



Course Companion

for T Level Technical Qualification
in Education and Early Years

Element 11: Special Educational Needs and Disability

Update v1.2, August 2024

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Teacher's Introduction

This course companion is for **Element 11: Special Educational Needs and Disability**, part of the NCFE Cache T Level Technical Qualification in Education and Early Years (603/5829/4). The aim of this resource is to guide students through the core content of this element, providing them with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this qualification.


Remember!

Always check the exam board website for new information, including changes to the specification and sample assessment material.


For clarity and ease of use, the content of this course companion matches the order of the specification points. The content is structured as follows against the element's assessment criteria:

- **11.1** – The statutory duties and responsibilities of practitioners supporting children and young people with SEND in relation to relevant guidance
- **11.2** – How professionals and organisations support children and young people with special educational needs and disabilities
- **11.3** – The principles of integration and inclusion, and the difference between them
- **11.4** – Why practitioners must use appropriate terminology when discussing the needs of children and young people with special educational needs and disabilities
- **11.5** – The differences between the medical and social models of disability
- **11.6** – How a primary disability might affect children's and young people's social, emotional and physical development
- **11.7** – The range of cognitive skills necessary for effective educational development, and how single or multiple disabilities might affect these
- **11.8** – How cognitive difficulties may have an impact on language, communication and educational development
- **11.9** – How a chronic condition may affect children's or young people's emotions, education, behaviour and quality of life
- **11.10** – How adults remove barriers in order to empower and value individuals, depending on their specific learning difficulty, medical condition or disability
- **11.11** – When and how speech can be supplemented or replaced by augmentative or alternative communication


Throughout the resource, there are key features to keep an eye out for:




Keywords: used to draw students' attention to various keywords throughout the unit.




Did you know?
Provides further information and additional content to inspire students.



Case studies
Help students to apply the issues identified in the resource to real-world scenarios.



Applied activities encourage application of knowledge to the case studies or to real-world scenarios in the health and social care sector.



Research activities inspire further research and stretch and challenge higher-ability students.

Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework.

There is also a set of **revision questions** provided at the end of each section (with answers included). These should help students recap their knowledge throughout the course companion and will ensure that they have understood what they have read.

November 2022

Update v1.1, August 2023 (to match specification changes for first teaching September 2023)

- Reference to 'Education and Childcare' has been amended to 'Education and Early Years' throughout.

Update v1.2, August 2024 (to match specification changes for first teaching September 2024)

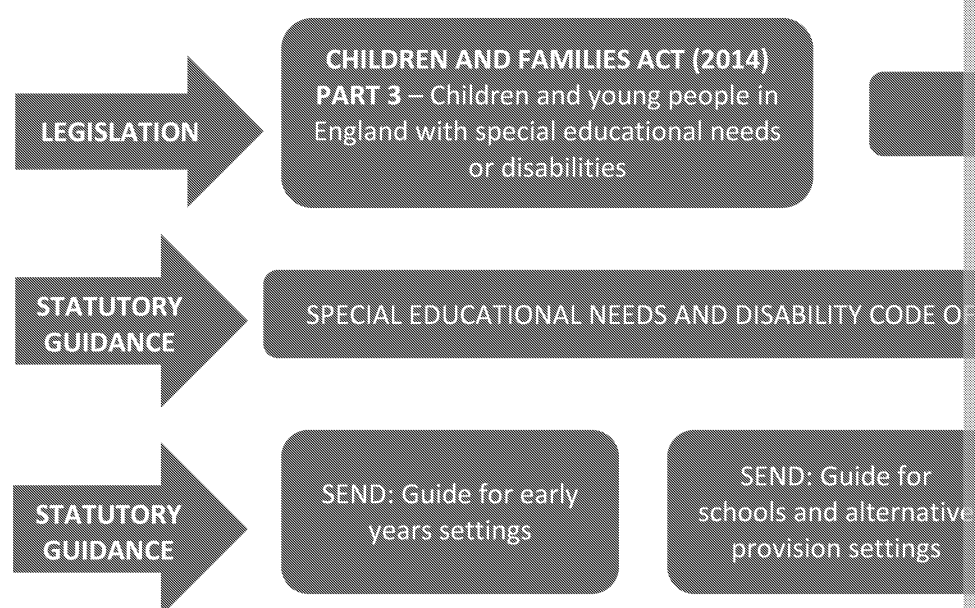
- Reference to 'childcare' has been amended to 'early years' in the heading on p. 8.
- 'Picture exchange communication (PEC) systems' has been amended to 'communication through pictures' on p. 36 (and subsequently Q1 has been revised for 11.11 on p. 37, with the answer updated on p. 48).

Chapter 11.1: The statutory duties and responsibilities of practitioners supporting children and young people in relation to relevant guidance

The Department for Education (DfE) and the Department of Health and Social Care (DHSC) together have produced statutory guidance called the **Special Educational Needs and Disability Code of Practice (2015)**. It includes statutory guidance on duties, policies and procedures for organisations who work with and support children and young people who have special educational needs or disabilities in regard to Part 3 of the **Children and Families Act (2014)** and the **Equality Act (2010)**, and applies to England.

Link between the Families Act (2014), SEND Code of Practice (2015) and the guidance documents

The diagram below is a visual aid to show how legislation such as the Children and Families Act (2014) is linked to and informs statutory guidance – in this case, the Special Educational Needs and Disability Code of Practice: 0 to 25 Years (2015).



Did you know?

The percentage of children and young people with SEND is increasing. V

Children and Families Act (2014)

The Children and Families Act (2014) is an act that was brought in under the coalition government. The act brings together different laws that affect children and young people, particularly those who are vulnerable. Additionally, the act affects those professionals who work in health and social care, education, family law and human resources.

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Children and Families Act (2014)		
Part 1 – Adoption and contact	Part 2 – Family justice	Part 3 – Children and young people in England with special educational needs or disabilities
Part 4 – Childcare, etc.	Part 5 – Education of children and young people with special educational needs or disabilities	Part 6 – The Children's Commissioner
Part 7 – Statutory rights to leave and pay	Part 8 – Flexible working	Part 9 – Right to request flexible working
Part 10 – Right to request flexible working	Part 11 – Right to request flexible working	Part 12 – Right to request flexible working

Part 3 – Children and young people in England with special educational needs or disabilities The Children and Families Act (2014) improved the system for children and young people with SEN to consistently provide the best outcomes for them, and this is what influenced the SEND Code of Practice (2015).

Special Educational Needs and Disability Code of Practice (2015)

The Special Educational Needs and Disability Code of Practice (2015) is a document that provides guidance on duties, policies and procedures for local authorities, early years settings, further education providers, and voluntary and independent sectors working with children and young people aged 0–25.

Within the SEND Code of Practice there are three separate guidance documents:

1. SEND: guide to early years
2. SEND: guide to schools and alternative provision settings
3. SEND: guide to further education providers

These guidance documents break down the statutory duties, roles and responsibilities of the professionals within each age range.

All three guidance documents start with the same four headings (see table below):

Heading	Description
Context (what it is about)	The Children and Families Act (2014) includes an explanation of the roles of education, health and social care organisations and that these are jointly commissioned. The previously used statements and letters (LDAs) will be replaced with an education, health and care plan. Further education will have new statutory rights, and there will be preparing (and plans created to prepare) young people for adulthood and independent living.
Principles underlying the code	These are the principles that should be adhered to by all professionals who work with children and young people who have SEND. These include: to listen to children and young people and their families in the decision-making process; that their opinions are considered; to identify and ensure that the needs of the young person are met, by early identifications and multi-agency working; to ensure quality provision which removes barriers to learning and helps young people for adulthood.
Working together across education, health and care for joint outcomes	Section 25 of the Act states that local authorities have a responsibility to ensure that organisations working with children and young people with SEND work cooperatively to create and promote well-being and raise standards of the services they provide. This includes conducting research, planning, and monitoring and evaluating the services they provide.
The Local Offer	The Local Offer is responsible for providing current information about the services available to children and young people with SEND and to meet the needs of the young people involving them in the development and review of the service.

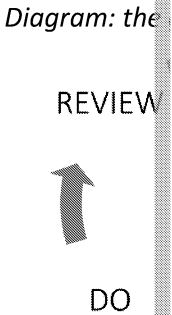
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SEND: guide for early years settings

The guide highlights the main duties and responsibilities for maintained, private, voluntary and independent early years providers. In accordance with the Early Years Foundation Stage (EYFS) statutory framework, all early years providers who are funded by the local authority must have regard to the SEND Code of Practice.

The contents of the guide are largely concerned with the professionals who work with children and young people with SEND.

Improving outcomes – high aspirations and expectations for children with SEND	SEND in early years
All children have the right to high-quality education which enables the best educational outcomes for each individual child. The Equality Act (2010) states that early years providers should have policies and procedures in place for early identification of children with SEND, and the adaptations and arrangements required to ensure that the provision supports their individual needs.	<p>Early identification and intervention are key to effective provision and is essential for children with SEND.</p> <p>A delay can lead to a hindrance in learning, emotional and social difficulties.</p> <p>Where a need is identified, early intervention work with parents and support is essential. This is the 'early identification and review', which is the graduated approach.</p> <p><i>Diagram: the graduated approach</i></p> 
Progress check at age two	
Between the ages of two and three, all children should have a progress check and their parents or carers should be provided with a short written report on their child's learning and development. This report focuses on the three prime areas of the EYFS, which include Physical Development (PD), Communication and Language (CL), and Personal, Social and Emotional Development (PSED). This progress check must identify the child's strengths and any areas where a delay has been identified.	
The role of the SENDCO in early years provision	Education, health and care plans
<p>In a maintained early years provision there must be a qualified teacher designated as the SENDCO.</p> <p>It is the responsibility of the SENDCO to coordinate the early years provision for all children identified as having special educational needs.</p> <p>They work closely with the staff in arranging the SEND procedures and the day-to-day operation of the setting's policies, and coordinating the learners with SEND.</p>	<p>A parent or carer can request an Education, Health and Care plan (EHCP), as can a child aged five years and over.</p> <p>After the early years provider has taken steps to identify, assess and support a child with SEND but there has been no progress, then they could request the local authority that an EHCP may be needed.</p> <p>Early years providers have a duty to inform the local authority in order to review a child's needs for an EHCP.</p> <p>The local authority will liaise with the early years provider regarding the educational outcomes and provision for the child, taking into account the needs of that child.</p>

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SEND: guide for schools and alternative provision

The guide highlights the statutory duties and responsibilities of schools and alternative provision settings for children with SEND in their care. Under the SEND Code of Practice (2015), the school has a 'whole school' approach to supporting children with SEND.

The guide focuses on a number of areas concerned with children with SEND and how to support them, some of which are described in more detail below.

Improving outcomes – high aspirations and expectations for children with SEND

All children have the right to high-quality education, to become emotionally and socially resilient and to transition into adulthood. Therefore, schools have statutory responsibilities to ensure that every child's learning setting with SEND is supported regardless of whether there is an EHCP in place.

- There should be a designated teacher who is to be responsible for coordinating provision for children with SEND.
- All children should have access to the curriculum, and barriers which may affect this should be removed.
- Schools should also ensure that policies are in place to prevent discrimination, to ensure equal opportunity and to foster good relations.

Identifying SEND in schools

Early identification, and a clear approach and response to children with SEND, can make a difference for a child. Under the Children and Families Act (2014), SEND support guidance is provided (as described earlier in the chapter) when:

- A child's progress is significantly delayed in comparison to that of their peers
- Previous rate of progress is not achieved
- After reasonable additional support and intervention, the attainment gap between the child and their peers has not reduced
- Attainment gap widens
- Progress continues to be less than expected

Preparing for adulthood from the earliest years

It is important that parents/carers know that, with support, a lot of children with SEND can gain employment, live independently and be part of a community.

Periods of transition play a large role in the development and growth of a child with SEND; for example, moving from early years education to a primary school setting. It is important that schools ensure children with SEND have access to the full curriculum and are encouraged to participate in activities and experience school life without barriers.

Requesting an education, health and care needs assessment

When a school feels that the actions and assessment they have put in place to meet the needs of a child with SEND have been unsuccessful and the child has not made the expected progress, the school may request an education, health and care needs assessment.

Research activity:

Review the guidance document SEND: guide for schools and alternative provision settings - GOV.UK

1. When reviewing the special education provision what are the four areas of concern?
2. What does it mean 'to be named' in the EHCP?
3. How are mainstream schools provided with support for SEND resources?

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SEND: guide for further education providers

The guide highlights the statutory duties and responsibilities of staff at further education colleges, 16–19 academies and independent specialist colleges in accordance with the Children and Families Act (2014).

The guide focuses on several areas concerned with young people with SEND and their education, some of which are described in more detail below.

Statutory duties on post-16 institutions

Post-16 institutions have statutory duties regarding young people with SEND. They must adhere to the guidance, having to work cooperatively with the local authority, and to ensure the needs of a child or young person with an EHCP if they are the named institute, and to ensure that the institution meets individual needs. Additionally, they should ensure that there are policies and procedures in place to comply with the Equality Act (2010).

SEN support in college

Colleges that have learners with SEND must use their best efforts to put appropriate support in place.

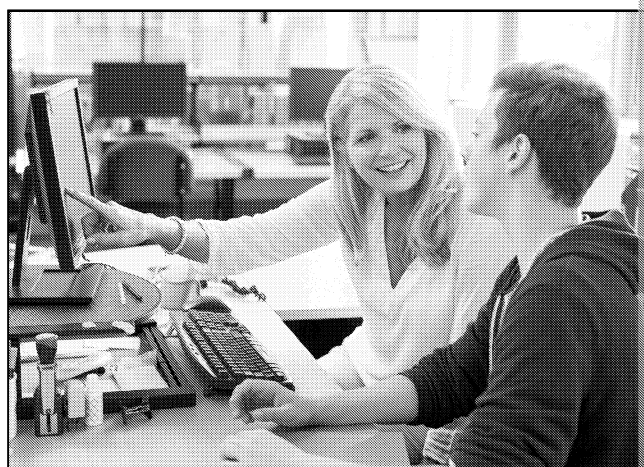
The support should be evidence-based and personalised to meet the learner's need.	The needs of the learners with SEND should be reviewed regularly in terms of planning, support and progress.
The learner should be involved in all stages of the review.	Colleges have a duty to ensure that staff are trained in providing the support.

Young people's rights to make their own decisions

After a young person has completed the academic year in which they turn 16 (England and Wales), they have the right to make their own requests and decisions under the Children and Families Act (2014). However, colleges can still support young people with their decisions, and even act on their behalf, if the young person's consent to do so.

Pathways to employment

Learners should be helped to develop the skills and qualifications they need to succeed in their chosen pathway. Colleges should offer courses that focus on developing employability skills, such as supported internships. A lot of young people with SEND go on to paid employment and being part of a community.



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Organisational policies and procedures that support young people with SEND

Organisations have a duty of care to ensure they have in place policies and procedures that support young people with SEND. It is your responsibility as a professional to be aware of these policies and procedures with them to ensure consistency in the approach throughout the early years setting.

SEND policy

There is no expectation that a setting needs to have a SEND policy (although most do). A SEND policy is designed with respect to the SEND Code of Practice (2015) to show how the setting supports children and young people with SEND. The policy should provide clear guidance to parents and staff on the setting's aims, objectives and procedures for identifying and supporting children and young people with SEND, and the support available to them.

Equality policy

The equality (or equal opportunities) policy should provide clear guidance on a setting's commitment to meet the requirements of the Equality Act (2010) regarding equality, anti-discrimination practice, and **inclusion**.

Inclusion
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Applied activity:

Create a poster to be displayed in your setting, for parents/carers and visitors to the setting, outlining the equality policy.

Accessibility policy

The accessibility policy is structured to complement and support the setting's equality policy. The policy states how the setting provides an environment that enables full curriculum access, the values of the setting, and the needs of all who access the setting. The policy relates to the key aspects of the curriculum, including physical access, written information.

Alternative provision policy

The alternative provision policy states what a setting will do when a learner is unable to access mainstream education (which can be for several reasons, including emotional and behavioural issues). The policy outlines the reasons why a learner may be referred to alternative provision, provides guidance on referral to alternative provisions and arrangements for monitoring progress, and contains information for staff responsible for alternative provision. This policy is usually for schools and does not include early years settings.

Anti-bullying policy

In accordance with section 89 of the Education and Inspections Act (2006), maintained schools must have in place the measures they intend to use that encourage good behaviour and prevent all forms of bullying. Some settings have a separate anti-bullying policy from that of the behaviour policy, while others include all the relevant information in the behaviour policy.

Behaviour policy

The behaviour policy should be communicated to all setting users and should provide clear guidance on the measures that are in place regarding the promotion of self-discipline and respect, the prevention of bullying, maintaining acceptable standards of behaviour, and the consequences of their actions. However, for children and young people with SEND, the behaviour policy should regard the SEND policy, and suitable adaptations for learners, with the graduated approach being used and reviewed to assess the success of the policy.

Medical needs policy

In accordance with section 100 of the Children and Families Act (2014), settings should have in place policies and procedures to support children and young people with medical conditions. The medical needs policy should outline the setting's aims in regard to how children and young people with medical conditions are supported in order to play an active part in the setting's curriculum and activities, and the wider community. This involves the inclusion of access arrangements, medical support, and ensuring their needs are fully met.

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Teaching and learning policy

A teaching and learning policy is not a statutory requirement; however, most settings have one in place in order to communicate and promote teaching and learning designed to raise standards. The policy should outline how the setting intends to establish consistency across the whole environment and ensure all children and young people experience high-quality teaching and learning through differentiated curriculum to raise academic achievement, and how the setting plans and implements the curriculum to ensure best practice across the teaching staff.

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Complaints policy

All settings should have in place a complaints policy that outlines how a setting will respond to a complaint against a member of its staff, or the setting itself, including any aspects of the setting's services. It should set out clear procedures, be straightforward and impartial, and involve an investigation that respects confidentiality.

Available support in early years, schools and colleges for children and young people with SEND

The SEND Code of Practice (2015) sets out what support should be provided to children and young people with SEND in early years settings / schools / colleges. In addition to the support advised in the Code, children and young people with SEND will also be able to have access to the following support, subsections, listed below:

0–5 years

- ❖ **A written progress check when a child is two years old:** In accordance with the Early Years Foundation Stage (EYFS) Statutory Framework 2021, when a child is between the ages of two and three, early years practitioners must complete a short written report of the child's progress and development. This report should outline the child's strengths and areas where additional support may be needed. If there is a cause for concern, early years practitioners should develop a plan to support the child's development needs. Additionally, early years practitioners should discuss how they will support parents in providing a rich learning environment at home which complements the support undertaken at the setting.
- ❖ **A health visitor carrying out a health check for a child between the ages of two and three:** Between the ages of two and three a child will have a health and development review. This check is normally carried out by a health visitor in a children's centre, at a clinic or at home. Parents/carers will be sent an ASQ-3 questionnaire to complete about their child's development prior to the review. The review will cover physical development, eating and sleeping habits, behaviour, child safety and vaccinations. The review can highlight the need for early intervention and the next steps to take to support the child.
- ❖ **A written assessment in the summer term of a child's first year of primary school:** This is based on observations of the child, and there is no formal test. It will take place at the end of the first year of primary school and uses the early learning goals from the EYFS. The teacher will discuss the child's progress and discuss it with their parent(s)/carer(s).
- ❖ **Reasonable adjustments for children with disabilities:** In accordance with the Equality Act 2010, a reasonable adjustments duty is when a setting is required to ensure it is removing barriers to learning. Making adjustments to suit the child or young person with SEND individual needs is covered by the duty: physical features; provisions, criteria and practices; and attitudes. For example, a primary school learner has asthma and requires assistance with physical education. The school provides training for the teacher to support the learner in using the nebuliser.



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5–15 years

- ❖ **A special learning programme:** A child or young person with SEND should have a programme that is created to support their individual areas of development, and progress is monitored.
- ❖ **Extra help from a teacher, teaching assistant or mental health lead:** This additional support allows a young person with SEND to receive regular sessions from professionals who can address their specific needs.
- ❖ **Opportunities to work in smaller groups in other areas of school:** Children and young people who receive additional support may receive this support on a one-to-one basis or in small groups. These activities will take place in different areas of the school in order to facilitate a supportive learning environment.
- ❖ **Observation in class or at break:** By conducting observations in different environments, staff can create a well-rounded assessment of a child and identify any additional or specific needs.
- ❖ **Help taking part in activities:** Children and young people with SEND may sometimes struggle to participate in order to access learning and/or activities.
- ❖ **Extra encouragement in their learning; for example, to ask questions or to participate:** Children and young people with SEND may at times become overwhelmed, or lack confidence in learning; it is important that they are provided with extra encouragement, advice, and effective feedback in order to make them feel part of the learning process.
- ❖ **Help communicating with other children or young people:** Children and young people with SEND may struggle with interaction and play; this enables the development of their social and interpersonal skills. If a child has difficulty communicating due to SEND, they may need the additional support of a communication (AAC) to facilitate their development.
- ❖ **Support with physical or personal care difficulties; for example, eating, getting dressed, or using the toilet:** Staff at a setting may require specific training in order to support children with personal care difficulties.

In September 2021, the Early Help Assessment (EHA) replaced the Common Assessment Framework (CAF) as a multi-agency intervention and early assessment to provide families with information and support. The EHA is completed by a professional, in order to facilitate multi-agency support to identify areas where change is needed to improve outcomes and experiences for the child or young person.

The EHA is available to, and completed by, practitioners or professionals working with children and young people, their families, and is not a referral form. The EHA can be used from the early years onwards. It is a holistic approach which aims to stop escalation after areas of support are first identified.

Education, health and care plan (EHCP)

An education, health and care plan (EHCP) is a legal document which is discussed and agreed by the Local Authority (LA), health and social care organisations, the child and their family. It outlines the child's needs and the specialist support required for a child or young person with SEND. It is a statement of special educational needs and the learning difficulty assessments (LDA).

Case study:

Eden is eight years old and attends a mainstream primary school. She has an EHCP and is provided additional support from her teaching assistant; together they spend time outside of the classroom working on Eden's identified areas of development.

However, her teaching assistant notices that when Eden is participating in classroom-based activities, she becomes disengaged and finds it challenging to work with her peers.



Apply

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11.1 Revision questions

1. Identify the statutory guidance concerned with children and young people with special needs and disabilities.
2. Give two legislations associated with children and young people with special needs and disabilities.
3. Give two individuals who can request an EHC assessment.
4. Explain two purposes of the Local Offer.
5. Ralph is three years old and has a severe communication impairment; however, he understands some language. He is due to start at Sunnyside Day Nursery next month. Ralph's carer has met with the SENCO to discuss the requirements, equipment and resources needed to ensure Ralph has full access to the curriculum.
 - a) Identify one policy that is in place to support Ralph and the setting to ensure he has full access to the curriculum.
 - b) Explain one way in which the nursery can make a suitable adjustment to ensure Ralph has full access to the curriculum for Ralph.

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Chapter 11.2: How professionals and organisations support children and young people with special educational needs and disabilities

Some children and young people may need additional help and support when learning due to their special educational needs (SEN); other children may need help and support due to a disability. Professionals and organisations work together to create a SEND system designed to support children and young people (0–25) throughout their education.

Professionals and organisations

Described below are a few of the many professionals and organisations who support children and young people with special educational needs and disabilities.

Special Educational Needs and Disabilities Coordinator (SENDCO)

It is the responsibility of the SENDCO to coordinate with early years settings and schools regarding the provision for all learners with special educational needs. They work with the staff in arranging the SEND procedures and the day-to-day operation of the school and coordinating the learners with SEND.

Teachers

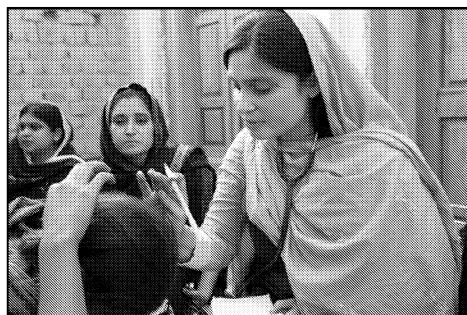
Teachers and early years practitioners are responsible and accountable for the achievement of all children and young people, including those with SEND. All children are unique and will develop at different rates. It is important that their individual needs are met – teachers can positively impact the achievement of children and young people with SEND by effectively implementing specific teaching strategies.

The child or young person who may require additional support from, for example, a teacher, is a child who has SEN, because they find it harder to learn than their peers do; at which point an SEN support plan ('assess, plan, do, review') to support the child. However, if the additional support from the teaching assistant) expected progress is not being made, an EHC assessment, which could lead to an EHCP. Additionally, a child who has been in hospital or may have undergone surgery would need additional support until they are back to normal.

When a child requires additional support beyond that which the educational setting can provide on its own budget, they may need an education, health and care plan (EHCP). An EHCP is a legal document that outlines the specific educational and healthcare needs of a child or young person aged 0–25. It also outlines the additional funding in order to meet those needs. The EHCP outlines all the support that should be met by the provision for the child or young person.

Educational psychologists

Educational psychologists are trained in psychology and child development. In cases where a child or young person in an educational setting have concerns that a child or young person is not progressing, an educational psychologist would be consulted. It is the role of the educational psychologist to observe the child in the setting and gather information about the child from the staff and other staff members. All information and observation in terms of learning, including social and emotional development will be collated and reviewed, and the educational psychologist will provide advice to the young people.



Medical practitioners

Medical practitioners such as doctors, nurses, and language therapists are among the professionals involved with children and young people with SEND because of their health and medical needs. They work with educational settings and advise how to support the young person; they will also provide reports on the young person's progress in order to keep the young person as up to date as possible.

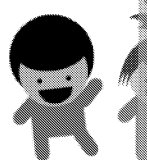
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KIDS

KIDS was founded in 1970 and is a national charity that provides a wide range of services to children and young people with SEND and their families in England.



Research activity:

Find five key points about the aims of the charity and the support they provide.



Applied activity:

Create an information leaflet for the early years setting about the professionals which support children with SEND.

The role of the multi-agency team in providing support for children and young people with additional needs

The multi-agency team comprises different services which have joined together in order to support children, young people and families with additional needs and help to secure improved outcomes. This is a model for multi-agency working; many models exist, such as Team Around the Child, which is a more fully integrated services, and these are comprised of different agencies such as teachers, health professionals and social workers.

The role of the multi-agency team is to share information in order to provide coordinated support for children and young people with SEND in a timely manner, so that the provision and outcomes for children with SEND are positive and effective.

Under Article 12 of the UNCRC (1989), a child who is capable of forming his or her own views has the right to express them freely regarding matters affecting the child. Therefore, the views of the child and the parents should be heard and taken into consideration when regarding issues concerning them, and as such should be included in any reports or reviews that are produced by the multi-agency team.



Applied activity: Multi-agency failure – Michael Gilbert

Sometimes things are missed or go wrong, and this can result in serious injury or young person; if this is deemed the responsibility of the professionals involved with a young person, it is referred to as multi-agency failure.

Research the serious case review (SCR), the Independent Police Complaints Commission (IPCC) report and any online newspaper articles regarding the murder of Michael Gilbert.

Put together a detailed case study considering:

- Michael's background and upbringing
- An overview of the case, what happened, who was involved, and over what period of time
- Identify and evaluate the decisions that were made by the agencies associated with the case
- Do you think the sentences that Michael's perpetrators received were sufficient?
- What were the lessons learned from the SCR and the IPCC report?

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11.2 Revision questions

1. Identify the piece of legislation concerned with the 'voice' of the child.
2. Identify **two** professionals and explain how they can support children and young people with SEND.
3. Explain the importance of a multi-agency team when working with children and young people who have SEND.
4. Describe the role of the SENDCO.
5. *Zoe is 16 years old and has just started a childcare course at a further education college. She has autism, which creates difficulties with change/transitions; she also has dyslexia.*

Explain how an EHCP supports Zoe with her additional needs as she embarks on her education journey.

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Chapter 11.3: The principles of integration

In this chapter we will explore the principles of integration and inclusion for children and young people with special educational needs and disabilities (SEND). In terms of education, the way that children and young people with SEND have been educated has changed and developed over time. Integration and inclusion principles are designed to support children and young people entering the learning environment. The system of integration is focused on supporting children and young people to adapt to a pre-existing learning environment, while the system of inclusion means that the existing learning environment is adapted accordingly to meet the needs of each child and young person.

Principles of integration

Integration is the process by which children and young people with SEND are absorbed into the learning environment; the emphasis of this principle requires children and young people with SEND to fit into an already established educational system. The approach does cater to the needs of children and young people with SEND; however, this approach can hinder the child's or young person's development due to pre-existing structures and attitudes. The effectiveness of this method depends largely on the teachers' understanding of their role, the quality of education they provide and their own philosophies on the education of children and young people with SEND.

To successfully integrate children and young people with SEND into the learning environment there should be a provision of separate and extra resources which will enable the child or young person to access the existing curriculum. These extra adaptations will only benefit those in the learning environment with SEND.

Examples of integration adaptations:

- Small baskets on trolleys, or backpacks to place on wheelchairs, to help children and move materials from one area to another.
- Braille books included in the book corner.
- Tabletop activities – raise the table so that a wheelchair can fit under the table.
- Curriculum areas can be marked off with bright tape to help children who have difficulties with movement.

Applied activity:

Design a document (e.g. a poster or a leaflet) that could be handed out to teachers to give them some ideas for integrating students with SEND into the learning environment.

Barrier: anything that prevents full participation in an activity or experience for a child or young person.



Children's and young people's development in the learning environment depends on their ability to access the environment with the support of the extra resources. The environment could still have **barriers** for children and young people with SEND.

Research activity:

Find an up-to-date scholarly article regarding the move from integration to inclusion education for children and young people with SEND. Identify reasons for the move from integration to inclusion education environment.



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Principles of equity

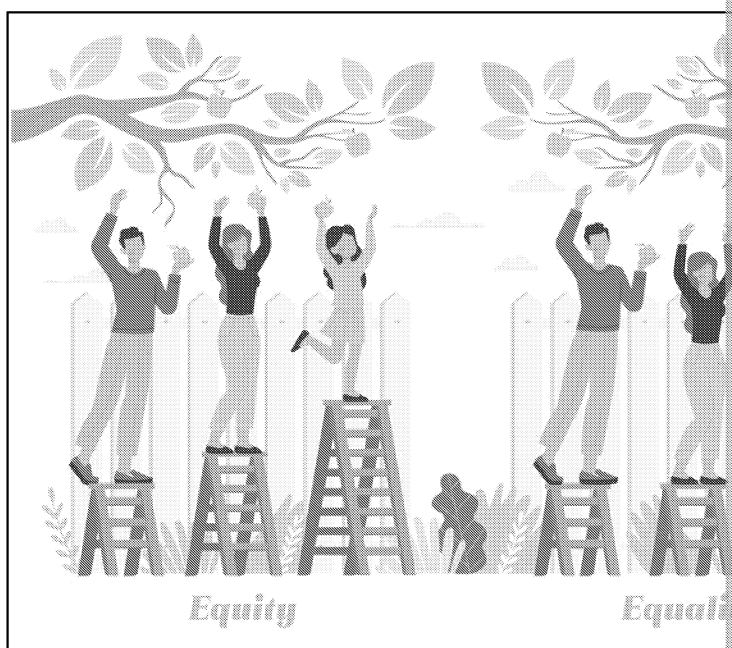
The term '**equity**' refers to the quality of being fair and impartial. This term differs from 'equality' which refers to providing the same opportunities to all, while 'equity' recognises that different people have different needs and abilities, and the need to provide different things in order to have the same experience as others, and the need to overcome barriers to access.

Educators should understand their own culture, personal views and biases – as it is important to reflect on their practice, it is equally as important to reflect on their own background and experiences are similar to or different from those of their learners, and, where differences exist, can begin to examine these differences and decide whether these 'gaps' have created by differences in resources or attitudes.

Partnerships with parents should be strong, with shared aspirations for children and young people. The importance of partnerships is included in the statutory frameworks surrounding children's education. In order to benefit the child or young person, strong parent partnerships are essential. It is the parents who know the child or young person best.

Both the EYFS and the National Curriculum ensure that the content is fair, and children's needs are well planned as this includes health, and social and emotional development. The curriculum is reviewed on a regular basis to ensure it is up to date.

Social cohesion is promoted and children learn to connect with each other – most children learn through interactions with others; for example, attending primary school every weekday. Every child is unique, and social cohesion helps us to form friendships, connect and unite, and achieve our aspirations in order to achieve social goals.



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Principles of inclusion

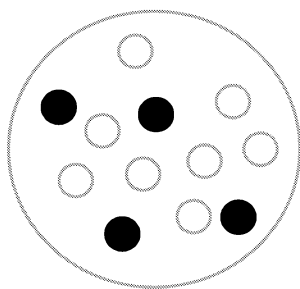


Diagram: an inclusive environment

Inclusion refers to the process and practice of recognising that individuals all learn differently, and that the learning environment should change to meet their needs. Inclusion secures opportunities for children and young people with SEND to learn alongside their peers. Creating an inclusive learning environment varies in difficulty and the modifications required. A knowledgeable and positive approach to overcoming any challenges along the journey to a more inclusive learning environment.

For an inclusive learning environment for children and young people, the curriculum should offer all students equal rights, access and choices. Changes should be made to the learning environment to support and benefit all.



Examples of adjustments to facilitate an inclusive environment:

- In a nursery where a child has a severe food allergy, a training course is provided for all nursery staff on food allergies, intolerances and using an EpiPen.
- A Year 5 primary school student who recently left hospital after a complicated break in their right arm is provided with a peer 'buddy' to help on the grounds until they have made a full recovery.
- A student in a sixth-form college who has an EHCP for dyslexia and ADHD is provided with a learning facilitator in some lessons.
- The reception class in a school makes sure that the toys in the sand and water play area meet individual development needs.

Case study: inclusive learning environment

Hunter is six years old, and his eyesight has started to deteriorate. His mother has been referred to the school's support service for the visually impaired. They have carried out a thorough assessment of Hunter's needs and have provided his mother with advice and guidance to support Hunter.

What extra adaptations and support could Hunter's school introduce to provide an inclusive learning environment for everyone?

A summary of the differences in the principles of integration and inclusion can be found in the table below.

Integration vs Inclusion	
Integration	Inclusion
Through integrated support, learners with SEND fit into mainstream learning environments.	The focus is not on fitting learners with SEND into mainstream learning environments but on improving participation for all learners.
Requires formal support, professionals and specialists.	Informal support and peer support are encouraged.
Subject is adjusted to accommodate learners with SEND.	To accommodate all learners, the learning environment undergoes modifications.
Benefits learners with SEND.	Benefits all children.

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11.3 Revision questions

1. Define the term 'integration' and provide **one** example of integration in a classroom setting.
2. Define the term 'inclusion' and provide **one** example of inclusion in a classroom setting.
3. Identify **two** main differences between integration and inclusion regarding the way young people are educated.
4. Using examples, give **two** ways in which educational settings can provide an inclusive environment for a child who has auditory difficulties.

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Chapter 11.4: Appropriate terminology to use the needs of children and young people

As professionals who work with children and young people with special educational needs and disabilities, it is our duty and responsibility to ensure that we role model expected behaviours that set the right tone and that we treat all children and young people with respect. A way in which this can be achieved is to choose your words carefully and thoughtfully when speaking with or about children with special educational needs and disabilities.

Historically, the words used to describe children and young people with a **disability** have been negative, offensive and hurtful, placing the disability before the person. For example, the word 'handicap' could imply that there is something 'wrong' with the person. Nowadays, more people are referring to children with 'different abilities' rather than 'disabilities'.

The definition (right) looks to account for both physical and mental impairments, meaning a loss of ability, but needs to be over a long term (typically 12 months or more) and should be substantial, i.e. more than a minor impairment.

Guidelines: choose your words carefully

It is important as professionals that we try to avoid **labelling** children and young people with special educational needs and disabilities. Here is a quick start guide to appropriate terminology to use when discussing the needs of children and young people with special educational needs and disabilities.

Labelling language	Appropriate language
'Disabled person'	Use a 'person first' approach and put the person first. You would say 'person with a disability'. Place the person first, not the disability. The person is not defined by their disability.
'Suffers from'	This term implies that someone is in discomfort or pain. The phrase 'has a disability' is more appropriate. A person has a limitation – which could be mental, sensory or physical – that affects their ability.
'What's wrong with him?'	There is nothing 'wrong' with the child or young person. 'What needs does he have and how can I support him?' is a better question.
She has 'fits' or 'funny spells'	Avoid colloquial or slang language to describe a condition. Use the correct terminology, which in this instance would be 'epilepsy'.
'Confined to a wheelchair'	Avoid implying that the person is a victim. The correct case would be 'wheelchair user'.

Research activity:

Check out the glossary of SEND terms at:
<https://www.kids.org.uk/glossary>



Applied activity
Make a list of the consequences of using inappropriate language.

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In educational settings it is likely that there will be requirements within the policies using the correct terminology when discussing the needs of children and young people summarised below:

- **Complying with organisational policies** – All educational settings are required that policy will be a requirement for all staff within the setting to use appropriate to children and young people with SEND.
- **Avoiding stereotyping/labelling** – As a professional, you should avoid making assumptions about what you believe a child or young person can or can't do. It is important to only make judgements based on observation and shared information. Stereotyping and labelling can create barriers for children and young people with SEND.
- **Valuing and respecting individuals** – There are many ways in which you can value and respecting individuals and their rights; one of the ways in which you can support young people with SEND is to always ensure that you use the appropriate language to and working with them.
- **Maintaining professionalism** – Practitioners should always ensure that they maintain professionalism when working with or discussing the needs of children and young people with SEND.

Applied activity – staffroom poster:

Create a poster for the staffroom at your setting that will serve as a guide to appropriate terminology to use when discussing the needs of children and young people with special educational needs and disabilities.

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11.4 Revision questions

1. Define the term 'stereotyping'.
2. Outline the difference between labelling and appropriate language.
3. Describe how you would challenge a colleague who was 'labelling' a child.
4. Identify and describe **two** policies concerned with using the correct terminology with children and young people with SEND.
4. Your colleague is speaking to you about one of his key children, Aminah; he tells you 'Aminah suffers from fits'.

How should you professionally correct your colleague about the appropriate language for referring to a child with SEND?

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Chapter 11.5: Medical and social models

The medical and social models of disability are classification systems for people with disabilities. The medical model was a system first used in the early 1950s by medical professionals, whereas the social model was developed by people with disabilities in the 1970s as a civil rights approach to disability.

The medical model suggests that people who have disabilities are impaired; it looks at the individual's impairment compared to 'normal' people. In contrast, the social model suggests that disability is caused by impairment but by the way that society is organised.

Challenging attitudes, barriers, and legislation

The Equality Act (2010) along with the social model of disability has challenged attitudes and physical barriers to participation for people with disabilities. Barriers can be both physical and social, real or hypothetical, based on stereotyping or **disablism**, such as assumptions over a person's capabilities based on their impairment or disabilities.

Disablism: is when a person believes that a person with a disability is substandard and discriminates against them.



Ableism: is a type of discrimination that favours those who are able-bodied.

Medical model



Under the medical model, a person's disability is a medical condition that will determine what a person can or cannot do. The model looks at what is 'wrong' with the person and that they are disabled by their impairment. It suggests that these disabilities should be 'cured' or 'fixed' rather than accepted as part of who they are. The attitudes and culture towards people with disabilities is based on low expectations, no independence, no choice, or no control over their own lives.

Social model

The social model was created to challenge people's attitudes towards disability and **impairment**, to look at what people with disabilities can achieve, how environments and society should be structured to think in a contemporary way, get up to date with legislation and remove barriers so people with disabilities can be independent and have equality in society.

When developed, the social model identified gaps in the medical model and included aspects such as personal experiences or ways to create a more inclusive society.

The social model suggests that there should be no limit to what people with learning disabilities can achieve when they receive the right kind of support which enables them to reach their full potential.

Impairment: is a physical, mental, or intellectual condition that is long-term based.

Applied activity: Create a table comparing the medical and social models of disability.

Outdated ideology?

Shakespeare and Watson had an interesting article published in the journal *Research in Social and Clinical Medicine* which discusses the many academic and political debates that have taken place over the years with the main argument being that the time has come to move beyond this position. The main argument is concerned with the fact that everybody has an impairment but that impairment does not define a person. This should be applied to people who have disabilities. The research also suggests a new starting point for the way to a more adequate social theory of disability.

Research activity:

Read the article here:

[zzed.uk/11817-social-model](https://www.zzed.uk/11817-social-model)

Make some brief notes about the criticisms raised about the social model.

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11.5 Revision questions

1. Identify the piece of legislation that is concerned with challenging barriers to young people with SEND.
 - A. Children and Families Act (2014)
 - B. Human Rights Act 1998
 - C. Equality Act (2010)
 - D. SEND Code of Practice (2015)

2. Explain **two** effects of the medical model of disability and analyse the impact

3. 'The social model of disability has implications for practice; it assists practitioners to understand how barriers in educational settings can impede a child or young person with disability.'

Discuss to what extent you agree or disagree with this statement. Your answer should include:

- Understanding of the social model of disability.
- Reasoned judgements and conclusions of implications for practice.

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Chapter 11.6: How a primary disability may affect young people's development

According to Scope (2022) there are 14.1 million people in the UK who have a disability; around 8% are children, which equates to around 1.2 million.

Research activity:

Read more about facts and figures associated with disabilities here: <https://www.scope.org.uk/11817-disability-facts>.



The impact of a **primary disability** can vary from person to person even if they have a physical, intellectual, sensory, or social or behavioural impairment. Some people will have more than one disability. A disability could be a result of long-term or short-term health conditions, which may be permanent or temporary. Nevertheless, any kind of restrictions on a child's daily life is likely to cause a delay in growing and developing.

Child development is **holistic** and, therefore, if one area of development is impacted by an impairment it will affect other areas.

Holistic development: the whole or all-round development of the child, including physical, intellectual, social and emotional abilities to enable them to face the demands of everyday life.

Social and emotional development



A child's social development refers to their ability to form significant relationships with other children and adults. Social development is concerned with their ability to express their emotions appropriately as well as empathise with other people's feelings and behaviours. The following primary disability can affect a child's or young person's social and emotional development.

Impulse control

Some disabilities will affect a person's ability to control his or her emotions and behaviours. Impulsivity or emotional volatility can cause significant distress in areas of functioning; for example, a child with impulsivity may mean that they have what is known as tics or difficulty controlling their physical actions. This can cause disruptions in their social and emotional development; in some cases, medication is used to help, but this is not always the case.

Research activity:

What can you find out about impulse control and the type of behaviour associated with it? How might this affect a child or young person in the classroom? How can we create an enabling environment for a child or young person with impulse control difficulties?

Language development

If a child or young person experiences difficulties and frustrations when trying to communicate, this can affect their social and emotional development as they may struggle to express their feelings and needs in words to communicate them. Additionally, if their disability or impairment affects their ability to hear or understand, this can affect the way that they are perceived by others, which could result in them being misunderstood. This can affect their true emotional needs and wants due to not being fully understood by others.

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Mood and emotion

At times, children and young people may find they are overwhelmed; for example experience sensory overload and they may need additional support to help manage. This can resemble frustration, anxiety or anger. They could also become frustrated when they do things which they are unable to do, and this can affect the way they feel, respond and behave.

Physical development

A child's physical development refers both to growth and the ability to use muscles and movement. This includes gross (large muscle movements) and fine (small movements) motor skills. This section describes how a primary disability can affect a child's or young person's physical development.

Attention, concentration and memory

A primary disability such as cerebral palsy can affect a child's or young person's physical development, pain or discomfort. Because of the mobility issues associated with the condition, it is estimated that four people affected by the condition experience pain, which can affect a person's ability to concentrate and attention. This can also affect memory, as the child or young person may struggle to retain information they are receiving. Additionally, medication can cause tiredness and drowsiness. See *Section 11.7*.

Sensory processing

Some children and young people will experience problems in the way that they receive and process sensory information. The five basic human senses are hearing, vision, touch, taste and smell. Sensory processing receives and interprets stimuli through the senses. The senses or sensory systems help us to understand the world; they provide us with orientation, responsiveness and movement. Difficulties with sensory processing can have a significant impact on the way in which a child or young person interacts with their environment if they are unable to utilise these filters. They may become overloaded or overwhelmed and could cause them to react in a particular way.

Motor control

Motor control is a broad term used to describe the ability to control and coordinate movement. If a child or young person's disability or impairment is physical, this could affect their ability to move and control their speech. Additionally, motor control can be affected if a child experiences cognitive difficulties. It takes time for messages from the brain to get to the specific body parts, and this can cause a delay in learning and longer to practise and refine these skills.

Research activity:

Conduct research to find organisations, shops, entertainment providers and local-authority-owned facilities (e.g. gyms and community centres) that provide special access arrangements for children and young people with sensory processing issues.

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11.6 Revision questions

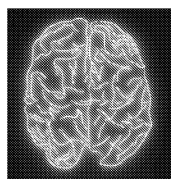
1. Define primary disability.
2. How would you prepare a classroom in order to meet the needs of a child or young person with sensory processing issues?
3. How could a delay in or problems with communication in a child or young person affect their social and emotional development?
4. Yolanda has a primary disability called cystic fibrosis (CF).
 - a) Cystic fibrosis is an inherited genetic condition – true or false?
 - b) Identify the main area of development that cystic fibrosis affects.
 - a. Personal, social and emotional development (PSED)
 - b. Physical development (PD)
 - c. Communication and language (CL)
 - c) Explain how cystic fibrosis affects the body.

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Chapter 11.7: The range of cognitive skills needed for educational development, and how single or multiple disabilities may affect these



Cognitive skills are an important part of educational development and long-term memory, perception, logic and reasoning, auditory processing. These are the skills that are used by the brain to remember, listen and understand. If a young person has neurological or neurodevelopmental disabilities, their cognitive development can be problematic and complicated.

Neurological relates to the brain and the nervous system.

Neurodevelopmental relates to the brain's ability to develop and form neurological pathways for normal performance and functioning.

Cognitive skills for educational development

Every child is unique, and their level of cognitive ability will vary. Those who have disabilities may experience difficulties in the following areas:

Attention

Attention skills allow you to stay focused on a task for a sustained period, avoid distractions and remember the information. Children and young people with disabilities may struggle to maintain focus and pay attention for the same amount of time as other children their age.

Research shows that children with attention difficulties may have difficulties with learning and memory.

Short- and long-term memory

Short-term memory is the ability to retain information while using it, whereas long-term memory is the ability to recall information that has been stored in the brain. In education, it is normal to conduct formative and summative assessments to assess whether a child or young person has retained the information they have either received or received in the past. Children and young people with disabilities may find it a challenge and need support and **scaffolding** to recall the information and apply it.

Perception

Perception is the way in which you interpret sensory information to regard, think or understand something. Children and young people with disabilities may not receive and interpret information in the same way as others and will experience difficulties when trying to work things out.



Logic and reasoning

Logic and reasoning skills enable you to make connections, thereby providing you with the ability to interpret information, solve problems and understand outcomes. Children and young people with disabilities may find it harder to make these connections and, therefore, to understand things.

Auditory and visual processing

Auditory processing allows you to understand, select and blend sounds, while visual processing allows you to think in visual images; together, these skills allow you to work out information through sounds and images. Children and young people with disabilities can experience problems understanding information through sounds and images.

Case study:

Bruce is four years old and is on the waiting list for a diagnosis of autism. He has a short attention span, has problems sharing and turn-taking, and is uncomfortable in noisy environments where there is a lot of noise. Bruce's parents are keen for him to attend mainstream nursery and are prepared to work with you to help Bruce attend the nursery on a graduated basis.

What actions and adjustments would you make to introduce Bruce to the nursery and support his cognitive development?

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11.7 Revision questions

1. Identify and explain **two** aspects of cognitive development that affect children's abilities.
2. Define the term 'neurodevelopmental'.
3. Daisy is seven years old and has autism. She struggles to maintain focus when supported by a TA who keeps her engaged and on task.

Explain two additional ways in which a disability can affect development and how young people can be supported by adults.

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Chapter 11.8: How cognitive difficulties may impact language, communication and educational development

Language and communication development can be affected by cognitive difficulties, the severity of which is dependent on the nature of the difficulty or disorder. As child development is holistic, this will affect other areas of educational development. To remember and develop language, vocabulary and communication skills, a child would need to have a good memory and reasoning and processing skills to understand and use language. Therefore, children and young people with cognitive difficulties will find it harder to develop their language and communication skills.

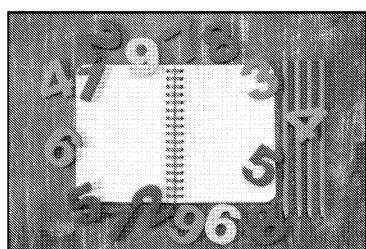


How cognitive difficulties could impact language, communication and educational development

Below we will examine how cognitive difficulties can impact different areas of skills and educational development.

Reading, writing and comprehension

Research has clearly shown that difficulties with information processing can negatively impact reading and comprehension. Additionally, they will struggle to understand text and they have difficulties picking up nuances and inferences.



Mathematical skills and concepts

Children and young people with cognitive difficulties may struggle with maths expressions. To assist and support the child with these difficulties it could be useful to explain the maths concepts. This helps the child or young person to understand the concepts and how they can apply their existing knowledge to new situations. A difficulty with understanding numbers and calculations can impact their ability to learn and progress in maths.

Vocabulary and communication skills

Communication is a multifaceted process which involves having a good memory, good social skills. It can be difficult for children and young people with cognitive difficulties to express their thoughts and communicate them; this applies not only to educational development but also to social and emotional development.

Attention span

Children and young people with cognitive difficulties may have problems maintaining their attention on tasks and when interacting with others. Our attention span helps us to focus our thoughts and observations, and to control our behaviour, even when there are distractions. They will also struggle when applying new knowledge to different situations. This in turn is likely to affect their motivation for educational development. This applies to children and young people with attention deficit and hyperactivity disorder (ADHD), which is a disorder that involves a child or young person who is unable to maintain focus, is overactive and displays impulsive behaviours.

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Coordination skills

Children and young people with cognitive difficulties could find it harder to master and refine coordination skills. For example, hand–eye coordination is an activity which requires visual spatial perception to inform and guide our hands to carry out the movement, e.g. feeding ourselves, handwriting and buttoning up a coat. This also includes the neurological condition which affects coordination, called dyspraxia.

Logical reasoning

Logic and reasoning skills enable you to make connections, thereby providing you interpret information, solve problems and understand outcomes. Children and young people with cognitive difficulties may find it harder to make these connections and, therefore, to understand things.

Memory and building on prior knowledge

Memory is the ability to retain information while using it and also to recall information from the brain. In education, it is normal to conduct formative and summative assessments to check a young person has retained the information they have either just received or received previously. Young people with disabilities may find this a challenge and need support and scaffolding to remember and apply it.

Applied activity:

The memory game. Choose up to 12 random objects in your classroom. Ask your partner 30 seconds to look at the objects. Cover the objects and ask your partner to write down as many objects as they can remember! Then it is your partner's turn to show you with a different set of objects.

How many objects could you remember? Who remembered the most objects from your pair?

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11.8 Revision questions

1. Identify **two** aspects of cognitive development that contribute to language and communication.
2. Explain how coordination can be affected by cognitive difficulties.
3. Libbie is 15 years old and has dyscalculia.
 - a) Describe what is meant by dyscalculia.
 - b) Explain how Libbie could be supported by an adult.
4. Mohammed is 10 years old and has attention deficit disorder (ADD). He is due to start secondary education in September and his parents are concerned that the transition will be difficult.

Explain why this transition could be difficult for Mohammed and how he can be supported in his new educational setting.

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Chapter 11.9: How a chronic condition may affect young people's emotions, education, behaviour

Chronic health conditions are those that are persistent or long-lasting, or those in time. The term 'chronic' is applied to a condition that has lasted more than three months. Chronic conditions can affect a person both physically and psychologically. Children and young people who have a chronic condition are likely to experience pain and anxiety, and this will have an effect on their emotions. The medication used to control these conditions may also cause side effects, including fatigue.

All adults who work with children and young people with chronic health conditions should understand the condition, medication and requirements to support them. The SENDCO is the person responsible for sharing this information and keeping the necessary staff aware of any updates or changes to the requirements of the provision.

Types of chronic health conditions and their effects

Chronic health condition	Overview	How it may affect emotions, education, behaviour
Muscular dystrophy	An inherited genetic condition which affects the muscles and gradually causes them to weaken over time, which will increase the individual's level of disability.	As adults we must be aware of a child's or young person's physical limitations and this may affect their ability to begin to waste, they may find day-to-day tasks. Additional medication may cause side effects.
Epilepsy	A neurological disorder which affects the brain and causes frequent seizures. There is no cure, but medication can help to manage the condition. It may last for several years, and some children or young people grow out of it; however, it can also be lifelong.	Children or young people may be anxious about taking part in activities that could trigger seizures. As adults we should support a child with epilepsy effectively when they have a seizure. Information should be shared with the child and young person.
Severe allergies	Severe allergies can be triggered by a particular food or substance such as nuts or pollen. Around one in four people in the UK suffers with allergies and they are particularly common in children. Some allergies disappear over time and some are lifelong. A severe allergic reaction can result in anaphylactic shock – this is life-threatening and must be treated immediately.	It is useful to have a plan in place for food intolerances and allergies. If a young person has a severe allergy, this medication, this medication, this medication, the child and be administered by staff when required. As adults we should react effectively when a child has a reaction, and the child should know what to do in the event of an emergency to limit the child's anxiety.

Case study:

Satsuki-Mei is five years old and has just joined a school. She has a severe allergy to nuts, and when she comes into contact with any substance containing nuts she is likely to suffer anaphylaxis. She has an adrenaline auto-injector called an EpiPen which she carries around at all times to use in case of emergency.



Applied activity:

Conduct a risk assessment and create an action plan in order to ensure Satsuki-Mei does not come into contact with nuts and to explain how to use the EpiPen.

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Chronic health condition	Overview	How it may affect emotions, education and social interactions
Cystic fibrosis	Most cases of cystic fibrosis are picked up at birth by using the newborn screening heel prick test . Cystic fibrosis is an inherited condition that involves a build-up of mucus on the lungs and digestive tract which can cause lung infections and difficulty digesting food. Unfortunately, this is a condition that worsens over time, resulting in the lungs and digestive system becoming damaged. There are treatments available to reduce the problems, but it is likely that life expectancy will be reduced.	Adults who work with children who have cystic fibrosis may have to be sensitive to them when they have a bad day. They may have difficulty focusing and concentrating when they are experiencing their condition. Newborn screening is a test taken at birth, involving taking a blood sample from the heel of the baby. They are around five years old when they can identify whether a child has a serious health condition.
Depression	Depression can present as sadness, low mood, grumpiness, irritability, lacklustre, feeling tired and having problems sleeping.	Depression affects a child's emotions, which in turn affects their relationships and academic performance. It is obvious that a child with mental health difficulties is struggling with their relationships and environment. They may not identify issues and so may not feel confident to communicate their feelings.
Fragile X syndrome (FXS)	This is a genetic condition which involves the mutation of the fragile X gene on the X chromosome, affecting around one in 4,000 males and one in 6,000 females, causing a range of difficulties in learning as well as cognitive, language, social, emotional and behavioural problems.	Children and young people with FXS may have problems with their learning and need to be encouraged and supported to have language and communication skills. They could cause frustration and have social anxiety, or they may carry out repetitive behaviours.
Sickle cell disease	Sickle cell disease is the name of a group of inherited disorders that affect the shape of the red blood cells. It is a serious and lifelong condition but can be treated with medication. The main symptoms include episodes of pain known as sickle cell crises (which usually last for up to a week), being susceptible to infections, tiredness and shortness of breath as well as anaemia .	Specialist treatment is needed for children who have sickle cell disease. They could be absent from school and need to have support in place between the school and other professionals on a regular basis. Anaemia is a condition where the body has a lower than normal number of red blood cells, leading to a lowered ability to carry oxygen.
Diabetes	Diabetes is a lifelong condition in which sugar levels build up in the blood and become too high because the body is unable to make insulin. There are two types: <ul style="list-style-type: none">• Type 1 – where the body's immune system attacks the cells which produce insulin• Type 2 – where the body does not produce enough insulin	Children and young people with diabetes may feel unwell, and may be absent from school. They may have high blood sugar levels; they may have difficulty focusing and concentrating and trouble with problem solving. It is important that children and young people have a good understanding of their condition and effective support to manage their insulin levels and symptoms. They should check their levels.

11.9 Revision questions

1. Describe what is meant by a chronic health condition.
2. Identify the person responsible for information on chronic health conditions staff aware of any updates or changes to the requirements of the provision.
3. Luca lost his father last year in a car accident. Since then, his mother has not does not see his friends any more and his grades at college are slipping. She but he will not engage; she believes he is depressed.

You are Luca's form tutor; how can you support him?

4. Eden has just started in Reception at Eastham Community Primary School. She has type 1 diabetes.
 - a) Explain type 1 diabetes.
 - b) How may this chronic health condition affect Eden's emotions, education quality of life?
 - c) How can Mr Penny, who has been assigned Eden in order to provide her provide effective support to Eden?

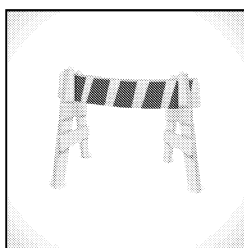
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Chapter 11.10: How adults can remove barriers to learning, empower and value children and young people

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It is important that children and young people with SEND have adults who advocate for and promote their independence and learning. All children and young people should have full access to learning that it entails in early years settings or schools, regardless of their needs. The ways in which adults remove **barriers** are dependent on the child or young person and, therefore, will vary.

A **barrier to learning** is anything that prevents a child or young person from fully accessing learning.

How adults can support children and young people with SEND

Some of the ways in which adults can remove barriers are listed in the table below.

What adults can do	How they can do this
Create an accessible and secure environment	Every setting which has children or young people with SEND should have resources and equipment to correctly support them; add training for staff on how to use the equipment correctly. The setting should have an inclusive ethos which promotes equality among its learners and protection from any potential hazards to learners with SEND.
Promote value and respect	All educational settings have an equality policy which characterises the setting should be treated fairly and with respect. As an educational professional within these environments, it is important that you always value the children and young people will copy you.
Involve the individual in planning their own learning	Every child is unique, and every child should have a voice; this should be reflected in their learning journey, enabled by including them in the planning of their learning. Additionally, children and young people should be encouraged to have conversations with adults concerning them, such as learning goals. Including and involving a child or young person in their own learning, such as their attending ECHP meetings, creates independence and achievement.
Provide context and relevance to learning	Without providing context to learning, we make it harder for children to want to learn as they do not see the relevance to the learning. Learning should fit into their lives.
Use enabling language	The way in which we speak to and communicate with children and young people with SEND must be positive and inclusive; we should use enabling language to promote independence and confidence. <i>See Chapter 11.4.</i>
Work with the family and other professionals	Part of your role as an educational professional is to work with parents, carers and other professionals who support children and young people with SEND. This is largely because in order to meet the specific needs of a person, we need to have detailed knowledge and understanding of the person. By gaining information from – and sharing information with – the family and other professionals, we will ensure that communication work with and support the child, we will ensure that communication relationships are positive.
Implement the setting's policies and procedures	All staff who work within the setting will have signed a form to confirm they have understood and will implement the setting's policies and procedures, which are informed by government guidance and legislation.

Applied activity:

Create a 'good practice' manual for the staff at your setting, advising them on how to remove barriers to learning for children and young people with SEND.

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11.10 Revision questions

1. Describe the term 'barrier to learning'.
2. List **three** ways adults can create an accessible and secure environment.
3. Toby, who is eight years old, has just moved to your class from a primary school where he was believed did not support him and his additional needs sufficiently.

As his new teacher, discuss how removing barriers to Toby's learning can affect his educational development.

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Chapter 11.11: When and how speech can be replaced by augmentative and alternative communication

Communication ('to share' in Latin) is the sharing of information, transferred from one person to another. There are different types of communication, the most common of which is verbal communication. Verbal communication involves sending information through speech. Effective verbal communication relies on clarity of voice and the ability of the recipient to have effective listening skills to understand. Non-verbal communication involves using gestures and facial expressions. Written communication involves sending messages using letters, words, symbols, or codes in a machine.

Augmentative and alternative communication

Augmentative and alternative communication (AAC) includes no-tech, low-tech and high-tech communication systems that are designed to improve quality of life for those people who, as a result of various conditions (long-term, acquired and/or developmental), have incurred a severe impairment with communication.

How does AAC support children and young people in educational settings?

The term AAC covers a range of strategies and tools used to help people who struggle with communication. This could be for the short term (due to accident or illness) or long term. This could be simple gestures, word, or picture boards or high-tech computerised systems. AAC systems are designed to help those who face challenges with communication and those who have a severe impairment. AAC helps people communicate as efficiently and effectively as possible. For children and young people in educational settings who need support in this area, the practitioners and staff will work with the child and as speech and language therapists (SALT) to help them find the best method of AAC.

No-tech communication

This type of communication needs no extra equipment and is sometimes called 'unaided communication'. This could include body language and gestures, such as pointing at objects or using sign language. Children and young people with verbal communication difficulties can use AAC to support their ability to communicate with teachers and other educational support staff.

Low-tech communication system

This type of communication system does not require a power source but includes basic equipment and is sometimes called 'aided communication'. This could include pen and paper, communication through pictures, photographs, communication charts or books with pictures and symbols.

Applied activity:
Create a communication chart for a child who is hungry' and thirsty. This could be a verbal communication chart.

High-tech communication system

This type of communication system requires a power source such as batteries or mains power. Usually in the form of a mobile device such as a tablet or laptop, these systems have simple buttons or symbols that produce **speech synthesis**. Very sophisticated systems can use eye-tracking technology.

Speech synthesis: generating speech by a machine or computer.

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Case study – Willow

*Willow is four years old and has Down's syndrome. This has impacted all areas of her development. However, she is very sociable and is motivated to communicate. The **delay in her receptive and expressive language** impacts her development in the specific areas of learning. However, her improvement in physical development has been rapid since she was able to cruise around furniture and walk with adult support.*

Applied activity:

- What AAC methods would you use with Willow in nursery?
- What professionals would you involve in her support?
- Create a plan for Willow. What would a practitioner would do to support her in her nursery daily routine and how would you support her receptive and expressive language?

11.11 Revision questions

1. Give one example of a low-tech communication system.
2. What professionals could be involved in supporting children and young people with communication impairment?
3. Describe no-tech communication and include an example.
4. Evaluate how the mobile technologies in an educational setting could support children with communication impairment.

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Answers to revision questions

Chapter 11.1: The statutory duties and responsibilities of practitioners working with young people with SEND in relation to relevant guidance

1. Award **1 mark** for identifying the correct statutory guidance:
SEND Code of Practice (2015)
2. Award **1 mark** per legislation identified, up to **2 marks**:
 - Equality Act (2010)
 - Children and Families Act (2014)
3. Award **1 mark** for each person correctly identified, up to **2 marks**:
 - A parent or carer
 - A young person aged 16–25
 - Also accept: a setting, e.g. a school
4. Award **1 mark** for each correctly outlined purpose, up to **2 marks**:
 - To provide current information on the provisions available to children and young people
 - To meet the needs of the SEND community by involving them in the development of service providers.
5. a) Award **1 mark** for identifying the policy:
 - Accessibility policy

b) Award **1 mark** for identifying an adjustment and **1 mark** for a suitable example:

 - Curriculum – the staff could be taught to use sign language to communicate
 - Physical – communication technology could be acquired by the setting
 - Written – information could be presented using pictures.

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Chapter 11.2: How professionals and organisations support children and young people with SEND

1. Award **1 mark** for identifying the correct legislation:
Article 12 of the UNCRC (1989)
2. Award **1 mark** for the professional and a **further 2 marks** for an explanation.
Any two from:
 - **Educational psychologists** are trained in psychology and child development. An educational psychologist can conduct an observation of the child in the setting, talk to the child about the child from parents/carers, teachers and other staff members (1). They can be reviewed to support children and young people with SEND (1).
 - **Teachers** are responsible and accountable for the academic progress of children and young people with SEND (1). Teachers can positively impact the academic and social outcomes of children and young people with SEND by effectively implementing specific teaching strategies and differentiated learning (1).
 - **Doctors** may be involved with children and young people who require additional health and medical needs (1). Doctors will meet with educational settings to discuss the child or young person (1); they will also provide reports and reviews of the child's progress to keep those working with the child or young person as up to date as possible (1).
 - Accept any other suitable answers.
3. Award **1 mark** for each valid point, up to **4 marks**:
A multi-agency team is important when working with children and young people with SEND.
 - It can provide preventative and early intervention services (1)
 - It is an effective way of identifying risk factors (1)
 - It contributes to positive outcomes for children and young people (1)
 - It allows collaboration of expertise (1)
 - Resources can be combined (1)
 - Accept any other suitable answers.
4. Award **1 mark** for a definition and a further **1 mark** for any suitable examples:
SENCO (Special Educational Needs Coordinator)
 - A SENCO will coordinate with early years settings and schools regarding children and young people with special educational needs. (1)
 - They work closely with the staff in arranging the SEN procedures and the SENCO will ensure the education setting's policies and coordinating the learners with SEND. (1)
 - Accept any other suitable answers.
5. Award **1 mark** for each valid point, up to **4 marks**:
EHCP (Education Health Care Plan)
 - Zoe could receive the support of a TA to help her settle in and adjust to the new setting (1)
 - Zoe could receive additional time in examinations and for assignments. (1)
 - The EHCP will ensure that the further education setting receives additional support for Zoe (1)
 - The EHCP is a legal document that outlines Zoe's specific needs, and the setting must meet those needs by law. (1)
 - Accept any other suitable answers.

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Chapter 11.3: The principles of integration and inclusion

1. Award **1 mark** for a definition and a further **1 mark** for any suitable examples
 - Integration is focused on supporting children and young people to adapt their learning environment (1).
 - Suitable examples:
 - Small baskets on trolleys, or backpacks to place on wheelchairs, to help access and move materials from one area to another. (1)
 - Braille books included in the book corner. (1)
 - Tabletop activities – raise the table so that a wheelchair can fit under. (1)
 - Curriculum areas can be marked off with bright tape to help children with visual impairment. (1)
 - Accept other suitable answers.
2. Award **1 mark** for a definition and a further **1 mark** for any suitable examples
 - Inclusion is focused on the learning environment being adapted according to the needs of the child and young person (1).
 - Suitable examples:
 - In a nursery where a child has a severe food allergy, a training course for staff on food allergies, intolerances and using an EpiPen. (1)
 - A Year 5 primary school student who recently left hospital after a car accident is provided with a peer 'buddy' to help navigate the classroom until they have made a full recovery. (1)
 - A student in a sixth-form college who has an EHCP for dyslexia and is provided with the support of a learning facilitator in some lessons. (1)
 - Accept other suitable answers.
3. Award **1 mark** for each point identified:
 - Integration requires formal support, professionals and specialists, whereas inclusion requires the support and the expertise of mainstream teachers. (1)
 - Integration benefits only those children and young people with SEND, whereas inclusion benefits everybody. (1)
 - Accept other suitable answers.
4. Award **1 mark** for each method:
 - Earmuffs could be used to dampen the sounds in the environment for children with sensitive ears. (1)
 - Noise reduction earphones could be used to reduce the background noise for children who are comfortable wearing them. (1)
 - Accept other suitable answers.

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Chapter 11.4: Appropriate terminology to use when discussing the needs of people with SEND

1. Award **1 mark** for the definition:
 - An unfounded idea a person may have about a thing, another person or group of people.
 - Accept any other suitable answer.
2. Award **1 mark** for each point made, up to **2 marks**:
 - Labelling language is language which assigns a child or young person to a category or restrictively. (1)
 - Appropriate language is using accurate terminology to describe a child or young person's needs; for example, putting the person before the disability. (1)
 - Accept any other suitable answers.
3. Award **1 mark** for each point made, up to **2 marks**:
 - Speak to your colleague in a quiet place and thoughtfully. (1)
 - Remind your colleague that it is our duty and responsibility to ensure the behaviours that set the right tone and that we treat all children and young people with respect.
 - Suggest that your colleague chooses their words carefully and thoughtfully when talking to children with special educational needs and disabilities. (1)
 - Accept any other suitable answers.
4. Award **1 mark** for identifying and **1 mark** for describing each point, up to **4 marks**:
 - Avoiding stereotyping or labelling (1). It is important to only make judgements based on shared information (1). Stereotyping and labelling can create barriers for children with SEND. (1)
 - Valuing and respecting individuals (1). You can value and respect children and young people by ensuring that you always use the appropriate language when talking to them. (1)
 - Maintaining professionalism (1). Always use appropriate terminology when talking about the needs of children and young people with SEND and their families. (1)
 - Accept any other suitable answers.
5. Award **1 mark** for correctly identifying the correct terminology and **1 mark** for identifying if he used is incorrect:
 - Instead of using 'suffers from', which implies that Aminah is in pain, discuss her needs and that she has a 'disability'.
 - Instead of using 'fits', which is a slang or colloquial term, he should say 'epilepsy'.
 - Accept any other suitable answers.

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Chapter 11.5: Medical and social models of disability

1. C. Equality Act 2010 (1)
2. Award **1 mark** for each effect and **1 mark** for a suitable analysis of the effect.
 - The model looks at what is wrong with a person (1) and suggests that the person should adapt to their condition in order to have an ordinary life. (1)
 - It is a diagnosis which tells a person what they can and cannot do (1); taking into account their unique circumstances. (1)
 - Accept any other suitable answers.
3. Award up to **3 marks** for knowledge of the social model of disability, and up to **3 marks** for practice:
 - a) Knowledge
 - The social model defines disability as not caused by an individual's impairment but by the way society is organised. (1)
 - The values and presumptions that society holds therefore become the cause of disability rather than the impairment itself. (1)
 - Society is responsible for ensuring that regardless of any impairment all people can be included. (1)
 - It is in opposition to the dominant medical model of disability which sees disability as something for the individual with the disability to 'deal with'. (1)
 - Accept any other suitable answers.
 - b) Implications for practice
 - Use a person-centred approach to listen to and understand the added needs of the young person. (1)
 - Work as part of a multi-agency team to support children and young people with SEND in your setting. (1)
 - Remove barriers for children and young people with SEND by creating an inclusive environment. (1)
 - Plan to meet the specific individual needs of the child or young person. (1)
 - Accept any other suitable answers.

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Chapter 11.6: How a primary disability may affect children's and young

1. Award **1 mark** for a correct definition:
 - A primary disability is a physical or mental impairment that is the disability experience of a person with disabilities.
 - Accept any other suitable answer.
2. Award **1 mark** for each point made, up to **4 marks**:
 - Allow short breaks for the child or young person to take a walk outside
 - Allow the child access to headphones/earphones in order to listen to
 - Create a seating plan, usually at the front, avoiding radiators / air conditioning other distractions. (1)
 - Ensure the child is well-informed and prepared for intensive sensory exposure a fire drill. (1)
 - Include stretching and breathing exercises in the timetable. (1)
 - Accept any other suitable answers.
3. Award **1 mark** for each point made, up to **2 marks**:
 - They may struggle to express their feelings due to the frustration of being unable to communicate effectively. (1)
 - They could feel isolated and become withdrawn if they feel that they are unable to communicate effectively. (1)
 - Award any other suitable answers.
4. a) Award **1 mark** for correctly identifying 'True'
- b) Award **1 mark** for correctly identifying B: Physical development (PD)
- c) Award **up to 4 marks**:

Cystic fibrosis:

 - affects the respiratory, digestive and reproductive areas of the body
 - causes the mucus in the body to become thick and sticky (1); this causes lung damage (1)
 - causes diabetes (1)
 - can affect the liver (1)
 - can cause poor growth (1)
 - Accept any other suitable answers.

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Chapter 11.7: The range of cognitive skills necessary for effective education and how single or multiple disabilities may affect these

1. Award **1 mark** for each aspect correctly identified and **1 mark** for the explanation.
 - Attention (1) – children and young people with disabilities may struggle to maintain attention for the same amount of time as other children their age. (1)
 - Short- and long-term memory (1) – a child or young person may have difficulty remembering information they have received. (1)
 - Accept any other suitable answers.
2. Award **1 mark** for a correct definition:
 - Neurodevelopmental relates to the brain's ability to develop neurological performance and functioning. (1)
 - Accept any other suitable answer.
3. Award **1 mark** for the difficulty and **1 mark** for how it can be supported, up to a maximum of 2 marks.
 - Struggle to recall information (1) – support and scaffolding to recall the information. (1)
 - Difficulty problem-solving (1) – break things down and contextualise to help them better understand. (1)
 - Difficulty interpreting information (1) – adjust the learning environment to help them better understand. (1)
 - Accept any other suitable answers.
 - Do not accept 'maintain focus' as that is in the question.

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Chapter 11.8: How cognitive difficulties may have an impact on language and educational development

1. Award **1 mark** for each aspect identified, up to **2 marks**:
 - Good memory (1)
 - Reasoning skills (1)
 - Processing skills (1)
 - Accept any other suitable answers.
2. Award **1 mark** for the identification and **1 mark** for the expansion, up to **2 marks**:
 - Hand-eye coordination (1) can affect a child's or young person's handwriting.
 - Accept any other suitable answer.
3. a) Award **1 mark** for the description:
 - Cognitive difficulty with understanding numbers and calculations. (1)
 - Accept any other suitable answer.

b) To assist and support Libbie, explain the maths problem conceptually as a young person to understand the reasoning behind the maths and how to use their existing knowledge. (2)
4. Award **up to 2 marks** for identifying the ways Mohammed may struggle, and how you can support him.
 - Mohammed will have difficulties keeping on task when interacting with others.
 - New situations could cause Mohammed to lose motivation as he will find it difficult to transfer his experience at primary school to secondary school. (1)
 - The setting could provide taster days for Mohammed over the summer to help him settle into the environment. (1)
 - A TA would be beneficial for Mohammed as s/he could help him to maintain his focus.
 - Accept any other suitable answers.

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Chapter 11.9: How a chronic condition may affect children's or young people's education, behaviour and quality of life

1. Award **1 mark** for an accurate description:
 - Chronic health conditions are those that are persistent, long-lasting or that come and go over time. (1)
 - Accept any other suitable answer.
2. Award **1 mark** for the correct answer:
SENDCO (1)
3. Award **1 mark** for each point, up to **2 marks**:
 - Create a positive relationship. (1)
 - Create a safe environment. (1)
 - Any other suitable answers.
4. a) Award **1 mark**:
 - Diabetes is a lifelong condition whereby sugar levels build up in the blood because the body is unable to produce insulin. Type 1 diabetes – the body does not produce the cells which produce insulin.
 - Accept any other suitable answer.

b) Award **1 mark** for each valid point, up to **4 marks**:

 - feel unwell (1)
 - feel anxiety regarding managing their blood sugar levels (1)
 - difficulties with focus and concentrating on tasks (1)
 - memory lapses and trouble with processing skills (1)

c) Award **1 mark**:
Mr Penny could monitor Eden's insulin level and/or spot the signs that her level is high or low.

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Chapter 11.10: How adults can remove barriers in order to empower young people

1. Award **1 mark** for the description:
 - A barrier to learning is anything that prevents a child or young person from learning.
 - Accept any other suitable answer.
2. Award **1 mark** for each point, up to **3 marks**:
 - By having staff who are correctly trained on the necessary equipment. (1)
 - By having an inclusive ethos which promotes equality. (1)
 - By ensuring that the environment is free from potential hazards. (1)
 - Accept any other suitable answers.
3. Award **1 mark** for the identification of the barrier and **1 mark** for the explanation:
 - Working with the family and other professionals (1) – by sharing information from, those who know, work with and support the child, we ensure that information is free-flowing and that the specific needs of each child or young person are met.
 - Implementing the setting's policies and procedures (1) – as these will be based on best practice, guidance and legislation and, therefore, will ensure inclusivity and equality for all.
 - Using enabling language (1) – the way in which we speak to and communicate with people with SEND must be positive and inclusive; we should use enabling language to build independence and confidence (1).
 - Providing context and relevance to learning (1) – without providing context, it is difficult for children and young people to want to learn as they do not see the relevance and understand how/where it fits into their lives (1).
 - Accept any other suitable answers.

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Chapter 11.11: When and how speech can be supplemented or replaced by alternative communication (AAC)

1. Award **1 mark** for any of the following:
 - Pen and paper
 - Communication through pictures
 - Photographs
 - Communication charts
 - Books with pictures and symbols
 - Any other suitable answer.
2. Award **1 mark** for each professional identified, up to **2 marks**:
 - Speech and language therapist (1)
 - Educational psychologist (1)
 - Teacher (1)
 - Early years practitioner (1)
 - Any other suitable answers.
3. Award **1 mark** for the description and **1 mark** for the example, up to **2 marks**:
 - No-tech communication needs no extra equipment and is sometimes called natural communication.
 - Body language (1)
 - Gestures (1)
 - Facial expressions (1)
 - Sign language (1)
 - Pointing at objects (1)
 - Any other suitable answers.
4. Award up to **4 marks** for the evaluation:
 - Easily downloadable applications. (1)
 - It is very common to see a mobile device being used; it is not so common to see a mobile device used as a communication aid. (1)
 - Mobile devices also have entertainment aspects; this could serve as a distraction.
 - This could result in the child not staying on task and utilising the mobile device for entertainment.
 - Any other suitable answers.

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