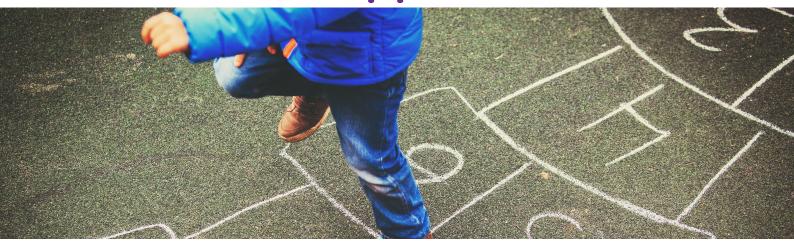
Additional Support in Schools



Does my child need a diagnosis to get extra support in school?

No, having a diagnosis can sometimes enable access to specific support, but a lack of diagnosis does not prevent a child from getting extra support. The school should have a clearly documented 'graduated response' detailing what support is available and through what avenues. Some of the external services schools can access do ask whether a child has a diagnosis, or is 'likely' to get one, but even then they will often still provide support if a clear need is identified.

What sort of support can school provide my child without any top of funding?

This will vary from school to school. As each setting is different, what they can offer will be different and will depend on the skills of staff within the school. What a child is offered will also depend on their individual needs; there is no 'one size fits all' approach.

A school may:

- provide a limited amount of 1:1 support for a school based intervention to take place (bespoke to the child)
- provide access to clubs during unstructured times of the day (break or lunchtime) to aid with social interaction
- they may access small groups run by classroom staff or the pastoral team (if the school have one)
- if a child has a plan from a professional outside of the school setting (for example speech and language or occupational therapy) then a school should provide staff to ensure the targets can be worked on in school

However, prior to top up funding being applied for there would be an expectation that the child had accessed at least two or three cycles of a 'plan, do review' process to provide evidence of a long term need. These cycles can be as long or as short as is appropriate to the needs of the child.

How is top up funding used for my child?

Top up funding can be used in a variety of ways, dependent on the needs of your child. It is important to know top up funding does not always result in 1 to 1 support. 1 to 1 support is not always right for a child. Schools have to think about what is going to be most helpful in improving the long term outcomes for your child.

Some examples of how schools can use funding include: purchasing specific resources/equipment to enable access to the curriculum, paying for mentoring from an outside agency, accessing a specialist professional to provide some sort of intervention or therapy that is beyond the skills of school based staff or schools could put 1 to 1 support in place.

Unfortunately, the amount of additional funding provided is often very limited, so settings have to think carefully about what they do, parents should be part of these conversations, should have their views heard and be part of the decision making process.

What help and support can you give my child if they cannot cope in the busy classroom environment?

This will vary school to school, depending on the capacity they have. We would also explore whether there is any medical reason the classroom is difficult e.g. a hearing or sight difficulty, to ensure we are not overlooking something obvious and easily fixed!

At a very simple level most schools should be able to offer a number of things, such as:

- the use of ear defenders to lower the noise level
- the use of a weighted blanket, cushion or toy
- the use of a wobble/fidget cushion as being able to move, without actually moving from their seat helps many children
- something small and sensory to fiddle with whilst concentrating, as this can often divert the sensory focus and helps children cope. These might be squishy or stretchy things, or something to chew, we even had a child who used a small lego person with great success!
- a quieter space either within the classroom or somewhere in the school to calm or complete work if things become too much
- planned breaks from the classroom (this may actually only be moving just outside for 5 minutes, but it can make all the difference) as knowing they are going to be able to leave soon, may help a child manage the classroom environment.

If these lower level things do not have the required impact, then a discussion would need to be had about whether a referral to a more specialist agency is appropriate.



How will the work be differentiated to meet my child's needs?

Your child's needs should dictate how work is differentiated.

Tasks may:

- be broken down into smaller steps
- instructional language simplified, either verbally or written
- the amount required as an outcome may be extended/reduced
- how they record their work eg using a computer/tablet, being supported by a scribe
- the amount of time given to complete a task
- being encouraged to take breaks
- the resources given to support the task
- accessing work from a year group different to that of the year they are in

What visual strategies can be used in school?

Most schools have whole class visual timetables, this can be broken down further into individual visual timetables or further in 'now' and 'next' prompts. Classrooms will often have visual labels as well to enable the easy location of resources. We also have prompts for expectations/school rules to remind children of what is expected. Schools can also use picture exchange communication where there are individual sets of pictures used to aid communication, this should always be used with speech to encourage verbal communication. For some children, the pictures will be on lanyards with staff and other children with have communication books. School staff will often support with Makaton as well, as this helps children to connect understanding with what is being asked. We also use emotions cards or some sort of 5 point scale to support children understanding their feelings and what we can do to feel better/calmer. Additionally, any of the above can be completely personalised to meet the needs of an individual child.

If my child cannot cope at break and lunchtime what support can be offered?

Many schools run clubs at break and lunchtime, where staff support activities and therefore there is less chance of something unexpected happening, which is often what causes difficulties. In addition, interactions can be scaffolded by the staff to ensure they are successful and have a positive time within a smaller group. The location of groups can be adapted to accommodate any sensory needs, for example a group of children eating their lunch in a smaller, less busy environment.



If my child has issues with demands how can school support them with this? What strategies can be used?

Hopefully, this has been noticed at an early stage, as the earlier it is spotted the more chance there is of preventing it from becoming an issue. Often a large part of the difficulty can be a fear of failure or not being perfect, and helping the child to work through this in an appropriate was can be important. They need to see those around them modelling how to cope with getting thing wrong or finding things tricky as this may help reduce they feel when being asked to tackle tasks.

Depending on how old a child is, may impact slightly how this difficulty is tackled. Often breaking the day down into smaller chunks will help a child to not feel overwhelmed and allow them to think about one thing at a time so the demand feels like less. Another strategy we use is 'your turn'/'my turn', this is put onto a visual timetable, the child can see it alternates throughout the day and the chunks of time (demands) are not too long. Schools may be able to create bespoke challenge or mission sheets for children, this is an adapted version of the work, often including something of particular interest to the child eg a cartoon character or obsession, they will be presented in a fun and less threatening way. With extreme cases, we have moved towards a play-based approach to learning, where we design fun activities and games, which move learning forward without feeling like learning. This enables the child to 'reset' their feelings about tackling tasks and begin moving forward, it is important to not rush the process as this can cause a 'shut down' or return to before. When they start succeeding and completing things we have to be careful to not specifically praise the work or child and just give general 'well done' or 'good jobs' to avoid them feeling pressured.

How can you support my child with transitions? Starting school, moving to the next year class or moving on to secondary school.

Early discussions are key to transitions, this will enable the planning of additional visits or resources and enable all the adults involved to meet. Children who struggle with transitions should be given additional visits to a new setting or class, often at quieter time initially and with a parent or key worker to support them. They can also be provided with transition books/information containing photographs and details of what/who to expect. These can be adapted to meet the needs of an individual child, and with current technology, videos can

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also be included.

If my child has medical needs in addition to autism but no EHCP how are these needs supported and documented and reviewed?

Any child within a setting, who has a medical need, should have some sort of healthcare plan (these will look slightly different in each setting). The plans should be reviewed at least yearly, with parents notifying the setting of any changes that are required at any point. Needs can be met in a variety of ways, if your child has additional support due to the level of need then monitoring/documenting would be done by the support staff member and class teacher, who may have been given specific training relevant to the need, with support from the SENDCo. If the need is less severe, then monitoring may be done by class-based staff, with checks from another specially trained member of staff within the school (these may be both timetabled and reactive to need).

What happens if my child has an EHCP and they start to refuse to come to school? What support can be offered?

Meeting as soon as any difficulties are noticed, to discuss/problem solve where possible and prevent it becoming a bigger issue. School staff meeting with the child and parents is also key, if necessary done at home if this is likely to result in a more productive conversation. School start/finish times for example can be adjusted, if these are points of anxiety or conflict. Schools can provide social stories and visual prompts to support the transitions between home and school, so the amount of possible 'unexpected' things are reduced. Time spent in school can be adapted if there is a 'medical' reason (such as severe anxiety) and clear plan for returning to full time. If problems continue to escalate, there are external teams that can be approached, for example within Somerset the Enhanced Provision team can offer support, as well as the School Placement Service.

