LEARNERS WHO NEED MORE

Our provision map shows the range and variety of provision our school provides for learners who need more.

WAVE 1: QUALITY FIRST TEACHING

Wave 1 is about what is on offer to all children.

Such teaching will be based on:

- **Clear objectives that are shared with the children and returned to at the end of the lesson**
- **Carefully explained new vocabulary**
- **Lively interactive teaching styles which make maximum use of visual and kinaesthetic as well as auditory/verbal learning**

Making higher quality teaching always available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole class provision tend to be more cost effective and sustainable. New Code of Practice (2014)

Quality First Teaching is delivered through the daily high quality, differentiated teaching of:

- **Phonics, Reading, Writing, Spelling, Grammar and Punctuation Maths**

COST PER PUPIL	FUNDING SOURCE
£3,228.33	Core Budget: Average Pupil Weighted Unit (APWU) which is £3,228.33 per child

In addition our school implements a range of whole school strategies which have been proven to be supportive of all children

Communication & Interaction Difficulties: Whole School Strategies	Cognition and learning needs: Whole School Strategies	Social, emotional and mental health difficulties: Whole School strategies	Sensory and/or physical needs: Whole School Strategies
• Visual timetables and supports • Outcomes modelled and demonstrated • Clear classroom organisation and structures • Clear simple instructions and unambiguous use of language • Opportunities to work independently without interruption • Time provided for children to process language	• Differentiated Curriculum, pertinent to children's needs changed objectives, presentation or outcomes • Accessible reading materials • Children can present knowledge/views in a variety of ways • Assessment for learning concepts – Children aware of the next steps in learning and how to achieve them • Accessibility to personalised learning aids such as word banks, number lines, memory prompts, etc • Interactive collaborative working opportunities • Repetition and reinforcement of skills • Visually supportive learning environments • Adjustments to alleviate visual stress • Multi-sensory approaches to learning • Methods to summarise and highlight key teaching points • Questions differentiated in accordance to level of understanding and emotional needs	• Tactile sensory objects to calm children • Time out and time away arrangements • Circle time • Understanding of methods to motivate a range of learners • Recognition of sensory needs and appropriate adjustments made where possible • Positive regular communication with parents • Clear rewards and sanctions – including motivators • Consistent use of positive language • Range of opportunities to support social and emotional development • Class and school mediation strategies • Clear and understood behaviour policy • Consistent use of language and expectations by adults	• Environmental adaptations to suit cohort or individual pupils • Easy access to equipment • Awareness of seating positions to take into account sensory difficulties • Adaptations to resources to ensure accessibility • Access to developmentally appropriate materials and resources • Adaptations to presentation of learning • Effective use of resources and technology

WAVE 2

Some children may at times find aspects of the curriculum difficult and consequently do not perform at the age related expectation. Such children benefit from the opportunity to revisit concepts or practice skills outside of the classroom either individually or in small groups. The aim of such groups is to "close the gap" between the age related expectation and the child's current performance.

In any non-selective group of children: 10 to 25%: will require this additional targeted support for a time limited period in order to close specific assessed gaps. Teaching to support these children is known as WAVE 2 teaching and includes:

QUALITY FIRST DIFFERENTIATED TEACHING

And

TIME FRAMED SUPPORT THAT IS IN ADDITION TO OR DIFFERENT FROM THAT RECEIVED BY THEIR PEERS

HOW ARE CHILDREN SELECTED TO TAKE PART IN A CLOSING THE GAP ACTIVITY?

A child may be identified through continuous teacher assessment or standardised testing.

WHAT HAPPENS WHEN A CHILD IS IDENTIFIED AS REQUIRING CLOSING THE GAP SUPPORT?

The child is placed on the school's Closing the Gap Register. The appropriate intervention programme and time frame is identified. Parents are informed as appropriate.

WHEN WILL PROGRAMMES BE DELIVERED?

Some aspects of Closing the Gap provision will be delivered through planned and differentiated activities in the main classroom. Other will be delivered outside of the classroom in addition to the main class activity in the form of short, regular sessions over a set period of time.

WHAT TYPE OF PROGRAMME WILL BE USED?

Programme	Staff/Pupil Ratio	Cost: Time & £££
A:, Language & Communication	1:1	20 mins daily X £780
B: Additional Phonics	1:1	20 mins daily X £780
C: Idl Phonics	1: 6 max	15 mins daily X £108
D: Daily Reading	1:1	20 mins daily X £780
E: Small Group Guided Read	1:6 max	30 mins daily X £216
F: Small Group Guided Write	1:6 max	30 mins daily X £216
G: Small Group Comprehension	1:6 max	30 mins daily X £216
H: Small Group SPAG	1:6 max	30 mins daily X £216
I: Precision Teaching	1:1	30 mins daily £1,300
J: Handwriting Intervention	1:1	20 mins daily X £780
K: Small Group Maths Catch Up	1:6 max	30 mins daily X £216
PLUS: Extension and Challenge Programmes for ACCADEMICALLY ABLE children		1 hour sessions X £2,600
COST PER PUPIL: Calculated individually	FUNDING: NOTIONAL SEND BUDGET	

NEXT STEPS

IDENTIFICATION

- **Teacher identifies child as not working at AGE RELATED EXPECTATION (ARE)**
- **Parents informed and child is placed on CLOSING THE GAP Register**
- **Teacher uses FOCUSSED DIFFERENTIATION for 4 weeks maximum**

CLOSING THE GAP MONITORING

- **CHILD WORKING AT ARE:** Child taken off Closing the Gap register
- **CHILD STILL NOT WORKING AT ARE:** Parents informed. **DIFFERENTIATION CONTINUES**. Child placed on **CLOSING THE GAP ADDITIONAL INTERVENTION** register and additional intervention implemented for **1 TERM**

CLOSING THE GAP INTERVENTION TERMLY MONITORING

- **CHILD WORKING AT ARE:** Child taken off Closing the Gap register
- **GAP NOT CLOSED: DIFFERENTIATION** and **INTERVENTION CONTINUES/ALTERNATIVE INTERVENTION** implemented for a maximum of **1 FURTHER TERM** sometimes with advice from outside agencies

CLOSING THE GAP INTERVENTION TERMLY MONITORING

- **CHILD WORKING AT ARE:** Child taken off Closing the Gap register
- **GAP NOT CLOSED**: Parents informed. SENCO informed. Child put on **SEND REGISTER**
- **DIFFERENTIATION AND INTERVENTION CONTINUE:** Impact regularly monitored and reported. Advice from outside agencies sought as appropriate

WAVE 3

In any non-selective group of children: approximately 8%: will require some sustained personalised teaching.
Teaching to support these children is known as WAVE 3 teaching and includes:
WAVE 3 interventions are for children for whom Quality First Teaching and Wave 2 Additional or Different provision is not enough to close identified gaps.
These children may require a more intensive and sustained programme, involving more individual support or specialist expertise.
QUALITY FIRST DIFFERENTIATED TEACHING
And
SUPPORT THAT IS IN ADDITION TO OR DIFFERENT FROM THAT RECEIVED BY THEIR PEERS
AND/OR
SUPPORT THAT IS IN ADDITION TO OR DIFFERENT FROM THAT RECEIVED BY THEIR PEERS AND IS DELIVERED OR PROVIDED BY OUTSIDE AGENCIES

SEND REGISTER

- The needs of children on the SEND Register are **CATEGORISED** with reference to the TABLE 1 below. These needs are met through **DIFFERENTIATED SUPPORT IN CLASS** and the **PROGRAMME OF INTERVENTIONS LISTED IN TABLE 2**

SEND REGISTER TERMLY MONITORING

- Progress is **MONITORED CONTINUOUSLY** and **REPORTED** to parents **TERMLY**
- **AGE RELATED EXPECTATIONS (ARE) met:** Child taken off SEND register
- **WORKING SIGNIFICANTLY BELOW ARE:** Child remains on SEND Register and personalised support continues
- Progress towards ARE remains significantly limited: Request for formal assessment in the form of an Educational Health Care Plan submitted to Local Authority

TABLE 1

1	2	3	4
Communication and Interaction	**Cognition and Learning**	**Social, Emotional and Mental Health Difficulties**	**Sensory and/or Physical Needs**
A. Speech, language and communication difficulties B. ASD including Autism and Aspergers	A. Moderate learning difficulties (MLD) B. Severe learning difficulties (SLD) C. Profound multiple learning difficulties (PMLD) D. Specific learning difficulties (SpLD) including dyslexia, Dyscalculia and Dyspraxia	A. Anxiety B. Depression C. Self-Harming D. Substance Misuse E. Eating Disorders F. Physical symptoms which are medically unexplained G. Attention deficit disorder (ADD) H. Attention deficit hyperactive disorder (ADHD) I. Attachment Disorder (AD)	A. Visual Impairment B. Hearing Impairment (HI) C. Multi- sensory impairment (MSI) D. Physical disability

TABLE 2

Programme	Staff/Pupil Ratio	Cost: Time & £
A::Language & Communication	1:1	20 mins daily X £780
B: Additional Phonics	1:1	20 mins daily X £780
C: Idl Phonics	1: 6	15 mins daily
D: Daily Reading	1:1	20 mins daily X £780
E: Small Group Guided Read	1:6 max	30 mins daily X £216
F: Small Group Guided Write	1:6 max	30 mins daily X £216
G: Small Group Comprehension	1:6 max	30 mins daily X £216
G: Small Group SPAG	1:6 max	30 mins daily X £216
I: Precision Teaching	1:1	30 mins daily £1,300
J: Small Group Singapore Maths Catch Up	1:6 max	30 mins daily X £216
K: Short Term & Working Memory Programmes	1:1	10 mins daily £390
L: Work linked to individual targets	1:1	To be calculated on an individual basis
M: Pastoral Support	1:1	
N: Confidence Support	1:1	
O: Individual Mentor	1:1	
P: Any individual programme provided by external agencies	1:1	
COST PER PUPIL Calculated individually	FUNDING: Notional SEND Budget and Top Up Funding where appropriate	

Main concerns parents wish to discuss with school are around Functional Literacy Difficulties, Autistic Spectrum Disorder or Aspergers and Attention Deficit and Hyper-Activity Disorder. We hope the information provided below is helpful.

FUNCTIONAL LITERACY DIFFICULTIES

There are many reasons why children find it difficult to learn how to read, write and spell. Some causes of these difficulties may be predominantly a matter of experience, some may be predominantly a question of biology. Either way the developmental outcomes undoubtedly reflect an interaction between experience and within child factors

"Among members of the general public, there are several myths and misconceptions about dyslexia—namely that dyslexics are brighter than ordinary people, that they are especially gifted, that they are especially anti-social, that there is at least 'one in every classroom' and that, although there is 'a gene for dyslexia', its adverse effects can be dispelled by a course of literacy teaching which addresses their needs. Scientific support for these beliefs is lacking. But even systematic researchers can only stumble towards the truth. In what we thought we knew about dyslexia a generation ago, we now seem to have been largely mistaken. Month by month, new research findings make it necessary for us to update and perhaps modify our understanding of reading and reading difficulties. We are all revisionists now." (Rice & Brooks 2004)

RESEARCH

There are at least 28 different definitions of Dyslexia and as many as 8 different methods to identify people with Dyslexia in the current research literature The statistical findings are mixed and do not present irrefutable evidence for differences in either kind or degree between dyslexic and non-dyslexic people.

"people may be 'dyslexic' according to one method of identification but not according to a different method. In as much as 'dyslexia' is a construct, the characteristics of 'dyslexics' are necessarily artifacts resulting from the identification procedures; they may not necessarily reflect an innate cognitive dysfunction in the people identified by those procedures. Most research findings reflect statistical tendencies, not systematic rules; the given effect is sometimes present in only a minority of subjects and caution is needed in drawing explanatory models from such studies" (Habib, 2000)

IDENTIFICATION

There is no 'one off' assessment or battery of assessments that can meaningfully be administered which would enable a definitive conclusion as to whether an individual child has dyslexia or not and the screening of students for 'dyslexia' is difficult to justify on either theoretical or practical grounds.
By contrast, the assessment of reading-related skills is essential in order to identify the intervention/s that are likely to be most helpful for each individual child.

"There is no convincing evidence that if a child with dyslexia is not labelled as dyslexic, but receives full support for his or her reading difficulty, that the child will do any worse than a child who is labelled as dyslexic and then receives specialist help. That is because the techniques to teach a child diagnosed with dyslexia to read are exactly the same as the techniques used to teach any other struggling reader. There is a further danger that an overemphasis on dyslexia may disadvantage other children with profound reading difficulties." (The Commons Select Committee –Science and Technology Committee 2009)

INTERVENTION

A prominent researcher has referred to 'the competitive viciousness that so characterizes the dyslexia ecosystem', describing it as 'an explosive mixture of high numbers of the affected, high parental emotion, yet poor understanding of the condition, hence poor definition and unreliable methods for judging the outcome of treatments' (Stein, 2002).

Every method of reading instruction appears to succeed with some learners. All methods fail with some learners.
The lowest failure rate is achieved with systematic and explicit instruction in the alphabetic principle.
Students will not become proficient without repetitive practice.
All cognitive factors appear to be mediated by affective consequences such as lowered effortfulness/motivation, lowered levels of practice and lowered expectations.
Interventions should address both the cognitive and emotional needs of students
The research does not indicate that a different curriculum should be followed for 'dyslexics'; the curriculum will depend very much on the needs of each individual student.
The research does not indicate that 'dyslexics' and 'ordinary poor readers' should be taught by different methods; however, the methods promoted as specialist interventions for dyslexics are often well-suited to be mainstream methods of reading instruction, which is how they originated.
There are no automatic additional resources within Liverpool that implicitly come for school aged children solely on the basis of a diagnosis of dyslexia.
There is no research which demonstrates any correlation between exam performance outcomes and the availability of additional time for youngsters with a diagnosis of dyslexia.
All children and young people that experience literacy difficulties are entitled to receive support which is proportionate to and commensurate with the impact of the difficulty they experience irrespective of donated pathology or diagnosis.

STAGED RESPONSE TO IDENTIFY AND SUPPORT CHILDREN WITH LITERACY DIFFICULTIES

In any non-selective group of children:
40-50% will be Natural Readers whose progress is enhanced by quality first teaching
25-40%: will be Teachable Readers whose progress is significantly enhanced by quality first teaching
10-25%: will require additional small group work in addition to quality first teaching: in order to make good progress

8%: will require additional personalised teaching in addition to small group work and quality first teaching in order to make good progress

1-2%: will require significant long term support in order to make progress

In our school through quality first teaching and appropriate differentiation, the vast majority of our children make good or better progress in their literacy.

Our Teachers and Teaching Assistants continuously monitor children's progress through:

- **Systematic recording of children's progress through the phases of our phonics programme: Letters & Sounds**
- **Children' responses to the content of our phonics programme, particularly in Phases 1 & 2, which focus on sound discrimination, rhythm and rhyme, sequencing, oral blending and segmenting**
- **Children's responses to letter recognition, blending and segmenting short vowel consonant and consonant vowel consonant**
- **Teacher Assessment using P Scales and the school's Reading Assessment Ladders**
- **The early identification of any barriers to learning such as attendance, family issues, social & emotional issues.**

These regular progress reviews may point to possible difficulties that may need further investigative action and provide the initial evidence in identifying children with early language/literacy difficulties

STAGE 1: INITIAL IDENTIFICATION

- If monitoring indicates that a child is not making progress then concerns are discussed with the child's parents/carers in order to gain a better understanding of possible barriers
- The need for or outcomes of any vision/hearing checks are considered at this point
- A Learners Who Need More Profile is opened and the specific learning targets and additional support to be provided are noted

STAGE 2: SCHOOL BASED INTERVENTION

- Assessments are carried out in order to both form a baseline and inform interventions which will facilitate progress
- These interventions may take place inside the classroom through planned differentiation or outside of the classroom through individual or small group learning support
- Targets for the end of each intervention are identified and recorded on the individual Learners Who Need More profile
- Interventions run for a period of 2 terms.
- Progress towards targets is reviewed termly against the baseline assessment.
- If, despite focused school based intervention, progress is not commensurate with input at the 2nd termly review, with parental consent, generalised advice will be sought via Consortium meetings
- If the Consortia agree that, as progress is not commensurate with input at the 2nd termly review, the child will be put forward for more specialist assessment/intervention from external agencies/other professionals
- The child will be placed on the SEND register and maybe moved to Stage 3: More Specialist Assessment and Intervention

STEP 3: MORE SPECIALIST SUPPORT AND INTERVENTION: SEND REGISTER

- Further detailed assessments will be undertaken by specialist literacy teachers (eg. Aigburth High/SENISS) in order to develop a detailed profile of a child's particular strengths and weaknesses with respect to their literacy difficulties
- This information will be used to develop further individualised programmes of support which both support future development/progress and help gather further assessment information
- Additional advice and monitoring may also be sought from other external agencies/professionals regarding other suitable programmes or strategies or specialist advice regarding the development of existing programmes/strategies

AUTISTIC SPECTRUM DISORDER

WHAT IS AUTISM?

Autism is also known as the autistic spectrum. At one end are those who have moderate or severe learning difficulties as well as being autistic. These students are sometimes referred to as having classic autism (or Kanner's autism). At the other end are those who have high functioning autism or Asperger's syndrome, who will be average or above in ability and whose autism will not be as evident.

There is a recognised 'triad of impairments' relating to the autism. This means that students who are autistic will have difficulty with:

SOCIAL COMMUNICATION

Some may not speak at all, or only use odd words. Some will have an unusual sound to their voice and an unusual way of speaking, while others will speak fluently, but mainly about the topics that interest them.

SOCIAL INTERACTION

Some will appear to be living in a world of their own and ignoring other people. Some will seem content with their own company, while others will want to make friends but not understand the give and take of friendship, or how to pick up what others are thinking.

SOCIAL FLEXIBILITY OF THOUGHT; USING THE IMAGINATION

These students feel safer when sticking to rigid routines. They do not like sudden changes.

They will often want to do the same activity over and over again and have a very narrow range of interests. Some will line up objects, such as cars, rather than playing with them.

In addition, people with autism are often hyposensitive (meaning they are under-sensitive), or hypersensitive (over-sensitive) to sights, sounds, smells, tastes or touch. Sometimes, the same student may be both hypersensitive and hyposensitive at different times. In addition, they may be overwhelmed by too much information coming at them all at once, for instance, screaming in distress when bombarded with the sights, smells and noise of a supermarket or even a busy classroom.

IDENTIFICATION

Where concerns are expressed by either a parent or teacher the school follows the staged approach outlined in the SEN Code of Practice.

Should the staged response indicate the need for a formal assessment, the school works with parents, the Speech and Language Service, the Educational Psychology Service, the Community Paediatricians and any other appropriate services to complete such assessments.

SUPPORT: In order to support pupils on the Autistic Spectrum we:

- Try to present information visually rather than relying on too much talk
- Use the pupil's visual strengths (visual timetables, pictures, objects and symbols) and combine this with a very structured approach to learning, breaking down each task into small steps.
- If appropriate, give the pupil a designated place for work, perhaps a workstation, where they can be screened off from other distractions.
- Set out the classroom with clearly defined areas for each activity.
- Support independence and autonomy by setting out tasks in the same, clear manner, so that pupils can tackle them with minimal support.
- Use any method pupils can manage to establish communication, including alternative methods such as PECS (Picture Exchange Communication System) for those who do not speak.
- Provide short breaks through the day for physical activity, which can help to keep students calm, as well as providing plenty of opportunities for active learning.
- Reduce the danger of sensory overload as much as is practically possible and introduce pupils to music lessons, assemblies etc gradually.
- Are responsive to the student's likes and dislikes and use their interests to further their learning.
- Help pupils with autism to build up relationships and develop their communication skills.
- Use an alternative communication method such as the Picture Exchange Communication System (PECS) if pupils are non-verbal or have extremely limited language skills.
- Try as much as is practically possible to provide an autism-friendly environment
- Provide opportunities for 'learning through doing', which can either be physical or virtual (e.g. through the use of interactive whiteboards).
- Use social stories, which show in words or pictures, how they need to behave in different social situations. These are created as the need arises and shared with the pupils on many occasions, in order to reinforce key messages.
- Work with specialist outside agencies to refine support programmes.
- Support transition between year groups and phases.

ATTENTION DEFICIT HYPERACTIVITY DISORDER ADHD

IDENTIFICATION

Where parents or teachers express concerns the pupil will be referred via the G.P to the Community Paediatrician at Alder Hey Hospital.

The school will work with the service to assess and identify the condition and the triggers to unwanted behaviour.

SUPPORT

Where a pupil has been identified as having ADHD, the school will work with relevant agencies to implement a support programme which may include:

Whole School Strategies

- Behaviour Policy which:
- Sets clear boundaries and ensures pupils understand rules, rewards and sanctions
- Encourages the pupil to evaluate his/her own behaviour
- Environment which provides individual work space if necessary
- Visual timetable to structure the day
- Breaks from work if necessary
- Reduction of playtimes which are often too unstructured for the pupil with ADHD. The pupil may need a task to complete, a quiet place to sit in or a time to calm down after play ready for the next lesson
- Help with organisation
- Strategies to raise self esteem
- Calm response to incidents

Classroom Strategies: We

- Start each day as a new day
- Allow the child to “make it right” and not hold over tomorrow what has happened today
- Have organised classrooms
- Have clear classroom rules, structures and routines
- Set clear achievable learning objectives and success criteria which are given in simple clear language and reinforced through frequent feedback
- Use constant affirmation of good behaviour and praise for not showing poor behaviour
- Use constant aids and reminders to help with organisation e.g. “To Do” folder, homework organisation sheets,
- Reward for self- improvement, not just for perfection
- Use humour, eye contact and good body messages such as a nod, a wink, a thumbs’ up or a smile
- Are consistent when dealing with unacceptable behaviour or confrontation
- Use short breaks/quiet place to defuse difficult situations
- Maintain positive relationships with parents and always try for a “win-win” situation