> <li>● Moving and manual handling training, all staff who may be involved with Moving and Handling children should have Basic Manual Handling training.</li> <li>● Support equipment.</li> <li>● Accessibility planning.</li> <li>● Accessible transport.</li> <li>● Work chairs.</li> <li>● Technology (tablets) and grips.</li> <li>● Staff with care training and appropriate hygiene suites.</li> <li>● Switch operated life skills / curriculum equipment.</li> <li>● Adapted equipment to access specific aspects for example, cutlery, crockery, scissors.</li> <li>● Engage CYP to give their voice.</li> <li>● Engage Parental voice in planning</li> </ul>	<ul style="list-style-type: none"> <li>● Correct equipment is available as suggested in professional reports.</li> <li>● School trips are accessible. Risk assessments are in place.</li> <li>● Adjustments are made to rooms when necessary</li> <li>● Accessibility plans detail support required and available.</li> <li>● Staff co produce plans with professional advice.</li> <li>● An appropriate number of staff are trained in imitate care and moving and handling etc.</li> </ul>
<p><b>Severe and complex medical needs including a life threatening diagnosis or condition.</b></p>	<ul style="list-style-type: none"> <li>● Reasonable adjustments in line with the Equality Act 2010.</li> <li>● Support equipment such as lockable medicine cabinets, first aid bags, fridges.</li> <li>● Rotated medication and or care training.</li> <li>● Liaising with specialist colleagues for up to date training.</li> <li>● Clear bereavement training and policies.</li> <li>● Regular home and setting contact when/if learner is not in a setting to maintain a feeling of belonging with peers and community.</li> <li>● Engage CYP to give their voice.</li> <li>● Engage parental voice in planning</li> </ul>	<ul style="list-style-type: none"> <li>● Staff have a good understanding/knowledge of condition. Where possible experts talk to members of staff to ensure they are well informed. • Individual health care plan is in place • Staff receive training from appropriate organisations. • Attendance officers are engaged if there is an effect on</li> </ul>

**GA SEND Ordinarily Available Provision**

Updated - 2025



Need	How do we support?	So What?
		learning/schooling. <ul style="list-style-type: none"> <li>● AP provision is in place if necessary</li> <li>● Medicines are correctly stored</li> </ul>
<b>Physical sensitivity including hyper (over) and hypo (under) responses and possible Sensory Processing Difficulties (SPD).</b>	<ul style="list-style-type: none"> <li>● Staff to work together with other professionals to share strategies and advice to support the child or young person.</li> <li>● Workouts and or sensory integration activities as advised by an OT programme.</li> <li>● Sensory reduction planning.</li> <li>● Staff training through CPD.</li> <li>● Individual workstations or work systems.</li> <li>● Build resilience using timers.</li> <li>● Engage CYP to give their voice.</li> <li>● Engage parental voice in planning.</li> <li>● Equipment given to reduced hyper and hypo responses e.g. chew toys</li> </ul>	<ul style="list-style-type: none"> <li>● Suggestions from professionals are followed.</li> <li>● Reasonable adjustments such as; leave lessons early, different uniform, ear defenders, other sensory equipment are in place.</li> <li>● Environmental audit is undertaken alongside the CYP.</li> <li>● Teachers develop and think about the classroom environment.</li> </ul>