



SEND Provision in National Curriculum Subjects

Religious Education

We want all children with SEND to be fully engaged in and enjoying learning, be included with peers, be at least NARE or making accelerated progress. Below is a list of the adaptations we make for children with SEND in each National Curriculum subject and for each broad and specific area of need. When planning we consider ways of minimising or reducing barriers to learning so that all learners can fully take part and learn. In some activities, children with SEN and/or disabilities will be able to take part in the same way as their peers. In others, some modifications or adjustments will need to be made to include everyone. For some activities, we provide a 'parallel' activity for learners with SEND so that they can work towards the same lesson objectives as their peers, but in a different way. Occasionally, and always to meet specific needs, children with SEND work on different activities or towards different objectives, to their peers

Broad Area of Need:	Communication and Interaction
Specific Area of Need:	1.1 Speech, language and communication needs. 1.2 Autism including Asperger's Syndrome.

1.1 Speech, Language and communication needs

Provision / Adaptations
<ul style="list-style-type: none"> - Use clear, unambiguous language and keep unnecessary information to a minimum to reduce cognitive load. Give at least 7 seconds response time to aural questions. - Pre-teach specific vocabulary as religious texts can be difficult to understand. - All staff to be aware of the level of language the child is using and use a similar level to ensure they understand. - All staff to be aware of the specific communication difficulties - it may not be obvious as it may be a processing. - Create a relaxed, friendly environment with opportunities to talk when not noisy. - Simplify language by breaking long sentences into short ideas and ensure language is clear, unambiguous and accessible for the child. - Use signs, symbols and visual timetables to aid communication. - Give a clear language model and expand what the child is able to say by repeating words back correctly without pointing out errors. - Provide good communication role models, adults and other children for child to mirror. - If asking questions in front of the class, consider using closed questions the child can answer. - Key words to be written up with meanings/visual aids instructions are given clearly and reinforced.



1.2 Autism including Asperger's Syndrome

Provision / Adaptations

- All staff to be aware that it may take time to trust someone.
- Make learning accessible - differentiate where necessary.
- Avoid over use of open-ended questions as they may not be focused enough to enable the child to give a response.
- Make sure it is clear exactly what is expected, how long they should spend on the task and provide a clear deadline.
- Allow child to have planned and unplanned sensory breaks in a break out space and / or fiddle toys in class.
- Make sure pupils are well-prepared for visits/ visitors. Preparation can include using photographs, videos and artefacts.
- Give time to process information and avoid putting the child on the spot by asking questions publicly, unless you know they are comfortable.
- Allow use of speech to text technology so there is less writing or allow child to present work in an alternative format, unless this contradicts their learning needs.
- Understand that the child is likely to experience sensory processing difficulties where they may be either over-responsive or under-responsive to sensory stimuli.
- Be aware that the child may have rigid expectations of the structure of a lesson and changes may cause anxiety.
- Understand that the child may struggle to work in a group and on their own due to communication difficulties.

Broad Area of Need:	Cognition and Learning
Specific Area of Need:	2.1 Moderate Learning Difficulties 2.2 Dyslexia (and Working Memory) 2.3 Dyspraxia (Developmental co-ordination disorder DCD)

2.1 Moderate Learning Difficulties

Provision / Adaptations

- Provide differentiated work, broken down into small tasks and/ or chunks
- Give time to consider questions, process and formulate answers. Slow down and/or reduce the number of words that are used.
- Plan self-checks at each stage of the task with the use of a tick list.
- Use visual timetables and prompt cards with pictures to remind the child what they need to do to complete the task.
- Be aware that the child may appear immature and find it difficult to mix with their peer group. Be vigilant for bullying as a result and encourage paired working or group work if in line with IEP or EHC.



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- Re-cap previous learning to enable working memory, possibly using a chart to build up each week's key learning visually.
- Give concrete, practical examples of what you want the child to do / produce.
- Understand that the child may struggle with visual and auditory memory for information, processes and instructions – check understanding of questions and tasks before they begin, re-focus and check understanding during the task.
- Make a mind map or other visual representation of what they already know and use as a starting point to teach next steps.
- Understand that the child may find personal organisation difficult - support by providing clear instructions for homework, including a submission date and a list of equipment for each lesson, which may need to be visual.

2.2 Dyslexia (and Working Memory)

Provision / Adaptations

- Check reading ability and barriers and ensure work is differentiated.
- Time to talk through ideas and concepts; time for recall; repeat instructions using the same language
- Use pastel shades of paper and matt paper to reduce 'glare'.
- Use numbered or bullet points rather than continuous prose.
- Understand that the use of background graphics with text over the top can be visually confusing.
- Provide additional support for the child to learn, understand and retain key vocabulary.
- Ensure all staff, including supply staff and peripatetic teachers are aware the child may be uncomfortable reading aloud or in front of a group.
- All staff to be aware the child may use a personalised coloured overlay or rule and staff will need to check this is available – in this case, ensure it is in IEP or equivalent.
- Re-cap of previous learning to enable working memory; consider use of dual coding; use a chart to build up each week's key learning visually; re-teach main aspects of previously taught lessons with key information; learning presented in small chunks; access visual aids from previous relevant learning; present information in a visual form with only the key information for the learner to remember.
- Pre-teach or reteach vocabulary as language used in religious texts may be difficult to understand. Some vocabulary can have different meanings in different contexts.
- Key words, meanings and symbols are explained, highlighted or are available in some other way.

2.3 Dyspraxia (Developmental co-ordination disorder DCD)

Provision / Adaptations

- Ensure that the child has enough time to practice and internalise key knowledge and vocabulary.
- Consider alternatives to writing – word processors, Dictaphones, speech to text technology.
- Understand that the child may need to use special equipment eg: looped scissors, rulers with handles etc and has access to these when needed.
- Write instructions out for the child, using different colours for each line.
- If the child finds dictation or copying overly challenging, pre-prepare diagrams.
- Demonstrate how to handle equipment until internalised and repeat as necessary.
- Don't draw attention to any awkwardness of movements or challenges with the task.
- Adapt equipment and expectations when motor skills are being used e.g. recording of information; Adjustable height desks or standing desks can be used; peer buddy within lessons; specialist equipment available;



Alternative methods of recording using audio/visual resources; Reduction of requirement to use fine motor skills such as pre-cut resources.

Broad Area of Need:	Social, Emotional and Mental Health Difficulties
Specific Area of Need:	3.1 Trauma 3.2 ADHD 3.3 Anxiety

3.1 Trauma

Provision / Adaptations

- *Ensure all staff (including supply and infrequent staff) understand behaviour in the context of past experiences (without breaching confidentiality / GDPR).*
- *If appropriate to the individual child, consider slowing speech to appear non-threatening: talk slower, use a lower pitch, don't use complex sentences, don't use lots of body movements.*
- *Provide a non-confrontational, trauma informed approach with a discreet, understanding and reassuring approach which is understood and applied by all adults.*
- *Enable the child to sit in the room where they feel safe-could be at the side with their desk near a wall, or at the back. Monitor for hypervigilance and the impact of this on their attention and focus.*
- *Encourage the child to see that making a mistake is a part of learning and that mistakes will not incur anger or punishment from adults or peers*
- *Provide a predictable environment with clear expectations for behaviour and structure at all times during the school day – be aware that times outside of the classroom (break, lunch, toilet, library, PE etc) may be harder to manage.*
- *Have a calm area available for pupils who may need it.*
- *Ensure all adults are modelling active listening and demonstrating empathy at all times when interacting with the child.*

3.2 ADHD

Provision / Adaptations

- *All staff employ a non-confrontational approach, valuing and listening to the child to help reduce heightened arousal leading to better behaviour and helping the child to remain in control.*
- *Be aware that it may be helpful for the child to sit at the end of a row or the back of the classroom to minimise distractions BUT ensure this is never seen as a punishment or a way of isolating the child.*
- *Reward immediately upon task completion, with tangible rewards (stickers, certificates) to reinforce positive behaviour – child involved in choice of rewards.*
- *Apply school rules sensitively but consistently. Rules may need differentiation – ensure all staff are informed and adaptations have been agreed with parents and child.*
- *Be aware of possible hands-on (kinaesthetic) learning style and understand that the child may benefit from teaching methods which meet their need for activity.*
- *Use subtle, visual cues agreed in advance to remind the child when they are off task or behaviour is inappropriate.*
- *Ensure pupils are clear about the duration and overall structure of the lesson. Visual timetables are used to indicate the structure of the lesson if needed.*



- Allow time limited learning breaks to release excess energy – this could include giving an active ‘job’ to do if in line with IEP / EHC.
- Consider and trial equipment and strategies including: standing desks; small chunks of information with key concepts in pictorial form; practical activity to remain physically active where possible; re-cap of previous learning to organise thoughts before the lesson; Small, achievable tasks to ensure success with scaffolding.

3.3 Anxiety

Provision / Adaptations

- All staff working with the child must be aware that anxiety will often also accompany many SEND and be aware if the individual child has any accompanying SEND.
- All staff must get to know the individual child and build up a trusting relationship.
- All staff understand that there may be certain groups of adults or individuals who they find challenging. All staff to be sensitive and aware that this could be for many reasons and staff must not personalise. They may not be able to communicate this for fear of saying something wrong. When this is noticed, staff should adapt behaviour accordingly to make the child comfortable.
- All staff must know what it looks like when the child is in a heightened state of anxiety – they may be particularly quiet, withdrawn, avoid eye contact, be tearful, shaky or they may show no outward signs at all.
- Have a calm area available for pupils who may need it.

Broad Area of Need:	Sensory and / or physical needs
Specific Area of Need:	4.1 Hearing Impairment (HI) 4.2 Visual Impairment (VI) 4.3 Toileting 4.4 Multisensory impairment 4.5 Physical Disability

4.1 Hearing Impairment (HI)

Provision / Adaptations

- Teacher to talk to the child privately about where they would like to sit and any other considerations needed.
- Staff to be aware that for most children it is advisable to sit toward the front of the classroom with an unobstructed line of vision, but ensure seating is in line with IEP or EHC.
- All staff to be aware of possible hearing loss in one ear only and seat the child with good ear facing outwards into the classroom.
- Ensure that any background noise is minimised.
- Videos or films used should be captioned. When impossible, find alternative ways for the child to access the information.
- Electronically “share” the lesson if a child uses a laptop and allow use of headphones to use built-in assistive technology.
- If appropriate to the child; alternative communication methods such as signing, are used to meet the child’s needs.
- All staff to be aware that hearing loss early in life may result in additional literacy issues, therefore staff to be aware that they may need to provide support with reading and interpreting information.



4.2 Visual Impairment (VI)

Provision / Adaptations

- Be aware that many children will benefit from work being magnified. Provide enlarged pictures, images, maps and print.- Ensure the classroom is uncluttered
- If the child is sensitive to light and glare, control the light in the classroom using blinds and consider sitting the child with back to windows and in a place which reduces the glare on surfaces.
- All staff must be aware that the child may need more light and may need to be positioned near natural light.
- Be aware that many children will be able to read their own writing better using a thicker nibbed pen / pencil.
- Staff to be aware that black & white give the highest contrast (but check child does not also have dyslexia). In general, do not use dark colours together; avoid using white & grey with other light colours; avoid pastel colours next to each other.
- Allow breaks from work to enable the child to be visually focused for shorter periods of time and to prevent fatigue.

4.3 Toileting

Provision / Adaptations

- All staff to be aware that toileting issues can be caused by a range of factors including sensory differences, anxiety and other medical conditions including Inflammatory bowel disease (IBD), ulcerative colitis and Crohn's disease.
- Consider asking the child to be seated close to the door so that they can leave the classroom discreetly.
- Agree with staff, parents and the child the best system for allowing the child to leave and return to the classroom discreetly and without having to get permission whenever they need the toilet. This may be via a "Pass" but the system must be known and adhered to by all involved including supply or peripatetic staff.

4.4 Physical Disability

Provision / Adaptations

The range of physical disability makes it impossible to give useful advice. Below is an overview and specific information on the types and causes of PD

Physical disability is defined as a "limitation on a person's physical functioning, mobility, dexterity or stamina" that has a 'substantial' and 'long-term' negative effect on an individual's ability to do normal daily activities. (Equality Act, 2010). However, the effects of physical disability on a person's experience of life and learning varies **even for children with the same diagnosis or condition.**

For some the influence of their physical impairment may be mild, whilst for others, the effect may be profound **impacting on every aspect of development.** For others, their disability may be hidden, such as arthritis, or very evident necessitating a range of individual equipment and assistance from others. Others may have degenerative conditions or their symptoms may fluctuate across the day. Some children and young



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people will have additional difficulties which could include visual or hearing impairment, autistic spectrum conditions, epilepsy or additional medical, communication or learning needs.

Every child or young person with physical disability is unique, but their physical needs are generally likely to come from:

- physical, metabolic or neurological causes, e.g. Cerebral palsy or achondroplasia
- degenerative conditions, e.g. Duchenne muscular dystrophy
- severe trauma, e.g. as a result of an accident, amputation or serious illness
- chromosomal disorder, e.g. Turner syndrome, TUBB4A or Ehlers-Danlos syndrome
- acquired brain injury (ABI)
- muscular skeletal conditions
- birth trauma and prematurity
- upper limb differences affecting hand function and fine motor movement
- lower limb differences affecting mobility
- complex medical needs which impact on physical function
- persistent symptoms affecting mobility and physical function, although there is no diagnosis

Whilst every individual is affected by their unique physical needs in a different way children and young people with a physical disability may often have difficulty in:

- accessing the physical environment
- using equipment and facilities safely
- taking part in learning tasks and assessments
- doing practical tasks and activities, e.g. food technology
- recording ideas and thoughts legibly or to time
- achieving independent work
- developing self-care skills
- communicating with others
- managing fatigue and pain
- interacting socially
- processing and regulating sensory information
- developing positive social emotional mental health (SEMH) & wellbeing