

Strategies for supporting pupils with Special Educational Needs and Disabilities in

PSHE lessons.

	 task, or behaviour is inappropriate, (eg. a tap on the desk to re-focusattention); Provide a mix of activities to suit a range of learning styles, especially including kinaesthetic activities. With this in mind, plan in time-limited learning breaks to allow for the release of excess energy. (an active 'job' might be useful strategy to break up the lesson).
Anxiety	 Classroom environment/set up: There are many types of anxiety and these will often accompany many areas of SEND. Ensure that you are familiar with the cause of anxiety for the particular child and how this manifests – bearing in mind that sometimes there may be no outward signs at all. Knowing the child really well will help with this. This is especially important in a subject such as PSHE, which ofteninvolves discussing feelings, thoughts, memories, families and, sometimes, sensitive issues. Prior to the start of the lesson, discuss with the child where they wouldprefer to sit. They may also prefer to enter the classroom first and getthemselves settled, or after the rest of the class is settled. This may change depending on circumstances at the time; Seating plans are very important for the child with anxiety. Let them know before the lesson if the usual seating plan is due to change during the activity. Carefully plan groupings/pairings and be aware of who the child feels most comfortable with sitting next to and having them supportthem with their work; Ensure the child is prepared and knows what to expect prior to the lesson. This may include a list of vocabulary that will be covered, theactivities involved etc; If a supply teacher (or another member of staff) is covering a lesson, ensure that the child is made aware of this, so that it is not a surprise tothem. Resources and equipment you might consider before the lesson: Consider the use of a 'help' card, which the child can use if they feel anxious/overwhelmed, so that they can go somewhere they feel safe tocalm down.
Autism Spectrum Disorder	 Classroom environment/set up: A child with ASD may find PSHE a particularly challenging curriculum area,however, using some of these strategies may help provide the environmentfor them to feel safe and secure in order to access some of the activities: Take time to build a good, trusting relationship with the child. This willalso help adults understand the most appropriate way to respond to anybehaviour, at a given time; Ask the child where they would prefer to sit in the classroom. Avoid changing this seating plan without plenty of warning, as this could causeanxiety. Think carefully about who is sat near to the child, as they mayfeel uncomfortable around certain children who may be a 'trigger' for them; When planning group work, ask the child who they would prefer to workwith, or offer the chance to work by themselves (or with their TA). Ensure that groups/pairs are carefully planned to provide

supportive/positive role models;

- Ensure that both the child and their TA are prepared for what is coming up next and what the lesson is about, so that they know the expectations.Ensure you pre-warn the child (and TA) of any changes, to avoid anxiety and allow them both time to prepare for the change;
- Be mindful of sensory processing difficulties and ensure the learning environment is neither over, or under, stimulating for the child;
- Provide a safe, familiar breakout space for the child, so that they canhave sensory breaks when needed;
- If the child's behaviour becomes challenging, it is important to rememberthat this is often communicating a need, or difficulty. Look beyond the behaviour and ask for support from the SEND team if necessary. Sometimes, the child may just need time out from the class in their break out space and may then feel ready to return again to the class;
- Display in class what is coming up next (as another way of preparing thechild). Even if the child doesn't look like they are taking any notice of this, they may still be taking it in;
- Role model and encourage positive and supportive behaviour to the child'speers. At times, the child may call out or try to make the class laugh etc.Explain to the class how important it is that they don't react and that this will help the child to remain focused and calm.

Resources and equipment you might consider before the lesson:

- Give instructions using tick lists, breaking down the task into manageablechunks;
- Provide vocabulary, structure, or starting ideas for the lesson.
- Use visuals and structured tasks, incorporating the child's own interests wherever possible. Find out which ones work and use them all of the time, even if it doesn't seem that the child needs them;
- Consider the use of 'speech to text' technology, so there is less writing;
- Allow the use of fiddle toys in class. The child may also prefer to sit on agym ball/wobble cushion/special seat to provide sensory feedback and help them self-regulate and focus;
- The child may choose to do the work in different orders, or at a different time of the day to suit them (in discussion/negotiation with their TA). Provide additional resources, such as printouts of PowerPointslides, word banks etc so that the child has access to the same supporting resources as the rest of the class would have had during thelesson. You might also consider providing a simple lesson plan breakdownfor the TA to follow, in case the child was out of the room during the input part of the lesson;
- Some of the lesson plans for PSHE may be suitable to be adapted tosocial stories, as a familiar way for the child to access the learning intensions for the lesson.

Teaching methods to consider:

- Avoid open-ended questions;
- Provide time to process information;
- Encourage the child to demonstrate/present their learning in alternativeways which suit them;
- Provide clear timelines for when things need to be achieved and makeexpectations really clear (ie how many sentences, how many pieces of work etc to be completed in a time frame, or before a reward is achieved).

Dyscalculia	 Although maths is unlikely to be focused on during a PSHE lesson, some of these strategies may still be applicable and worth bearing in mind as things totry. Resources and equipment you might consider before the lesson: Provide written instructions, printed diagrams and personalised worksheets with a worked example (where appropriate/relevant) for thechild to follow, to help them keep up in class; Tracking from the whiteboard to paper may be difficult. Share the lessonwith the child, so they can follow it on a laptop (if used); Provide print outs of diagrams and visual support in lessons. Teaching methods to consider: The child may work slower than peers. Be sensitive to this and supportiveof any additional time/repetition they may need; The child may become easily overwhelmed and anxious; they may shutdown and employ avoidance strategies. You can interrupt this cycle by scaffolding the child's work and supporting them.
	Resources and equipment you might consider before the lesson: When preparing resources:
Dyslexia	• keep sentences and written instructions short and simple to read;
D ystextu	• check reading ages and ensure any work is differentiated appropriately;
	• use pastel shades of paper (cream is a good alternative to white) and mattpaper
	 which reduces 'glare'; avoid black text on a white background and light text on a dark background;
	• use text font size 12, or above;
	• clear, rounded fonts that have a space between (Sassoon, Century Gothic, Comic
	Sans, Arial or Verdana) will be used on all handouts, reading materials and onthe interactive whiteboard;
	• use 1.5 or double line spacing and wide margins and lower case rather thancapital
	letters;
	 numbered points, or bullet points are easier to follow, rather than continuous prose. Keep paragraphs short and pages uncluttered. For example, avoid using background graphics with text over the top, as this can be too visually confusing. -consider using visual representations (flow charts, illustrations, diagrams) tobreak up large sections of text, or to explain a particular point in a visual, rather than a written, way; consider colour-coding text. For example, information in one colour, questions in another (bearing in mind the contrast in the colours/background)
	• avoid underlining and italics;
	 use bold text for titles & sub-headings, or to draw attention to importantinformation, or key vocabulary;
	• use text boxes, or borders for headings, or to highlight important text.
	• on worksheets, leave plenty of space to write a response.
	Familiarise yourself with any resources/equipment the child needs to supportthem and ensure that these are readily available during their lesson. For example:
	• It may help to use a ruler, or finger to track the words as they read;
	• A personalised, coloured overlay, or ruler may help cut down on visual contrast and help 'stabilise' any written materials. It may be worth tryinga variety of colours to work out the best to use;
	 'Text to speech' technology. Please facilitate this in your classroom, forexample
	providing a quiet space, seating near to a power point etc.
	 Teaching methods to consider: Help the child to learn and understand any specific vocabulary. This may be done
	visually, practically and/or during a pre-teach session to build thechild's confidence
	before the lesson;
	• The child may prefer it if an adult (or supportive peer) reads throughquestions with them;
	 Be supportive of the child if they don't want to read aloud in front of theclass (either
	offering to read it for them, asking a friend to read it, or
	• checking with them beforehand if they would like it shared).

	Classroom environment/set up:
Dyspraxia	 Provide a large space for the child to work in. This will allow the child room to move and remain active when completing a task. They may alsoprefer to stand when handling any equipment/physical resources.
	 Resources and equipment you might consider before the lesson: Provide part-prepared handouts to reduce unnecessary writing and listsof key concepts; or vocabulary; Consider alternatives to writing – word processors, Dictaphones, scribeetc; Special equipment eg:. looped scissors, rulers with handles etc may help; Provide a lesson breakdown and tick list to help the child organise theirtime and take responsibility for their work; Write instructions for any activities, using different colours for eachline; Provide templates with headings to help the child structure their work; Prepare diagrams to label, as copying and drawing neatly can be challenging; Provide an equipment list and encourage the child to only get out whatthey need.
	 Teaching methods to consider: Clarify rules and expectations, using unambiguous language; Allow extra time to complete work, with movement breaks when needed; Allow time to settle, especially if the lesson is after a breaktime/lunchtime, as transitions are challenging; Give the child plenty of warning that the lesson is due to end and allowthem additional time to pack up to leave (or get ready for the next lesson).
Hearing Impairment	 Classroom environment/set up: Speak to the child privately, before a lesson begins, to find out where they would prefer to sit and if there is anything else that can be done tohelp them; Discreetly check that the child is wearing a hearing aid (if applicable) andfrequently check-in with the child that they are hearing and understanding; Be aware of seating arrangements to suit the child's specific needs, for example if they are reliant on lip reading etc (ie seated towards the front of the classroom with an unobstructed view, or with their good earfacing outwards into the classroom); Ensure that any background noise is minimised and control class/group discussions, so that only one person is speaking at once;
	 Resources and equipment you might consider before the lesson: Ensure any videos/films used are captioned, or a suitable alternative way is provided; Provide any important information/instructions about the lesson in writing, as well as verbally. In addition, provide (in a written format) anylists of subject-specific vocabulary and technical terms; Consider sharing the lesson with the child's laptop (if they use one) and allow them to use headphones and the built-in assistive technology.
	 Teaching methods to consider: Repeat clearly any questions asked by other students in class before giving a response; Assist with lip reading by doing the following: ensure your face is clearly visible at all times when speaking and sitting directly opposite the child whenever possible; seating the child so that they can see others in the class (wherepossible); ensuring the lighting is adjusted so that it is not too dark; providing written materials for all lessons, so that the child is nothaving to lip read and take notes from the whiteboard; Be aware of the specific circumstances for the child and adapt accordingly. For

	 example: if they acquired their hearing loss early in life, they may have associated literacy issues and need additional support withreading and interpreting information. If they have associated speech issues, they may need support with reading out their work, or may prefer an adult to read it for them.
	Classroom environment/set up:
Toileting	 Let the child leave and return to the classroom discreetly and without having to get permission whenever they need the toilet (use a 'toilet pass'if appropriate);
Issues	 Sit the child close to the door so that they can leave the classroom, discreetly;
Issues	• Appreciate that they may arrive late for lessons because of an urgentneed to use a toilet;
	• Be aware that the child may need to take medication during school hoursand/or need extra meal breaks and provide a discreet/comfortable placefor them to do this;
	• Respect the child's need for privacy. They should decide how muchteachers and other pupils are told about their condition.
	 Resources and equipment you might consider before the lesson: If the child has a diagnosed medical condition, they will have an IndividualHealthcare Plan. Please make sure that you are familiar with this document. The SENCO can give you access to this; If the child has ongoing toileting issues, they will have an Intimate CarePlan. Please make sure that you are familiar with this document. The SENCO can give you access to this.
	Teaching methods to consider:
	• During more active sessions, try to be alert to the child's psychological needs and relationships with other children. Let them judge for themselves if they wish to join in on a day-to-day basis - don't stop themtrying whatever they want to try. However, be aware that the child may also try to push themselves, so that they don't let others down. Be mindful of this and offer discreet support when/where needed;
	 Bending and stretching may bring on pain, or make pain worse. Teambuilding type activities/games can be particularly problematic; Be mindful of other students teasing the child about my lack of stamina, or their need for extra rests (for example during group activities/team building); If the child is unwell at school, consider giving them time to rest ratherthan sending
	them home — they may be able to return to lessons later in the day.

Cognition	Classroom environment/set up:
Cognition	• Ensure all classroom adults give specific, targeted praise so the childknows
andLearning	exactly what they are doing well;
Challenges	 The child will with visual and auditory memory for information, processes and instructions. Ensure all classroom adults are aware of this and they regularly check the child's understanding of questions and tasks. This willsupport the child with staying on track; Carefully consider working pairings/small groups. Support the child withmanaging peer relationships effectively by providing a positive work 'buddy'; The child may appear immature and find it difficult to mix with their peer group. This may cause issues during more sensitive PSHE activities, or group work. Ensure classroom adults are vigilant for any bullying and encourage paired working, or group work, with positive role models; The child may appear needy with an over-reliance on adult help and support. Encourage and support the child's independence and confidenceby making the curriculum/tasks accessible to them.
	Resources and equipment you might consider before the lesson:
	• Plan self-checks for the child at each stage of a task; with the use of atick list, so that the child knows what is expected of them;
	• Support the child to overcome problems with understanding instructions and task requirements by using visual timetables and prompt cards with pictures as reminders of the steps needed to complete the task;
	• Provide a word bank, with key vocabulary for the topic/area beingstudied;
	• Provide key words with pictures/symbols to help with the child's memory;
	 Provide a writing frame to help structure work; Keep Powerpoints slides simple and uncluttered. Highlight key information.
	Teaching methods to consider:
	 Carefully plan & differentiate work, breaking it down into small manageable tasks;
	• Provide time to consider questions, process & formulate an answer. Slowdown and/or reduce the number of words that you use;
	• Go over key vocabulary and ideas with to check understanding;
	 Physically demonstrate tasks, rather than relying on verbal instructions; Parast information in different years a second data have
	• Repeat information in different ways, varying the vocabulary you use. Also, keep instructions simple;
	 Use structured questioning to support and help the child to answer byscaffolding their response;
	• Encourage the child to make a mind map, or other visual representation of what they already know and use that as a starting point to teach next
	steps.

Speech, Language & Communication Needs	 Classroom environment/set up: Create a relaxed, safe and friendly environment with lots of opportunities to talk. Not too noisy; Provide plenty of opportunities for the child to communicate in a small group (they will be less confident working in a big group and will be lessinvolved); Carefully consider any pairings or groupings and include good communication – not just speech. Role model this positive response for the child's peers to copy; Listen carefully to what the child says, so that they don't need to repeat themselves; Provide a low distraction/quiet area for the child's group/pair to work sothey can focus on their communication; Regularly check understanding and encourage the child to identify whatthey can/cannot understand. Resources and equipment you might consider before the lesson: Use signs, symbols and visual timetables to support communication; Use visual displays (objects and pictures) that can be used to support understanding; Provide a visual guide to the lesson, eg a check list, or pictures to aid understanding. Teaching methods to consider: Be aware of the specific communication difficulties the child may have -it may be a processing disorder; Be aware of the level of language the child is using – use a similar level toensure they understand; Do not rush, or interrupt the child as this means they have to begin processing all over again from the beginning, causing frustration! Slow down your rate of speech by using pausing and give the child lots oftime to process and reply – be prepared to wait for an answer; Allow time for the child to finish what they are saying, don't finish it forthem; Keep language simple by breaking long sentences into short separateldeas; Provide plenty of repetition (activities and vocabulary); Use non-verbal clues to back up what you are saying eg: gesture; Ensure aduits are providing a c
	anxiety. Classroom environment/set up: Be aware of (and familiar with) the various forms in which TouretteSundrome can
Tourette Syndrome	Be aware of (and familiar with) the various forms in which TouretteSyndrome can present. Common vocal tics are: coughing, grunting, sniffing, throat clearing, shrieking,whistling, spitting, animal sounds and echolalia (repeating others' words, or phrases). Common motor tics are: eye blinking (excessively, or in an unusual pattern), echopraxia (imitating others' actions), self-injurious behaviours involving touching, biting, hitting, pulling out eyelashes/hair, smelling/sniffing things.Being aware of the particular type of tic (s) presented by the child, will also help you to be aware of the impact on the child's learning and how they can access the learning in the classroom.
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	 For example: Motor tics of the eyes, head or neck may interfere with reading and affect handwriting, or the ability to write for prolonged periods of time; Motor and vocal tics may make the child reluctant to read aloud, ask/answer questions, or ask for help. Be understanding of this andsupport the child to feel involved and able to participate; Thought tics inhibit auditory processing. Be mindful and do not assumethe child is intentionally not listening. Tics can be triggered, or increased by stress, excitement or relaxation (all ofthese emotional states may be experiences during PSHE type activities and lessons, especially as some of the subjects covered may be of a sensitive nature). Ensure that all adults in the room are mindful to filter out their emotional reaction and instead listen and respond with support and understanding. It is not helpful ask the child to stop their tics, as they are involuntary. Being asked to suppress them is stressful and will cause an increase in the tic. Furthermore, it will mean the child is unable to engage with what is going on around them. Similarly, try not to ask the child not to do something, asit will instantly turn into a compulsion. Because TS can be suggestible, if classmates discover 'the trigger', they may use this to make the child tic.Please try and prevent this happening; Ignoring tics avoids drawing any unnecessary attention towards them; Teaching methods to consider: The child may have a poor attention span, fail to complete tasks, be easilydistracted, unable to listen, fidgety and impulsive. To support them, provide a structure (schedule/tick list) to assist with planning, organisation, time management and initiation of tasks; Be mindful when planning activities, that the child may experience sensory processing difficulties, where they may be either over- responsive, or under responsive to sensory stimuli, eg: noise, clothing, textures.
Experienced Trauma	 Classroom environment/set up: Ensure you are very familiar with the child's past experiences andcontext, as this will help you understand their behaviour; Ensure all classroom adults take a a non-confrontational, trauma-informedapproach. A discreet, understanding and reassuring approach from all classroom adults is vital; Provide a safe, consistent and warm classroom environment. Incorporateas many opportunities for humour and laughter in lessons as possible (as laughter reduces the traumatic response in the brain); Ensure the school day has clear expectations for behaviour and structure, as this will help provide a predictable environment, necessary for the child to feel secure enough to participate and access the learning; Classroom adults need to be emotionally available and able to support andcoach the child in ways to calm themselves and manage emotions, as well as opportunities to practise de-escalating when they feel overwhelmed; Ensure adults are vigilant to and mindful of any trigger points for thechild, as this will help de-escalate emotional situations; Very carefully check through the lesson content prior to the session andlook at it through the eyes of the child's context and background. Theremay be obvious trigger points in the lesson, with some elements needing to be avoided. Equally, there may be trigger points in the lesson, which may not be so clear from the outside. Ensure that the classroom environment, available adults and

	 overall support for the child is strongly in place should this arise. Resources and equipment you might consider before the lesson: Provide a safe and familiar breakout space for the child to use during times when they feel overwhelmed or emotionally dysregulated. The childmay also need access to a space to exercise, so that they can have regular learning breaks; Consider the use of a 'help' card (or small item) for the child to use tosignal that they are finding the situation tricky, without having to vocalise any details; Have consistent expectations and behaviour plans in place that are basedon reward systems, not punishment. Teaching methods to consider: The PACE approach should be used, using playfulness, acceptance, curiosity and empathy to understand emotions and behaviour. Lesson plans may need to be adapted/differentiated to include these elements; Be extremely mindful and vigilant throughout the lesson, as some of the content of PSHE lessons can be very personal, maybe covering memories.families, emotions etc, all of which are likely potential trigger points. Equally, something which doesn't seem connected on the surface, may bea trigger for the child in some way; Slow yourself down when talking, as this will appear non-threatening: talkslower, use a lower pitch for your voice, don't use complex sentences, minimise body movements; During activities, teach and model positive self-talk to encourage self-belief. Help the child to see that making a mistake is considered a necessary part of learning and that minor mistakes will not incur adultanger, or punishment; Ensure you use plenty of positive reinforcements, rewards, role modellingwith the child (while actively ignore any negative behaviour); Use collaborative problem-solving during activities, so that the child feels in control.
Visual Impairment	 Classroom environment/set up: Keep your classroom visually uncluttered and reduce the number ofobjects in the immediate working area; Be mindful of seating arrangements and discuss any preferences with thechild. For example, they may prefer to work at close distances, (such as sitting closer to the board), or move the object closer to them, (such as people getting closer when talking); Be aware of the specific circumstances of the child, for example: If they are sensitive to light and glare, control the light in the classroom using blinds, sit the child with their back to windows and reduce the glare on surfaces; The child may need to be seated near natural light, where possible; The child may need to use a lamp, which should be places behind theirshoulder on the opposite side to their writing hand and/or on the sameside of their stronger eye; They may need to wear a hat/visors, or sunglasses even when stayingindoors. Be sensitive to this and mindful of other pupils comments/ reactions surrounding this; High contrast objects/pictures may be beneficial. As best practice on handouts/presentations, black & white give the highest contrast. Do notuse dark colours together (like blue and green). Avoid using white & greywith other light colours. Avoid pastel colours next to each other. In addition, avoid the use of red or green pens on the whiteboard, as these

can be difficult to see;

• Warn the child of changes in lighting, as this can cause extreme eyestrain and headaches.

Resources and equipment you might consider before the lesson:

• Familiarise yourself with any specific resources the child needs to support them; for example:

- they may be better able to read their own writing if they use a thickerblack pencil/pen/marker;

they may need a typoscope when reading. This is a reading shield made of a black material with a rectangular cut out. It reduces extra light reflected from the surface of the paper and helps assist with staying on the correct line while reading;
ensure the child is wearing any prescribed glasses to reduce visualfatigue;

Provide enlarged/magnified pictures, images, maps and print. The VI teamwill have assessed the child's vision and recommended a font size and typeface to use. The SENCO will advise on this. Be wary that simply enlarging worksheets on a photocopier makes the letters, or edges of diagrams lose their sharpness and reduces the contrast. Please ensure resources are produced in the correct font size and typeface for the child to access.

Teaching methods to consider:

- Allow the child to take a break from their work, as this enables them tobe visually focused for shorter periods of time and prevents fatigue;
- Allow more time when visually exploring a material and when completing avisually challenging tasks;
- If the child has central visual field loss, they may experience incompleteimages, or a central "blind spot" when looking. This may mean they appearnot to maintain direct eye contact. Be sensitive to this and manage any comments/reactions from their peers.