

# SEND – a summary

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## **Learning and Cognition:**

Cognition and learning is an area of need that focuses on:

- Moderate Learning Difficulties (MLD)
- Severe Learning Difficulties (SLD)
- Profound and Multiple Learning Difficulties (PMLD)
- Specific Learning Difficulties (SpLD)

Children and young people experiencing difficulties in these areas may come to you requiring additional support around their ability to learn and do well at school. A wide range of needs are covered including moderate learning difficulties (MLD) to severe learning difficulties (SLD); and profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.

Specific learning difficulties (SpLD) affect one or more specific aspects of learning and include dyslexia, dyscalculia and dyspraxia.

## **Dyslexia**

### **What is it?**

Dyslexia is sometimes referred to as a specific learning difficulty. Dyslexia is evident when accurate and fluent reading and/or spelling develops very incompletely or with great difficulty. This focuses on literacy learning at the word level and implies that the problem is severe and persistent despite appropriate learning opportunities.

### **How to identify?**

1. Difficulty rhyming/finding sounds in spoken words, 2. Difficulty connecting a sound a sound to symbol/segmenting the syllables or onset & rime. 3. Slow and laboured reading aloud. 4. Poor understanding of what has been read, 5. Complains of reading making his/her eyes hurt. 6. Letter confusion/perception. 7. Poor handwriting. 8. Difficulty with spelling rules and bizarre spelling. 9. Difficulty with patterns processes and sequences. 10. Difficulty and spatial issues. 11. Delay tactics, incompleteness, refusal, and behaviour issues.

### **Effective strategies to help?**

Make all learning multi-sensory. Make learning personal and meaningful allowing for pupil input. Chunk and repeat instructions and information. Pupils should 'over learn' the material. Never move on until the pupil is secure. Remember that self-esteem should be kept high through a combination of all these strategies.

### **Useful links**

<http://www.bdadyslexia.org.uk/> - British Dyslexia Association

<http://www.dyslexiaaction.org.uk/> - Dyslexia Action

<http://www.barringtonstoke.co.uk/> - excellent reading books for reluctant readers.

High interest /low reading age, with some illustration.

<http://www.taskmasteronline.co.uk/> - great games accessories and equipment.

<http://www.crossboweducation.com/> - Especially for dyslexia and spld resources.

## **Dyspraxia**

### **What is it?**

Dyspraxia is a neurological disorder affecting the processes involved in planning and carrying out movements. Messages to and from the brain are simply not transmitting properly.

Dyspraxia is an umbrella of conditions known as specific learning difference (spLD), which are defined as exceptional variations in a person's ability, as well as problems with concentration and short-term memory. Dyspraxia affects co-ordination, spatial awareness and sensory perception.

### **How to identify?**

A person with Dyspraxia is often a loner, poor handwriting, difficulties in tracing, copying and holding a pen. They may have emotional difficulties because they are unable to express their feelings. They may constantly repeat questions and their answers to fix them in their mind. May be poor at sport; even simple actions such as kicking and throwing can be challenging. They may have trouble distinguishing between serious comments and jokes.

### **Effective strategies to help?**

A dyspraxic child needs encouragement and clearly defined and achievable goals, no matter how simple. Dyspraxia students may need extra time to get changed for PE. Tasks need to be carefully planned and broken down into simple, logical sentence. Small steps are needed and not too much simultaneous information. Seat at the front of the class, suitable pens, encourage keyboard and computer skills, being aware of health and safety issues.

### **Useful link**

<http://www.fixers.org.uk> - Understanding Dyspraxia - Fixers.org.uk

<https://www.abilitynet.org.uk> - Dyspraxia and Computing - Abilitynet.org.uk

<http://www.dyspraxiauk.com/usefullinks.php> - Useful Links - Dyspraxia UK

## **Speed of Processing**

### **What is it?**

Processing speed is one of the main elements of the cognitive process, which is why it is one of the most important skills in learning, academic performance, intellectual development, reasoning, and experience. Processing speed is a cognitive ability that could be defined as the time it takes a person to do a mental task. It is related to the speed in which a person can understand and react to the information they receive, whether it be visual (letters and numbers), auditory (language), or movement. In other words, processing speed is the time between receiving and responding to a stimulus.

### **How to identify?**

Slow or poor processing speed is not related to intelligence, meaning that one does not necessarily predict the other. Slow processing speed means that some determined tasks will be more difficult than others, like reading, doing math, listening and taking notes, or holding conversations. It may also interfere with executive functions, as a person with slow processing speed will have a harder time planning, setting goals, making decisions, starting tasks, paying attention, etc.

## Effective strategies to help?

**Practice specific skills** - Practice can help improve the students speed at that skill. Research shows that repeating a task makes it become more automatic—and thus quicker to process.

**Becoming more efficient.** Look for strategies that can make the student become more efficient. Which can be done with nearly any task?

Setting realistic goals and targets and use of aids for writing if needed and helps.

**Organising and planning** – keeping a record of start and finish times, It may be an option that the student will get extra time for tests and exams.

## Useful link

<https://www.brainhq.com/ACTIVE-study> - ACTIVE Study - Speed of Processing - brainhq.com

<https://www.understood.org/...processing.../slow-processing-speed-and-anxiety-what-...Slow Processing Speed and Anxiety in Children - Understood.org> – Understood

## Dyscalculia

### What is it?

Dyscalculia is usually perceived of a specific learning difficulty for mathematics, or arithmetic. Developmental Dyscalculia (DD) is a specific learning disorder that is characterised by impairments in learning basic arithmetic facts, processing numerical magnitude and performing accurate and fluent calculations. These difficulties must be quantifiably below what is expected for an individual's chronological age, and must not be caused by poor educational or daily activities or by intellectual impairments.

### How to identify?

- Has difficulty when counting backwards.
- Has a poor sense of number and estimation.
- Has difficulty in remembering 'basic' facts, despite many hours of practice/rote learning.
- Have no strategies to compensate for lack of recall, other than to use counting.
- Has difficulty in understanding place value and the role of zero in the Arabic/Hindu number system.
- Has no sense of whether any answers that are obtained are right or nearly right.
- Tends to be slower to perform calculations. (Therefore give fewer examples, rather than more time).
- Forgets mathematical procedures, especially as they become more complex, for example 'long' division.
- Addition is often the default operation. The other operations are usually very poorly executed (or avoided altogether).
- Avoids tasks that are perceived as difficult and likely to result in a wrong answer.
- Weak mental arithmetic skills.
- High levels of mathematics anxiety.

Because mathematics is very developmental, any insecurity or uncertainty in early topics will impact on later topics, hence to need to take intervention back to basics.

## Effective strategies to help?

A mixture of techniques will help with Dyscalculia. It is a good idea to identify the areas where the child has difficulty, and choose an intervention targeted at these areas. It is important to realise that difficulties might be very low level:

- Focus on understanding (especially of quantity)
- Use concrete materials to help link mathematical symbols to quantity
- Start at a level which the child is comfortable at, so that they experience some success, and slowly move to more difficult areas
- Provide a lot of practice for new skills/concepts

- Reduce the need for memorisation, especially initially
- Ask a lot of questions to get the child engaged and thinking about their own thinking
- Make learning as active and fun as possible - a positive experience

### Useful link

<http://www.dynamomaths.co.uk/> - Dynamomaths

<http://www.bdadyslexia.org.uk/dyslexic/dyscalculia> - British Dyslexic society

<http://www.aboutdyscalculia.org/teachers.htm> - about dyscalculia

### **Social, Emotional and Mental Health:**

Social, emotional and mental health (SEMH) needs are a type of special educational needs in which children/young people have severe difficulties in managing their emotions and behaviour. They often show inappropriate responses and feelings to situations.

This means that they have trouble in building and maintaining relationships with peers and adults; they can also struggle to engage with learning and to cope in mainstream education. Children with SEMH will often feel anxious, scared and misunderstood.

### **Depression**

#### What is it?

Anxiety and depression are serious problems for teenagers. Common features of anxiety include tension, worry, frustration, irritability, sadness and withdrawal.

Common features of depression include hopelessness, sadness, irritability and anger, isolation, withdrawal and worthlessness.

Young people do not often express their anxiety or depression in a straightforward way and can show they are affected through passive or negative behaviours.

#### How to identify?

- Irritability or anger
- Continuous feelings of sadness and hopelessness
- Social withdrawal
- Increased sensitivity to rejection
- Changes in appetite -- either increased or decreased
- Changes in sleep -- sleeplessness or excessive sleep
- Vocal outbursts or crying
- Difficulty concentrating
- Fatigue and low energy
- Physical complaints (such as stomach-aches, headaches) that don't respond to treatment
- Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests
- Feelings of worthlessness or guilt
- Impaired thinking or concentration
- Thoughts of death or suicide

## Effective strategies to help?

### Stay in touch

Don't withdraw from life. Socialising can improve your mood. Keeping in touch with friends and family means you have someone to talk to when you feel low.

### Be more active

Take up some form of exercise. There's evidence that exercise can help lift your mood. If you haven't exercised for a while, start gently by walking for 20 minutes every day.

### Face your fears

Don't avoid the things you find difficult. When people feel low or anxious, they sometimes avoid talking to other people. Some people can lose their confidence about going out, driving or travelling.

If this starts to happen, facing up to these situations will help them become easier.

### Eat a healthy diet

Some people don't feel like eating when they're depressed and are at risk of becoming underweight. Others find comfort in food and can put on excess weight.

Antidepressants can also affect your appetite.

If you're concerned about weight loss, weight gain or how antidepressants are affecting your appetite, talk to your GP.

### Have a routine

When people feel down, they can get into poor sleep patterns, staying up late and sleeping during the day. Try to get up at your normal time and stick to your routine as much as possible.

Not having a routine can affect your eating. Try to carry on cooking and eating regular meals.

### Seeking help for depression

If you're still feeling down or depressed after a couple of weeks, talk to your GP or call NHS 111.

If you start to feel that your life isn't worth living or about harming yourself, get help straight away. These are signs that you need to talk to someone urgently.

Various treatments are available for depression, including talking therapies, antidepressants and self-help.

Find out about treatment for depression.

You can also contact helplines, such as Samaritans, for 24-hour confidential, non-judgemental emotional support.

If you've had depression or anxiety in the past, even if they weren't formally diagnosed, get help immediately. You're more likely to have an episode of depression if you've had one before.

You can hear other people's tips on coping with depression on [healthtalk.org](http://healthtalk.org).

## Useful link

<http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/dealing-with-depression.aspx>

- NHS

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression>

- Mind

<http://www.moodjuice.scot.nhs.uk/depression.asp> - Moodjuice Self help guide

<http://www.samaritans.org/> - Samaritans

## Anxiety

### What is it?

Anxiety is the most common emotion we experience and the most common form of disorder in childhood and in adult years. At some stage in life everyone will feel anxious most commonly when faced with difficult or new situations. Everyone can relate to symptoms of anxiety or fear and experience symptoms such as breathing becoming shallow, sweating, heart beating faster, butterflies in their stomach and dry mouth.

## How to identify?

Anxiety or feeling stressed out often happens before depression. It is defined by feelings of fear, unrest, agitation and insecurity. As anxiety increases so does the chance of depression. This is circular – as clinical depression increases the feelings of anxiety, which in turn shows itself more in a worrying, ruminative, obsessive state of mind.

## Effective strategies to help?

Talks on anxiety and depression, held within the PHSE curriculum.

Have a clear and effective system to support a student who presents with an anxiety or mood disorder.

Allocate a named teacher and peer supporter from a core team of trained staff to be available should help be needed.

Establish links with local services and know what the referral pathways are. Get a professional to help assess and make recommendations.

## Useful link

<http://www.nhs.uk/conditions/anxiety/Pages/Introduction.aspx> - NHS

<https://www.anxietyuk.org.uk/our-services/anxiety-information/> - Anxiety UK

<https://www.mentalhealth.org.uk/a-to-z/a/anxiety> - Mental Health Foundation

## Self-harm and suicidal Ideation

### What is it?

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to:

Express something that is hard to put into words

Turn invisible thoughts or feelings into something visible

Change emotional pain into physical pain

Reduce overwhelming emotional feelings or thoughts

Have a sense of being in control

Escape traumatic memories

Have something in life that they can rely on

Punish yourself for your feelings and experiences

Stop feeling numb, disconnected or dissociated (see dissociative disorders)

Create a reason to physically care for themselves

Express suicidal feelings and thoughts without taking their own life.

Self-harm is not 'just attention-seeking' - people self-harm because they are in pain and trying to cope.

They could also be trying to show that something is wrong. They need to be taken seriously.

Self-harm is a term used when someone injures or harms themselves on purpose rather than by accident.

### How to identify?

Common examples include 'overdosing' (self-poisoning), hitting, cutting or burning oneself, pulling hair or picking skin, or self-strangulation.

It can also include taking illegal drugs and excessive amounts of alcohol.

Self-harm is always a sign of something being seriously wrong.

Self-harm is a way of dealing with very difficult feelings that build up inside.

### Effective strategies to help?

There are a number of ways to help you in the long term. They include a deeper exploration of the reasons why you self-harm, to help you find alternatives:

Accept your feelings

Build your self-esteem

Look after your general wellbeing

Understand you're self-harm in more detail

Reach out for support

Sometimes outside support is needed to help you make positive changes. You may need to try a few different things to find what works for you, and combine self-help techniques with professional support:

GP

Talking treatments

Support groups

Online support

Treatment for scars

### Useful link

<https://www.mind.org.uk/information-support/types-of-mental-health-problems/self-harm/#.WWTDMBXyuvE> – MIND

<https://www.selfinjurysupport.org.uk/> - Self Injury Support

<http://www.nhs.uk/conditions/Self-injury/Pages/Introduction.aspx> - NHS

<http://www.harmless.org.uk/> - Harmless Self Harm Support

## Attachment Disorder

### What is it?

Attachment disorder is a mental and emotional condition predominantly found within young children, occasionally in school children and if allowed to develop can even be found in adults.

Attachment is the deep and lasting bond established between a child and caregiver in the first few years of life, if the connection is lacking the following disorder could be caused.

Early experiences of neglect or abuse in babies causes attachment disorder in which the child will lose trust of others and will shy away from making a serious connection with acquaintances or family, sometimes even causing excessive friendliness and inappropriate approaches to strangers in older children.

Understanding the types, causes and warnings signs of attachment disorders, as well as how they are diagnosed and treated, should help parents and other adults care for children suffering from such a condition.

### How to identify?

The warning signs of attachment disorders can be specific to the young children, but there are also warning signs that may be apparent from their parents or other primary caregivers. Very often children who suffer from attachment disorders have:

- A lack of eye contact with others.
- No desire to gaze at others when they move around rooms.
- Poor impulse control.
- A sad or listless appearance with infrequent smiles or laughter.
- No interest in interactive games.
- Consistent self-soothing behaviours, often used instead of seeking soothing from others.
- Abnormally social, though superficial, behaviours.
- Hostile, angry, defensive and/or neglectful parents or primary caregivers.

### Effective strategies to help?

Make some rewards absolute and not contingent on anything. This effectively subverts AD children's strong tendency to sabotage them and thereby prove to the adults that they can't "make them succeed". (Example: AD

child participates in a "fun Friday" activity regardless of their behaviour, barring any safety concerns). This approach puts the child's succeeding under the complete control of the teacher.

Drilling in the concept of "choice". Choice is an idea that is often absent in AD children's thinking. It is not simply that they refuse to accept responsibility- the ideas of people making choices and having responsibility literally makes no sense to AD children. They need to have it pointed out to them, matter-of-factly, over and over, that they are making choices all the time. Then discussion can begin to move towards making better vs. worse choices.

Approach AD children with a matter-of-fact, firm, no nonsense, not hostile, tone of voice. Directions should be phrased as directions, not questions (Example: "Do." vs. "Would you...").

Four questions never to ask AD children:

Did you...?

Why did you...?

Do you remember...?

What did you say?

### Useful link

<http://www.attachmenttraumanetwork.org/understanding-attachment/attachment-disorders/> - Attachment and Trauma Network

<http://www.kidsbehaviour.co.uk/attachment-disorders-children.html> - Kids Behaviour

<https://www.theguardian.com/society/2012/feb/14/children-attachment-disorder-struggle-control> - Article in the Guardian

## Communication and Interaction:

Children with social communication and interaction difficulties have problems understanding what other people mean. Communication is not just the words we use; but how we use our body language, facial expression and tone of voice to communicate with someone else.

Children with these difficulties may find it hard to understand the messages we give to each other without speaking, such as the meaning we put into our voice, the expressions on our faces, and gestures such as waving, pointing or shrugging.

Eye contact is another important part of non-speaking communication, and most of us do this without thinking about it. Children with social communication difficulties may not know instinctively how and when to give eye contact. Children with social communication and interaction difficulties can also have trouble in understanding what other people are thinking or feeling; finding it difficult to see things from someone else's point of view. They may do things which seem out of place; such as talking in a very loud voice to the person who is standing next to them, talking continually about things that interest them to someone they have never met before, and taking turns can be challenging. This can often make it hard to make or keep friends and join in games.

## Autistic Spectrum Disorder (ASD)

### What is it?

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.

### How to identify?

- Poor coordination
- Anxiety and low mood
- Sensory issues
- Attention difficulties
- learning difficulties
- Tics
- Seizures.

### Effective strategies to help?

#### **Keep language simple, specific and concrete -**

We are usually unaware of the complexity of the language we use. While children can normally make enough sense out of complex sentences, a child with autism may have little understanding

#### **Allow time for your child to respond –**

It may appear as though a child has not understood a question or statement, but often it just takes time to process the incoming information, up to 45 seconds in some cases. It can be frustrating and feel very abnormal, but giving your child time to respond will help them learn communication skills faster.

#### **Establish eye contact –**

A common feature of autism and Asperger's is a lack of eye contact. It is important to encourage proper eye contact. Other people are more likely to interact with your child, and it is the first step to your child learning to 'read' the facial expressions of others or follow your line of sight if you are indicating an object by looking at it.

#### **Keep the volume and tone of your speech moderate –**

While a loud angry tone of voice can be a useful part of discipline with challenging behaviours, it usually only worsens the situation for a child with Autism or Asperger's

#### **Use your child's interests to build motivation –**

Autism and Asperger's syndrome often result in a restricted range of interests, whether it be telephones, leaves or running water. Although a parent will not want to encourage an obsessive interest, these do provide a basis for building communication skills.

#### **Avoid negative words that act as triggers –**

Words such as 'not now', 'no' and 'stop' can act as triggers for challenging behaviour in autistic children. When this happens, it is necessary to find positive statements that redirect the child's behaviour.

#### **Break instructions or long sentences into steps -**

A key to helping a child learn complex skills is to break them into understandable pieces. The same principle works with communication

### Useful link

<http://www.autism.org.uk/about-autism> - National Autistic Society

<http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Introduction.aspx> - NHS

<http://www.nhs.uk/Conditions/Autistic-spectrum-disorder/Pages/Introduction.aspx> - Autism speaks

## ADHD - Attention deficit hyperactivity disorder

Attention deficit hyperactivity disorder (ADHD) is a group of behavioural symptoms that include inattentiveness, hyperactivity and impulsiveness.

Symptoms of ADHD tend to be noticed at an early age and may become more noticeable when a child's circumstances change, such as when they start school. Most cases are diagnosed when children are 6 to 12 years old.

The symptoms of ADHD usually improve with age, but many adults who are diagnosed with the condition at a young age continue to experience problems.

People with ADHD may also have additional problems, such as sleep and anxiety disorders.

## Hearing impairments

Hearing loss, also known as hearing impairment, is a partial or total inability to hear. A deaf person has little to no hearing. Hearing loss may occur in one or both ears. In children hearing problems can affect the ability to learn language and in adults it can cause work related difficulties.

## Vision impairments

The definition of vision impairment by the Centres for Disease Control and Prevention (CDC) says a visually impaired person's eyesight cannot be corrected to a "normal level". It may be said that visual impairment is the functional limitation of the eye or eyes or the vision system.

## Irlen's syndrome

Irlen Syndrome is a specific type of perceptual problem that affects the way the brain processes visual information. It is not an optical problem.

## Speech – stammering

Stammering and stuttering have the same meaning-it is a speech disorder in which the person repeats or prolongs words, syllables or phrases. The person with a stutter (or stammer) may also stop during speech and make no sound for certain syllables.