Answers

Chapter 11 Special Educational Needs and Disabilities

Recall activities

1. **a** The SEND Code of Practice 2015

**b** 0–25 years

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| **Acronym/Term** | **Meaning** |
| SEND | Special Educational Needs and Disabilities |
| EHCP | Education, Health and Care Plan |
| EHA | Early Health Assessment |
| Primary Disability | The disability that affects the person the most; may be related to physical mobility or impairments, learning or cognitive impairments, or social or behavioural impairments |
| Holistic | Overall or all round; in relation to SEND it relates to their all-round care needs, along with how these care needs could impact their overall wellbeing |
| Barrier to learning | Anything that prevents a child or young person from taking part fully in activities or experiences implemented by the class teacher/school or early years setting |

1. 1) *2 year progress check*

2) Health visitor health check for children aged 2–3

3) Reception Baseline Assessment (RBA)

4) End of reception assessment – Early Years Foundation Stage (EYFS) Profile

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| **No-tech communication** | **Low-tech communication** | **High-tech communication** |
| 1) Body language | 1) Pen and paper | 1) Mobile devices |
| 2) Facial expressions | 2) Picture exchange communication systems (PECs) | 2) Laptops/tablets |
| 3) Gestures | 3) Photographs | 3) Speech synthesis |
| 4) Pointing | 4) Symbols | 4) Eye-tracking devices |

1. Policies and procedures to support children and young people with SEND include:

* SEND policy
* Anti-bullying policy
* Behaviour policy
* Medical needs policy
* Alternative provision policy
* Accessibility and access policy/plan
* Teaching and learning policy
* Complaints policy

1. Possible answers could include the following impacts on language, communication and educational development:

* Reading, writing and comprehension
* Mathematical skills and concepts
* Vocabulary skills and communication skills
* Attention span
* Coordination skills
* Logical reasoning
* Memory and building on prior knowledge

1. **a** Examples of chronic conditions:

* muscular dystrophy
* epilepsy
* severe allergies
* cystic fibrosis
* depression
* fragile X syndrome
* sickle cell disease
* diabetes

**b** Possible answers include:

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| **Condition** | **Effects on the child** |
| Epilepsy | This is a neurological condition that causes seizures that may be severe. |
| Muscular dystrophy | Life expectancy significantly reduced; individuals with this progressive condition find it harder to control physical movements as it worsens. |
| Severe allergies | Triggered in different ways. Can be dangerous – in some cases life-threatening if not treated immediately |
| Cystic fibrosis | Genetic condition that affects the lungs and digestive system. Individuals might become tired easily and find it hard to focus. |
| Depression | Can affect emotions and behaviour as well as schoolwork. It can be connected to eating disorders, self-harm, drugs or alcohol abuse and withdrawal from others |
| Fragile X syndrome | Individuals with this condition might have a short attention span, be impulsive, and have social and emotional or communication problems |
| Sickle cell disease | Affects the shape of red blood cells and causes painful episodes called sickle cell crisis, resulting in tiredness, shortness of breath and anaemia |
| Diabetes | Both type 1 and type 2; may cause child to feel unwell, hard to focus, problems with memory and processing skills if not managed appropriately. |

Short-answer exam-style practice questions

1. **D** – medical needs policy [1]
2. **C** – picture exchange communication [1]
3. **D** – logic and reasoning [1]
4. **A** – a condition that is long-standing, often lifelong [1]
5. **a** Any **one** of the following:

* School SENCO [1]
* Parents if they feel it is appropriate [1]
* The young person themselves – between the ages of 16–25 [1]

**b** **Access, plan, do and review** [1] (Must include all four steps for the full mark)

1. Examples could include **two** of the following:

* **Difficulty with spatial awareness and navigation:** Children with ASD often have challenges with sensory processing and understanding spatial relationships. When coupled with a visual impairment, these difficulties are exacerbated, making it hard for the child to move around the childcare setting safely and independently. [2]
* **Challenges with understanding and following instructions:** Multi-step instructions can be particularly challenging for a child with both ASD and a visual impairment. ASD can affect the child’s ability to process verbal instructions and retain information. Visual impairment further complicates this by limiting their access to visual cues and supports that typically aid in understanding and executing tasks. This can result in frustration and disengagement from structured activities. [2]
* **Impaired social interaction and engagement:** Children with ASD often face challenges in social communication and interaction. When visual impairment is also present, these difficulties can become more pronounced. The child might struggle to interpret social cues such as facial expressions and body language, which are crucial for effective communication and social interaction. [2]
* **Reduced engagement in play and learning activities:** Play is an essential part of cognitive development, but a child with ASD and visual impairment may find it difficult to engage in play activities that rely on visual information. This limited engagement can affect their cognitive skills development, such as problem-solving, creativity and fine motor skills. [2]

**Accept other appropriate responses that identify the issue *and* the impact of the condition.**

1. **a** Responses may include **two** of the following:

* **Fluctuating energy levels:** Liam may experience periods of high and low blood sugar, which can lead to fatigue or irritability. [1]
* **Frequent medical monitoring:** Managing type 1 diabetes requires regular blood sugar checks and insulin administration, which can interrupt his activities. [1]
* **Concentration and cognitive function**: High or low blood sugar levels can affect Liam’s ability to concentrate, process information and perform well academically. [1]
* **Emotional and psychological impact**: Managing a chronic condition like diabetes can be stressful and may affect Liam's emotional wellbeing. [1]

**b** Potential answers could include **any two** from the following:

* **Creating a suitable environment**: The teaching assistant can ensure Liam has easy access to necessary supplies, such as his glucose meter, insulin and snacks, reducing the stress and time taken to manage his diabetes. They can also provide a private space for him to check his blood sugar levels and administer insulin if needed. [2]
* **Educating peers and staff**: By educating Liam’s classmates and other staff members about type 1 diabetes, the teaching assistant can foster a supportive and understanding environment. This can include explaining why Liam might need to eat snacks at unusual times or why he might need to leave the classroom suddenly, helping to reduce any potential stigma or misunderstanding. [2]
* **Provide emotional support**: The teaching assistant can offer emotional support by being understanding and patient with Liam’s needs. They can create a trusting relationship where Liam feels comfortable discussing his condition and any challenges he faces. This emotional support can help Liam feel more secure and less isolated. [2]
* **Developing a flexible schedule**: The teaching assistant can work with Liam to create a flexible schedule that accommodates his medical needs without disrupting his education. This includes planning for regular blood sugar checks and insulin administration at convenient times that minimise classroom disruption. [2]
* **Promoting self-management skills**: The teaching assistant can empower Liam by teaching and encouraging him to take an active role in managing his diabetes. By fostering independence, the teaching assistant helps Liam build confidence in managing his condition. [2]

**Accept other appropriate responses.**

**c** Include any **two** of the following reasons and explain them in detail:

* **Monitoring Liam’s health and wellbeing**: Regular communication allows the SENDCO to stay informed about Liam’s current health status, any recent changes in his diabetes management plan, and any specific needs he may have. This ensures that the school environment remains safe and responsive to his medical needs. [3]
* **Coordinating care and support**: Consistent contact with Liam’s parents allows the SENDCO to coordinate effectively between home and school care. This includes sharing information about any significant changes in Liam’s behaviour, performance or health at school, and adjusting school-based support strategies accordingly. [3]
* **Emergency preparedness**: In case of a diabetic emergency, it is crucial for the SENDCO to have up-to-date contact information and specific instructions from Liam’s parents on how to handle different scenarios. This ensures a swift and appropriate response, minimising health risks for Liam. [3]
* **Education, health, and care plan (EHCP) updates**: Liam’s diabetes management might impact his educational needs and goals. Regular contact allows for timely updates and adjustments to his PEP, ensuring that his academic progress and health needs are balanced effectively. [3]
* **Emotional and social support**: Liam’s diabetes can affect his emotional and social wellbeing. By maintaining regular communication with his parents, the SENDCO can gain insights into any concerns or changes in Liam’s emotional state, helping to provide appropriate support or interventions at school. [3]
* **Ensuring consistency and continuity of care**: Regular communication helps ensure that the care and support Liam receives at school are consistent with his home management plan. This continuity is vital for effective diabetes management and helps prevent any conflicts or gaps in his care. [3]

**Accept other appropriate responses.**

Long-answer exam-style practice questions

1. Responses could include discussion of the following:

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| **Answer** | **Guidance** |
| Response to include mentions of the following:  **Knowledge of the purpose of an EHCP:**  A definition or demonstration of understanding of what an EHCP is, e.g. an EHCP is a legally binding document outlining the education, health and social care support that a child or young person with special educational needs and disabilities (SEND) requires.  It includes details of the child’s needs, the support required to meet these needs, desired outcomes and the provision to be made.  **Role in supporting Mustafa:**   * Ensures tailored support for Mustafa’s learning difficulties and health needs. * Facilitates access to specialised resources and services. * Provides clear goals and measurable outcomes to track progress.   **Individuals involved in Mustafa’s education and care:**   * Primary school SENDCO * Secondary School SENDCO (since he is 11) * Teachers and teaching assistants * Educational psychologists * Health care professionals * Parents/carers * Local Authority SEN Department   ***How regular contact supports transition*** *(include at least* ***two*** *examples of regular contact with explanation of how it supports transition)*:  **Regular meetings and updates:**   * Frequent communication between primary and secondary school staff ensures a consistent understanding of Mustafa’s needs. * Meetings between SENDCOs, teachers and parents help align strategies and expectations.   **Transition and orientation sessions:**   * Allow Mustafa to familiarise himself with the new environment, reducing anxiety. * Enable secondary school staff to observe and understand Mustafa’s needs in practice.   **Ongoing support and mentoring:**   * Regular check-ins by the secondary school SENDCO and teaching staff to monitor Mustafa’s adaptation and address any emerging issues. * Continuous updates to the EHCP based on observations and assessments during the transition period.   **Parental involvement:**   * Ensures that parents remain informed and engaged, providing valuable feedback and supporting consistency between home and school.   **Professional collaboration:**   * Sharing insights and strategies between primary and secondary educational psychologists, therapists, and other involved professionals to maintain a cohesive support system. | **10–12 marks (Level 4)**: Discussion is comprehensive and relevant, showing balanced justifications for having a detailed EHCP and regular communication between all those involved with Mustafa’s education and care.  All links have been accurately made between EHCP and Mustafa’s needs.  **7–9 marks (Level 3)**: Discussion generally logical and coherent, showing some balanced justifications for supporting Mustafa’s needs.  Most links have been made to the purpose of the EHCP and who it should be shared with – this is generally clear and mostly accurate.  The response demonstrates some depth of knowledge, but some omissions made.  **4–6 marks (Level 2)**: Discussion somewhat effective and has some relevance.  Some links made to the role of those involved in the EHCP.  Brief understanding demonstrated of the need for regular contact.  The response is basic and shows limited depth of knowledge with omissions or inaccuracies made.  Not all elements covered.  **1–3 marks (Level 1)**: Evidence is limited on ECHP and the transition process.  There is superficial depth of understanding demonstrated in the responses and omissions have been made.  **0 marks**: No relevant content.  Up to 3 extra marks would be given for QWC for:   * The response is clearly expressed and well structured. * Wide range of technical vocabulary used appropriately to fit the response. * Rules of grammar are used effectively. |

**Accept other appropriate responses.**

1. Responses could include discussion of the following:

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| **Answer** | **Guidance** |
| To support Jamie’s inclusion and ensure his specific needs are met at preschool, Anna can implement several strategies and demonstrate an understanding of key concepts and terminology.  ***Terminology and communication:***   * **Complying with organisational policies:**   It is important that all staff in the setting use the appropriate terminology when referring to children. They should follow the setting’s policies and procedures on this.   * **Avoiding stereotyping and labelling**:   Assumptions should be avoided when working with children with SEND. Stereotyping and labelling can be very damaging.   * **Valuing and respecting individuals**:   Using correct terminology is an important aspect of valuing and respecting others.  ***Integration, equity and inclusion:***  Understanding these concepts is crucial for supporting Jamie and other children with Special Educational Needs and Disabilities (SEND):   * **Integration**:   This means placing Jamie in the same physical space as other children without necessarily changing the environment or teaching methods to meet his needs. While integration ensures Jamie is physically present, it does not guarantee his full participation or learning.   * **Equity**:   This involves providing resources and support tailored to Jamie’s specific needs, ensuring he has the same opportunities to learn and participate as his peers. This might include one-on-one support, access to sensory tools, or adjustments in activities.   * **Inclusion**:   This is the goal of creating an environment where Jamie feels a sense of belonging and is actively engaged in all aspects of preschool life. Inclusion means adapting teaching methods, activities, and the environment to support Jamie’s participation and social integration fully.  ***Strategies for supporting Jamie could include two or three of the following:***   * **Create a structured environment**:   Consistent routines can help Jamie feel secure and reduce anxiety. Visual schedules can provide clarity about the day’s activities.   * **Use visual supports**:   Incorporating visual aids like pictures and symbols can help Jamie understand instructions and communicate more effectively.   * **Provide sensory-friendly spaces**:   Creating a quiet area where Jamie can retreat if he feels overwhelmed can help him manage sensory overload.   * **Collaborate with specialists**:   Working with speech and language therapists, occupational therapists and other professionals can provide targeted support for Jamie’s development.   * **Parental involvement**:   Regular communication with Jamie’s parents can ensure consistency between home and preschool strategies, making Jamie’s transition smoother. | **10–12 marks (Level 4)**: Discussion is comprehensive and relevant, showing balanced justifications for using the correct terminology in order to support Jamie in a professional manner.  All links have been accurately made between best practice and support for Jamie’s individual needs.  The response demonstrates extensive depth of understanding.  **7–9 marks (Level 3)**: Discussion generally logical and coherent showing some balanced justifications for strategies for supporting Jamie.  Most links have been made to best practice and links are generally clear and mostly accurate.  The response demonstrates some depth of knowledge with some omissions.  **4–6 marks (Level 2)**: Discussion somewhat effective and has some relevance to the scenario.  Some links made to the best support that Anna could give to Jamie for his specific needs.  Brief understanding of correct terminology demonstrated.  The response is basic and shows limited depth of knowledge with omissions or inaccuracies made.  Not all elements covered.  **1–3 marks (Level 1)**: Evidence is limited on supporting Jamie.  The response shows superficial depth of understanding demonstrated in the responses and omissions made.  **0 marks**: No relevant content.  Up to 3 extra marks would be given for QWC for:   * The response is clearly expressed and well structured. * Wide range of technical vocabulary used appropriately to fit the response. * Rules of grammar are used effectively. |

**Accept other appropriate responses.**

1. Responses could include discussion of the following:

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| **Answer** | **Guidance** |
| **Understanding policies and procedures**:   * Mateo needs to review the school's Special Educational Needs and Disabilities (SEND) policies to understand the framework and support provided to students like Jouri. * If Jouri has an EHCP, Mateo should familiarise himself with its contents, including specific goals, recommended strategies and resources allocated for Jouri. * Mateo must be aware of the school's safeguarding policies to ensure Jouri's safety and wellbeing in all activities. * Understanding the Equality Act 2010 is crucial for ensuring that Jouri's rights are upheld and that he receives reasonable adjustments to support his learning. * Familiarise self with the SEN Code of Practice which provides guidelines on supporting students with SEND.   **Importance of using the correct terminology:**   * Use person-first language (e.g. ‘a child with autism’ rather than ‘an autistic child’) to show respect and recognise Jouri as an individual, not defined solely by his diagnosis. * Use current and accepted terminology such as ‘autistic spectrum disorder (ASD)’ to avoid outdated or insensitive terms and ensure clear communication. * Be mindful of Jouri and his family's preferences regarding terminology, as they may prefer identity-first language (e.g. ‘autistic person’). * Using correct terminology demonstrates professionalism, aligns with educational standards and helps advocate for Jouri by promoting awareness and understanding.   ***Accessing the best support:***   * **Special Educational Needs and Disabilities Coordinator (SENDCO)**   Collaborate with the SENDCO for guidance, resources, and strategies tailored to supporting Jouri effectively.   * **Experienced colleagues**   Seek advice and support from experienced colleagues who have worked with students with ASD.   * **Professional development**   Attend training and professional development courses focused on ASD and inclusive education to enhance his skills and knowledge.   * **Parent involvement**   Engage with Jouri’s parents or caregivers to understand his specific needs, effective strategies used at home, and to ensure consistency between home and school support. | **10–12 marks (Level 4)**: Discussion is comprehensive and relevant, showing balanced justifications for understanding the relevant policies and procedures for supporting Jouri.  All links have been accurately made between professionalism and best practice.  The response demonstrates extensive depth of understanding strategies that support accessing support.  **7–9 marks (Level 3)**: Discussion generally logical and coherent, showing some balanced justifications for accessing support.  Most links have been made to the scenario and links are generally clear and mostly accurate.  The response demonstrates some depth of knowledge with some omissions made.  **4–6 marks (Level 2)**: Discussion somewhat effective and has some relevance. Some links made to accessing support.  Brief understanding demonstrated of relevant policies and procedures that Mateo needs to refer to.  The response is basic and shows limited depth of knowledge with omissions or inaccuracies made.  Not all elements covered.  **1–3 marks (Level 1)**: Evidence is limited on the role and responsibilities of a teaching assistant within this situation.  The response shows superficial depth of understanding and omissions have been made.  **0 marks**: No relevant content.  Up to 3 extra marks would be given for QWC for:   * The response is clearly expressed and well structured. * Wide range of technical vocabulary used appropriately to fit the response. * Rules of grammar are used effectively. |

**Accept other appropriate responses.**

1. Responses could include discussion of the following:

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| **Answer** | **Guidance** |
| ***Understanding Nasreen’s communication needs and preferences:***   * **Initial assessment:**   Conduct an initial assessment to understand Nasreen’s current communication abilities, preferences and specific challenges. This could involve observations, input from her parents or caregivers, and working with specialists such as speech and language therapists.   * **Collaborative approach:**   Work collaboratively with a multidisciplinary team, including SENDCO, therapists, and Nasreen’s family, to gather comprehensive information about her communication needs.   * **Individualised communication plan:**   Develop an individualised communication plan based on the assessment findings, detailing specific AAC methods tailored to Nasreen’s strengths and preferences.   * **Ongoing monitoring and evaluation:**   Continuously monitor Nasreen’s progress and adjust the communication plan as needed. Regular evaluations ensure the chosen AAC methods remain effective and relevant.  ***Benefits of augmentative and alternative communication (AAC) for children like Nasreen*** *(include* ***four*** *points)****:***   * **Enhance communication:**   AAC methods provide Nasreen with alternative ways to express herself, reducing frustration and improving her ability to communicate her needs, thoughts and feelings.   * **Increase participation:**   By enabling Nasreen to communicate more effectively, AAC can enhance her participation in nursery activities, fostering a sense of inclusion and belonging.   * **Support for development:**   AAC methods can support the development of verbal communication skills. For some children, using AAC can be a bridge to developing spoken language.   * **Improved social development:**   AAC facilitates better social interactions with peers and adults, helping Nasreen build relationships and social skills.  ***AAC Strategies that could within the response:***   * **Picture exchange communication systems (PECS)**   Implement PECS to allow Nasreen to use pictures to communicate her needs and desires. This method is straightforward and can be highly effective for children with limited verbal skills.   * **Communication boards or books**   Use communication boards or books with symbols and pictures that Nasreen can point to in order to express herself.   * **Speech-generating devises**   Introduce simple speech-generating devices that Nasreen can use to produce spoken words or phrases.   * **Sign language**   Teach Nasreen basic sign language to provide her with a manual form of communication.   * **Visual schedules and supports**   Use visual schedules and supports to help Nasreen understand daily routines and transitions, reducing anxiety and enhancing her ability to communicate about activities and expectations. | **10–12 marks (Level 4)**: Discussion is comprehensive and relevant, showing balanced justifications for the approaches that the staff in the nursery could implement to support Nasreen.  Understanding of Nasreen’s communication needs and implementing a range of support strategies.  All links have been accurately made between accessing needs and identifying benefits of AAC.  The response demonstrates extensive depth of understanding.  **7–9 marks (Level 3)**: Discussion generally logical and coherent, showing some balanced justifications for chosen support strategies.  Most links have been made to relevant policies and procedures to support Nasreen’s needs. Links are generally clear and mostly accurate.  The response demonstrates some depth of knowledge with some omissions made.  **4–6 marks (Level 2)**: Discussion somewhat effective and has some relevance.  Some links made to best practice.  Brief understanding of AAC demonstrated.  The response is basic and shows limited depth of knowledge with omissions or inaccuracies made.  Not all elements covered.  **1–3 marks (Level 1)**: Evidence is limited on benefits of AAC.  The response shows superficial depth of understanding demonstrated in the responses and omissions have been made.  **0 marks**: No relevant content.  Up to 3 extra marks would be given for QWC for:   * The response is clearly expressed and well structured. * Wide range of technical vocabulary used appropriately to fit the response. * Rules of grammar are used effectively. |

**Accept other appropriate responses.**