



**Support
for
Learning**



SEND Initial Enquiry Booklet



enjoy respect achieve





Dear Parent/Carer,

It can be a complicated process to identify special educational needs in young people.

The SEND initial enquiry booklet is designed to outline the support and next steps available to young people and their families.

The booklet is predominantly for families of young people who have not been identified as needing special educational support but who may require some additional support to reach their full potential.

If your child is already accessing SEND support and you have queries about additional support, please contact their Head of House and/or SEND@bohunt.hants.sch.uk.

It is important to note that Quality First teaching at Bohunt means your child might already be receiving support as part of our universal provision. These reasonable adjustments are made regardless of identification of SEND or a formal diagnosis. Interventions and additional support offered is on the basis of identified need regardless of a diagnosis.

Best wishes,

Henry Leahy

Special Educational Needs Coordinator



Contents

▶ What does SEND mean?	Page 4
▶ The four broad areas of need	Page 5
▶ The Graduated Approach	Page 6
▶ Autism	Page 7
▶ ADHD	Page 8
▶ Dyslexia	Page 9
▶ Unknown Need	Page 10
▶ Mental Health	Page 11
▶ Working in partnership	Page 12
▶ Exam Access Arrangements	Page 13
▶ Good to know	Page 15

Please note that for ease the headings are linked directly to the correct page.





What does SEND mean?

Disabilities are medically diagnosed conditions that cause a barrier in aspects of life. They are recognised protected characteristics under the Equality Act 2010. This means schools and employers should make reasonable adjustments to accommodate these disabilities.

Disabilities include:

- Hearing or visual impairments
- Neurodevelopmental differences such as autism or ADHD
- Learning differences such as dyslexia
- Physical disabilities
- Developmental disabilities such as DLD
- Chromosomal differences such as Down's Syndrome or Williams Syndrome

Some special educational needs may not be diagnosed as one specific condition. Identifying SEND means looking at which area of a child's development is delayed and investigating the best targeted support that might need to be offered in addition to universal provision.

It is important to understand that all children develop at their own pace, and some differences from peers or class and national averages are perfectly normal and do not necessarily mean a child has SEND. Throughout childhood and adolescence children may just require a little extra support or time to develop in certain areas and do not require long term adaptation to provision.



Key Facts



- There are approximately 1.5 million people with a learning disability in the UK.
- Most disabilities can only be diagnosed by a doctor.
- Learning disabilities are life-long conditions. These are not illnesses and there is nothing wrong with having a learning disability.
- Around 70% of people with Autism also have ADHD and up to 40% of people with ADHD also have Autism.



The four broad areas of need

The four broad areas of need refer to the categorisations used in education and healthcare frameworks, such as the SEND Code of Practice, to identify and plan for special educational needs and disabilities.

Communication and Interaction

Difficulties with speech, language, and communicating with others. This includes speech and language needs (SLCN) and autism.

Cognition and Learning

Difficulties with learning, retaining information or organising thoughts. This covers specific learning difficulties (such as dyslexia), as well as general or profound difficulties.

Social Emotional and Mental Health

Difficulties managing emotions, regulating behaviour, or maintaining mental wellbeing. This can manifest as withdrawal, depression or challenging behaviour.

Sensory and/or Physical needs

Disabilities or impairments that require specialist support or equipment. This includes visual (VI), hearing (HI) impairments, multi sensory impairments and physical disabilities.

These categories act as a guide; many young people have overlapping or complex needs that span over a number of areas over time. We are able to identify one single area of need or multiple needs for each young person.

The Graduated Approach

The Graduated Approach (APDR) is used to identify and support young people with Special Educational Needs and Disabilities in education settings. It ensures support scales up based on need and allows opportunities to review and reflect.



Heads of House and Tutors are equipped to complete the first cycle of the graduated approach. If support needs to evolve, the SEN team may become involved.

Pupil Passports

Pupil passports are a consistent way that we share information relating to a student's SEND to all staff at Bohunt.

If a student goes on to the SEN register (K), they will have a Pupil Passport that sets out targeted provision and next steps. This document is shared with all staff via Class Charts and should be written in collaboration with the young person and their parents.

Pupil Passports share baseline data, barriers to learning and targeted provision. They also act as a reminder of the teaching methods that are considered "universal provision".

Autism

Autism is a neurodevelopmental difference that can only be diagnosed by a medical professional or registered psychologist. Autism is not a condition that can be medicated. It is not an illness to be treated, it is an alternative way of thinking and interacting with the world.

Autism can present as:

Difficulties with social interactions.

Strengths with attention to detail.

Above average levels of intelligence.

Difficulties managing change or uncertainty.

Rigid thinking.

Hyperfocus or fixation on special interests.

Universal provision and adaptations

Autism may not require adaptations in school.

Some common adaptations include:

- social skills interventions,
- extra processing time
- and additional support in processing changes to routines.

LEARN MORE >>

CLICK HERE!

NHS - Autism Spectrum Disorder

National Autism Society
What is Autism

Attention Deficit Hyperactivity Disorder (ADHD)



ADHD is a neurodevelopmental difference that can only be diagnosed by a medical professional. There are some medications to support with symptoms of ADHD but they must be prescribed and reviewed by a medical professional.

ADHD can present as:



Hyperactivity



Impulsivity



Creative thinking and practical skills



Success and enjoyment in physical activities



Forgetting basic tasks and routines.



Difficulties with concentration

Universal provision and adaptations

Some of the greatest impact can be had at home with clear routines, sleep patterns and a balanced diet. Research shows this combination can support those with ADHD to be more successful during the school day. Some common adaptations at school include:

- breaking tasks into smaller, manageable activities (chunking),
- use of visual prompts to support extended writing or reading tasks
- offering clear boundaries and behaviour-specific praise.

LEARN MORE >>



CLICK HERE!



NHS - ADHD in children and young people



ADHD UK - about ADHD



Dyslexia

Dyslexia is a learning difficulty. It is a difference in how the brain processes words, language and information, particularly phonics (the sound of letters). Dyslexia is only diagnosed by an educational psychologist or a specialist dyslexia teacher.

Dyslexia can present as:



Universal provision and adaptations

As a school we have the capacity to screen for literacy difficulties and run specialist assessments if there is an emerging need. We will share strategies for suitable adaptations with colleagues where necessary.

Some common adaptations at school include,

- extra thinking or processing time in class,
- use of an iPad to access resources and complete extended reading and writing tasks,
- additional literacy interventions to support foundational skills.

LEARN MORE >>

CLICK HERE!

NHS -
Dyslexia in children



Dyslexia UK -
about Dyslexia





Unknown need

When investigating a special educational need, there are three main categories for consideration,

1. Medical disabilities,
2. Learning difficulties,
3. Learning disabilities.

What is the difference between a learning difficulty and learning disability?

A **learning disability** is a reduced intellectual ability, usually identified soon after birth or in the early years, and will last a person's whole life, affecting all areas of life. A **learning difficulty** might make aspects of learning more challenging but **does not** affect general intellect.

“ A learning disability is different from a learning difficulty as a learning difficulty does not affect general intellect. It is possible for a person to have both a learning disability and a learning difficulty. ”

<https://www.mencap.org.uk/learning-disability-explained>

Deviating from developmental norms or national averages in one area or subject is not always indicative of SEND. Instead, this could be a result of **hormonal changes** and the **significant brain development** your child experiences during childhood and adolescence.

There are other difficulties and conditions that could explain the behaviours of concern, these include:

- Dyscalculia
- Dyspraxia
- Chronic Fatigue / ME
- Hypermobility
- Learning Disabilities
- Chromosome disorders or deletion syndrome

These can only be diagnosed by trained medical professionals.

Mental Health

Special Educational Needs also extend to mental health difficulties that have a substantial and long-lasting effect on the young person. Mental illness can be a short term problem relating to a specific set of external events, or a longer term issue. A short period of mental illness may not require adaptations in school. A longer, more severe period of mental illness may require adaptations.

The Wellbeing, Safeguarding and SEN team work together on mental health difficulties. The SEN team become more involved with the most serious issues. You do not need to wait for school to get help for your young person's mental health.

Emotional Based School Avoidance (EBSA)

Emotional based school avoidance (EBSA) is a relatively new term and is not a condition; it is an experience a young person has of avoiding school on emotional grounds. This is not "bunking" or "truanting" a lesson, but rather avoiding school or a lesson because something is causing them distress. The reasons for avoiding school can vary and it is not, in itself, a special educational need.

A young person may be avoiding school due to academic pressure, social issues or bullying, as well as underlying disabilities causing a barrier to school attendance.

If a child is experiencing anxiety that leads to avoiding school, the pastoral or SEN team will work with them to unpick what is causing the anxiety and, if possible, remove barriers. In the first instance, contact the Tutor and Head of House. Access to specific members of staff, or avoiding specific lessons, for example, is not possible, however, there are often small steps that can be taken to help ease a child back into education.

If you have any concern relating to EBSA, or possible EBSA, we advise that you make early contact to key members of staff. Early intervention is important to ensuring quick re-engagement with learning.

If your child is experiencing an acute mental health crisis and you need urgent support, please scan the QR code or contact [111](#) immediately.

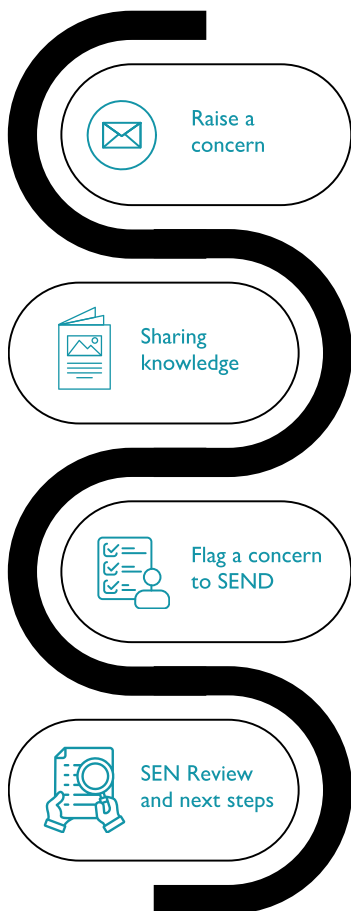
CLICK HERE!

**Mental
Wellbeing
Hampshire**



Working in Partnership

It is important for the school to understand why you feel your child may have special educational needs or disabilities, that haven't been identified. The following process is in place to ensure the correct members of staff are alerted and you receive a thorough response to any concerns raised.



Step 1

A parent/carer raises a concern around SEND or disability to a member of staff. Ideally, this concern would be sent to a tutor or Head of House.

Step 2

The member of staff provides this Parent Enquiry booklet to the parent, providing relevant information.

Step 3

Parent/carer completes a short questionnaire via Google Form. Please click the link to make a referral



Step 4

SEN review the questionnaire alongside school reports, teacher concerns and other quantitative and qualitative data. We aim to review these within 4 weeks.

The outcome of a concern raised will either be:

1. Yes - there is a clear need that has been identified - SEN team will be in touch,
2. Maybe - the picture is unclear and either Pastoral or SEN will monitor any further concerns.
3. No - there are concerns out of school. The SEN team will signpost information and guidance to the pastoral team to share with home.



Exam Access Arrangements

What are they?

Access Arrangements are put in place at GCSE to ensure that students are assessed for the skills the exam is testing and not held back due to their disability or difficulty.

Exam access arrangements must only level the field, not provide unfair advantage.

Examples of access arrangements:

- 25% extra time,
- Supervised rest breaks,
- Prompt,
- Use of a word processor rather than hand writing.

LEARN MORE >>



CLICK HERE!

Who might need access arrangements?

Students who are disadvantaged due to a learning difference or a disability may need an access arrangement. This is decided on the basis of need, not on the basis of disability. Students don't need a diagnosis to qualify for access arrangements and a diagnosis does not mean an access arrangement will be granted. Regardless of a diagnosis, we have to gather evidence within the school setting to support an application.

How do schools identify need?

In Year 7, the SEND team reviews information from primary school and makes some recommendations to teaching staff. Teaching staff put these recommendations in place for BET assessments. These are in-class assessments and therefore these arrangements are more flexible than for external exams such as GCSEs.

What do you mean by 'normal way of working'?

To qualify for access arrangements, they must become a student's normal way of working and consistently used in everyday classroom activities, mock exams and homework.

The JCQ sets out the official standards for schools and colleges. To ensure arrangements are approved, the school are required to ensure they are consistently used in the classroom, that there is a history of need, evidence of need (such as teacher evidence and internal assessments) and that there is no unfair advantage. Again, access arrangements are designed to remove barriers without changing what is being tested or lowering the integrity of the exam.



Exam Access Arrangements

During Y7, we complete baseline assessments during the first term without access arrangements to ensure we have a clear baseline and an understanding of need.

Y7

Information is sent by Primary schools to ensure that reasonable adjustments are in place where possible. There will be some trial and error throughout Y7 as students develop in a new setting.

From Y8 onwards, we try to ensure that reasonable adjustments are in place for BET assessments and in lessons where possible.

Y8

From the summer term of Y9, access arrangement testing in line with JCQ regulations can take place.

Y9

Y10

Students will sign an Data Protection Notice (DPN) in Y10 or Y11 to enable us to enter them for formal GCSE access arrangements.

GCSEs begin with formal access arrangements offered and overseen by our Exams officer.

Y11

Students will be given their Form 8 or Form 9 on Results Day, to be shared with the Post-16 provider.

Good to know

Under the UK's statutory SEND Code of Practice, a formal medical diagnosis is not required to receive special educational needs (SEN) support or reasonable adjustments in school. Support is needs-led, not label-led.

Right to Choose (ADHD and Autism)

If you are seeking a diagnosis of autism or ADHD, the waiting list for CAMHS is several years long. Ask your doctor about Right to Choose: an NHS funded service that allows you to use private companies (with shorter waiting lists).

Psicon and Clinical Partners are two providers that parents often use to pursue this diagnostic pathway, but others are available.

Please note, any paperwork requested will be completed within a minimum of 3 working weeks. This allows information to be gathered from teaching staff.

Dyslexia diagnoses are useful but not necessary

Dyslexia diagnoses do not qualify someone for exam access arrangements, even if the diagnostic report states that they would be useful. Further guidance can be found in the next section of this booklet.

We will always take a private dyslexia diagnostic report into account and use it as guidance to support our work in school. If there are aspects of a report that we cannot follow through on, we will let you know.

Access arrangements are decided upon by JCQ

Schools have to provide specific evidence, including tests co-ordinated by a registered access arrangement assessor, to be able to offer access arrangements from Y9 onwards.

There is more information about access arrangements in the next section of this booklet. Please be aware that thresholds and criteria for access arrangements change yearly.

Any access arrangements awarded in KS3 are informal and maybe withdrawn if a student does not qualify for access arrangements in year 9 or 10.

Good to know

Accessing 'Experts at Hand'

While the Government aims to improve mainstream settings' access to experts (such as Educational Psychologists, Speech and Language Therapists, Occupational Therapists and Physiotherapists), we currently have extremely limited access to these professionals.

As a school we can consult specialists if we feel we cannot make progress with a young person, however this provision is not ordinarily available.

If you believe your child requires this level of provision, please contact SEND@bohunt.hants.sch.uk

What happens if my child doesn't want help?

Once a child reaches the age of 13 any medical professional will consider whether they are competent to make their own choices about their medical care, including mental health or diagnostic pathways. If your child does not want to attend their counselling or diagnostic appointments, the service is unlikely to continue.

It's important that our young people, if competent, have autonomy over their medical care. This can feel really frustrating as a parent. As a school, we will always encourage young people to accept help but we will always allow them to make their own choices and decisions about the support or intervention they wish to receive.