

Barton St Lawrence 2024 - 2025

SEND INFORMATION REPORT TO GOVERNORS

SEND Register

	April 2024	September 2024	January 2025	March 2025
Educational Health Care Plan (EHCP)	1	1	1	1
SEND SUPPORT	16	11	14	15
Total	17	12	15	16

Groupings of children on the current SEND register (March 2025)

Pupil Premium	6
LAC	0 (3 previously LAC)
Cultural heritage	1 black British, 1 British Indian / Pakistani
EAL	0
Female	10
Male	6

Absence rate:

	Whole school average	SEND
Absence rate	3.49%	
Persistent absence rate	4.1% (8 pupils)	12.5% (1 pupil)

Common Assessment Framework (CAF) / Early Help Assessment (EHA)

	April 2024	September 2024	January 2025	March 2025
CAF / EHA	3	3	5	6

Current Assessment Data for those with SEND

Year Group	Reading			Writing			Maths		
	Below	Expected	Expected plus	Below	Expected	Expected plus	Below	Expected	Expected plus
Reception									
1	3			3			2	1	
2	2	1		3			3		
3	4	1		4	1		3	2	
4	2			2			1	1	
5	3			2	1		1	2	
6	2			2			2		
Total	16	2		16	2		12	6	

This table shows that the provision we have in place for children with identified SEND is having a positive impact on pupil outcomes. Our provision mapping shows that targets on

IEPs and EHCPs centre around Literacy skills more often than Numeracy skills. This is reflected in the data shown here.

Outcomes are assessed half termly for IEP targets and group provisions. The assessment ranges from -2 (significantly less than expected progress) through 0 (as expected progress without intervention) to +2 (significantly more than expected progress). The average group provision outcome is +0.99 and the average IEP outcome is +1.12. This shows that the intensive support children with IEPs and in group provisions receive is having a positive impact on children's progress.

Support from External Agencies

Anna Cooke Occupational Therapy Services (OT)
Child Adolescent Mental Health Services (CAMHS)
Speech and Language Therapy (SaLT)
Occupational Therapy (NHS)
REACH Behaviour Support
Key Counselling
Dyslexia Specialist Teaching

Changes to SEND leadership

Kate Rogerson has now taken over the role as SENDCo after a transitional period between July and January. She has completed the Senior Lead of Mental Health and Well Being training and is currently completing a New to SENDCo course before beginning the NPQSEN in the next academic year.

Approach to SEND provision and monitoring of changes

High expectations of all children, including those with SEND, are maintained through our ambitious curriculum and adaptive teaching processes as laid out in the Teaching and Learning Policy. This continues to promote accessibility for all learners, regardless of need. Through providing scaffolding and support when needed and allowing children the choice over which scaffolds they use, children are developing greater independence in their learning. Multi-sensory strategies including movement breaks, visual and auditory stimuli and teaching of the same content in various ways through the course of a unit are embedded throughout core and non-core subjects. Revisiting prior learning and linking to new learning covered in each session allows children to make strong neurological pathways between aspects of their learning and reduces cognitive load. Combined with our focus on reduced clutter (both physical objects and around displays in classrooms) the teaching and learning environment is purposeful, focused and engaging for all children including those with SEND. Monitoring shows that:

- The school has high level of ambition for all pupils, including those with SEND
- The school has a highly ambitious curriculum that enables children with SEND to be extremely successful.
- The school is successful in adaptive teaching and enabling children with SEND to access the curriculum
- The school has effective processes in place to identify the additional needs of pupils with SEND.
- By the end of Year 6, pupils, including those with SEND, have an exceptional level of knowledge

- Children feel comfortable to ask for support when needed and could identify the most helpful support strategies for themselves.
- Children have a high level of awareness of their own next steps in learning and where to access support towards these next steps if needed.

Provision

Needs of all children, including those with SEND are primarily met through Quality First Teaching in class and group intervention where necessary. This is the responsibility of the class teacher and is completed on a cycle of assess, plan, do, review.

Through the graduated response, some children have individualised pupil passports which identify the specific adaptations, resources and strategies children need to access QFT within the classroom. Other children are in receipt of Individual Education Plans. Teachers plan for two or more 1:1 sessions with the child per week to work on specific, child and family centred targets. These sessions are led either by the teaching assistant or by the teacher.

Should a child require specialist support in any area (as assessed by the class teacher in co-ordination with SENDCo) a referral is made to the relevant service and specialist support is then provided according to the recommendations from the specialist.

In some cases, it may be deemed appropriate for an application for an Education and Health Care Plan to be made. In this case the SENDCo together with the child, parents, class teacher and any specialist support providers begin the EHCP application process. We currently have one child in receipt of an EHCP which sets out the targets, strategies and interventions for the child and outcomes to work towards by the end of the following Key Stage. This support is on a similar basis to an IEP with targeted sessions three or more times a week and additional support within the classroom and wider school environment.

Current Group Provision March 2024	No. of children	How Often	Person responsible
Nessy	50	Daily in class and home (90 minutes per week)	Class teacher and child (completed independently)
Reading Plus	Intervention for bottom 20% of readers in Y4, 5, 6	Daily in class and at home	Class teacher and child (completed independently)
ELSA	6	1 per week	AP and EM
Lego Therapy	2	1 per week	AP
Drawing and Talking Therapy	1	1 per week	AP
Bounce Back Phonics (Phase 5 phonics)	21 (mixed age)	3 times per week (20 mins)	HP
Phase 5 spelling	10 (mixed age)	3 times per week (20 mins)	EM / KH
Fast Track Phonics (Phase 3 and 4 phonics)	6	3 times per week (20 mins)	JH KR

Nessy Fingers (touch typing intervention)	2	Daily in class and at home (90 minutes per week)	Child (completed independently)
Gross and Fine motor development	2	3 times a week (20 mins)	KH
Gross and fine motor development	1	3 times a week (20 mins)	AH
Daily reading	Lowest attaining 20% of each year group	4-5 times per week	Class teachers / TAs

Case study: Child A

Strengths: Child A is a confident and creative child who has wonderful ideas for stories and games to play. Child A shows great articulation when communicating these ideas. According to the OT assessment carried out in November 2023, Child A has above average visual perception (directionality). Child A can form all of their 'curly caterpillar' letters correctly using the red rose phonics patter. Child A has started to show progress with spelling some Phase 5 words within their class work. Their reading has progressed well and they are now reading from the orange reading band. Child A is able to say their x10 tables and can answer random x10 questions along with 10 division questions. They have started to work on the Nessy program to help them with their spelling and is part of a spelling group (separate provision) refreshing phase 5 sounds with a spelling focus. At the last assessment, they showed good improvement from September. Child A has become more confident when adding and subtracting within 10 using equipment and can now recall their number bonds to 10. In addition, they can now count back from 20 fluently.

Difficulties: Child A still needs support with gross and fine motor control. They are delayed in their fine motor skills and have not yet developed a pinch grip due to hypermobility. Their pencil grip, whilst looking like a tripod grip is not. They still find writing difficult. Even though their letter formation has improved, they struggle to use spaces between words.

Advice given by OT: follow a multi sensory approach to handwriting and tactile discrimination activities. Encourage Child A to express how they feel when working through the activities so they don't continue once their muscles are tired. A little and often approach is best when working towards sensory and strengthening activities. Following tactile discrimination activities, it is recommended that Child A engages in a sensory activity which provides deep pressure or proprioception. This is because Child A is also tactile defensive so tactile discrimination activities may cause dysregulation if deep pressure or proprioception is not provided following in order to regulate their nervous system.

Strategies used in class:

Strategy	Impact
Child A is using an angled writing slope, weighted wrist band and a writing claw pencil grip.	School feel that the angled-writing slope is particularly beneficial.
Child A is using "sky, grass, mud" paper during their handwriting interventions with A TA to support letter placement on the line.	Child A's letter formation has developed however they are still finding organisation of their work on the page challenging and

Child A has this paper available to them during lesson time but not when completing work in their workbook.	cognitive/visual strategies to support spacing between letters hasn't been helpful. Motor planning challenges are likely to be influencing their performance, visual tracking may also have an impact.
Use of specialised cutlery at meal times to support in cutting up food.	Child A is now able to cut up their own food using a knife and fork using the standard cutlery at school. They are able to use the correct pressure and use the cutlery in a lead-assist movement.
Sequencing support within class activities to enable Child A to complete tasks with more independence.	Child A is seeking more independence in sequencing their classwork; for example, normally activities are scaffolded into components, however A TA reports that Child A often wants to try activities without this additional support. Child A also appears to be developing "splinter skills" in the activities they are practicing regularly including letter formation, using cutlery and fastening buttons on a particular style of shirt. Child A's confidence and willingness to try activities is also a large strength. It was noted during the review that Child A tended to narrate to themselves when completing certain tasks- such as pulling suckers off the whiteboard which may be a compensatory strategy they have developed.

Barriers to positive outcomes for children with SEND

Currently waiting lists for specialist services are extremely long. Once we have referred a child for support from Speech and Language Therapy, Occupational Therapy, Mental Health support etc. they still wait for a prolonged period before accessing specialist support. Parents who can take their child for private support or diagnosis appointments are able to "jump these queues" and access support much sooner. In school we do all we can to support the children using the tools and expertise we have available to us and have begun buying in the services of private occupational therapy and dyslexia specialist teachers to support us in this work. This obviously has a cost implication leading to us having to prioritise which children can access support and for how long as our budget is extremely tight.

Governing Body

Kate Rogerson communicates with the appointed governor for SEND on a regular basis. The governor receives a termly development plan that highlights areas for development and progress with relation to provision for those with SEND. The governor is also invited to monitor how the school meets the needs of those with SEND.