# SEND AWARE

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## Summer Special 2013

## WHAT WILL YOU LEARN ABOUT THIS SUMMER?

Teachers are always told how lucky they are to have *'such long summer holidays'* as if we finish the last day and think of nothing until the first INSET Day in September.

I don't know about you but my holiday is a chance to catch up with SEND reading, to find out about changes and to get better at supporting the youngsters in my care.

As part of this, I have decided to use this Summer Special to touch on a range of issues and to give suggestions for possible reading for the long hot summer days and balmy evenings. To that end, there are articles on premature babies and the impact on their development, foetal alcohol syndrome and how important it is to know what this means for children in our classes, the re-classification of ADHD and, again, what this means for professionals, and a look at our old friends the IEP, how these are evolving and what we can do as a result of the new changes that will lead ultimately to a new Code of Practice for Special Educational Needs and Disability. Busy times!

## FUN ACTIVITIES FOR LAZY SUMMERS

www.senteacher.org/ If you haven't been to this site before, you are in for a treat.

http://www.tes.co.uk/sen-teaching-resources/ This link will take you to many useful and interesting resources that cover a multitude of special needs categories.

http://www.nasen.org.uk/ If you are interested in the latest advice and information, this is a really useful link to keep to hand.

http://www.senmagazine.co.uk/ Load the link into your browser or make sure that you receive it via e-mail.

http://www.primaryresources.co.uk/sen/sen.htm A range of resources and ideas to get you thinking creatively about how to best support a range of sens in your classroom.

INSIDE THIS ISSUE:

# MENTAL HEALTH AND SEND

The relationship between mental health and special educational needs and disability is complex and often misunderstood. Teachers often feel ill-prepared to address mental health issues experienced by their students.

This is exacerbated by a wider confusion when atypical behaviours are attributed to a diagnosed learning difficulty rather than being recognised as symptomatic of a mental health problem. The relationship between mental health and complex special needs in complex and emotional well-being is another strand of the puzzle, a piece that is often already lacking in our children with special needs.

One in ten children and young people between the ages of five and sixteen years in the UK will develop a diagnosable mental health disorder (Office of National Statistics, 2004). Of children with special educational needs, three in five will develop a mental health problem (Emerson and Hatton, 2007).

Throughout the world there is a growing concern about the mental health and emotional well-being of all children. Dr Hans Troedsson (2005) writes:

*It is a time bomb that is ticking and, without the right action now, millions of our children growing up will feel the effects.*

Our challenge is to lift our children and young people from vulnerability to positions of resilience. If we think of the young person in our classroom with an autistic spectrum disorder, who presents with behaviours that are challenging, we often fail to think of the fact that the ASD in itself is a major risk factor for underlying and co-existing mental health difficulties. Too often we attribute their anxiety to being a core feature of their ASD, rather than an additional impairment, which needs to be assessed and diagnosed separately.

# SUPPORTING PREMATURE BABIES

A much-observed trend in special schools (and recently noted by OfSTED in mainstream) is the increasing numbers of children with complex needs joining Key Stage 1. The Department for Education's figures for 2004-09 revealed a 29.7% rise in profound and multiple learning difficulties admissions to schools. Many of these children were born prematurely-in some cases as early as pre-27 weeks, and are part of the 50% survival group, out of the 80,000 children annually born prematurely.

These children *'born too soon'* according to Dr Barry Carpenter's team, will often have a range of SENs and we must become better at evaluating need and targeting support. Problems can include: developmental delay, motor difficulties, sensory impairment, cognitive and executive function difficulties, (linguistic, processing speed, working memory), emotional and social processing difficulties (higher anxiety levels, depression and aggression) and intellectual disabilities. Research has found that 60% develop inattention-type attention deficit disorder and over 10% develop symptoms of autism.

We must: personalise support, check the demands of tasks, provide reinforcement, check the child's developmental stage and plan accordingly, and check the cognitive workload of tasks

<u>As educators we must have realistic expectations for these children.</u>

# FOETAL ALCOHOL SYNDROME

## The 12 Essential Elements

**1. Meeting the challenge**

Believe you can promote success in students with FASD. Commit to being part of the solution by working with others in your community.

**2. Families and FASD**

Understand the strong emotions faced by families living with FASD. Our knowledge, beliefs, judgment, and personal issues around alcohol influence our interactions with families.

**3. Trying a different approach**

Realize that children — like adults — do the best they can with the understanding they have. When they repeatedly make the same mistakes, they need a different approach.

**4. Establishing structure**

Put structures in place for success, and teach habit patterns as the pathway to understanding. The need for structure is lifelong for a person with FASD.

**5. Observing behaviour**

When an academic or behaviour support is not working with a student with FASD, use S.O.A.P. (Stop action. Observe. Assess. Plan).

**6. Interpreting behaviour**

Consider misbehaviours in students with FASD, such as inattention or lying, as coming from lack of understanding, rather than noncompliance.

**7. The physical environment**

Understand how sensory input and sensory processing affect a student's ability to be successful in the school environment.

**8. Using concrete language**

Talk to students with FASD so they understand — use concrete language.

**9. FASD and memory**

Understand the role that memory plays in a student's ability to learn and to sustain a consistent level of performance.

**10. Academic and social skills**

Realize that a brain damaged by alcohol cannot process information in a typical manner. This causes life-long difficulties learning academic and social skills.

**11. Transitions**

Pay attention to all transitions in the life of a person with FASD, in particular the transition into adulthood. It must begin early, continue well beyond adolescence, and requires ongoing teaching of daily living skills.

**12. Measuring success**

Redefine success. Recognize and applaud accomplishments, in both our students and ourselves.

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It is estimated that between 6,000 and 12,000 babies are born every year in the UK with full Foetal Alcohol Syndrome or Neuro-developmental Disorders.

FASD are fully preventable-you cannot give your child FASD if you do not drink during pregnancy.

FAS was originally defined and diagnosed in Washington in 1973, yet we have more babies than ever being born with aspects of this debilitating condition.

The part of the foetus affected depends on when during the pregnancy alcohol was consumed and the amount of alcohol consumed. Alcohol can easily cross the placenta, go directly to the foetus and damage developing cells.

# RE-CLASSIFICATION OF ADHD

The latest DSM-V has looked closely at how ADHD (Attention Deficit Hyperactivity Disorder) has been classified. As a result ADHD is now separated from oppositional defiant disorder and conduct disorder in the disruptive behaviour disorders section. This means that the impairments of ADHD will be seen to extend beyond merely 'behaviour issues' to be seen rather more as '**developmental learning challenges'.**

Other changes are:

*A change to the age of onset of impairing symptoms from 7 years to 12 years

*A change from subtypes to presentations, to include: hyperactive-impulsive, inattentive, restrictive inattention and combined

*The addition of four new symptoms to hyperactive-impulsive to include: tends to act without thinking; is often impatient; is uncomfortable doing things slowly and systematically; finds it difficult to resist temptations or opportunities

*A reduction of the symptom threshold for adults-to take into account age-related decline in symptoms but persistent impairment and dysfunction

*Modification of sections that state information must be obtained from two different informants (i.e. parents and teachers)

**Reminder-what should we do?**

-seat the child near to the teacher

-surround with good role models

-avoid distracting stimuli

-minimise changes in the schedule

-maintain eye contact

-make directions clear and concise

-repeat instructions if necessary

-check understanding

-help the child to feel comfortable

-give help/scaffold for as long as necessary

-help the child to write down instructions and notes for homework

-test knowledge NOT attention span

## WELCOME TO OUR NEW SEND TEACHING ASSISTANT

We have a new addition to our team and Mrs Gudgeon and I would like to welcome Clare Newton to the SEND Team. Clare is already well known to our children with SEND and we know that she will bring a new perspective and her enthusiasm and expertise to our Team.

Clare will work alongside Mrs Gudgeon initially so that we can ensure that our systems are robust and accountable.

These are exciting times for SEND and we look forward to getting 'stuck in' after the summer break!


**Happy Holidays**