

SEND & Inclusion Summary Term 4 March 2025

Number of pupils on SEND register	77
SEN Support	69
EHCP	8
Number with EHC needs assessment in process.	7

Breakdown of needs across year groups

C&I= Communication and Interaction (including ASC) C&L= Cognition & Learning

SEMH= Social Emotional and Mental Health

P/S =Physical/and or Sensory

Year group	No.	Funding EHCP=E	Examples of needs
Nursery	2	1	Autism (undiagnosed or on referral pathway)
Reception	9	2	Autism (undiagnosed or on referral pathway) 4 Children with SEMH who have experienced trauma=3 Speech and Language Hearing impairment
Year 1	12	5 E=1	Autism (undiagnosed or on referral pathway) 3 SEMH who have experienced trauma/ACES =2 Significant speech and language delay=1 Down Syndrome=1
Year 2	10	3 E=1	SEMH= 1 Autism undiagnosed or on referral pathway=4
Year 3	9	1 E=1	SEMH =1 child with significant trauma/ACES 1 child with possible Adhd and hearing impairment 1 child with diagnosis of Autism Speech and language =2
Year 4	8	1 E=1	Autism (undiagnosed or on referral pathway)=2 Dyslexia =3 SEMH=2
Year 5	13	3 E=2	Autism-diagnosed or undiagnosed =5 SEMH anxiety & dyslexia=1 Dyslexia & cognition & learning=1 ADHD-diagnosed/undiag= 4
Year 6	13	2 E=2	SEMH=4, including 2 with high levels of anxiety Autism-diagnosed or undiagnosed=4 Dyslexia=4

Current challenges 2024-2025

Bristol;

- Change in Bristol SEN systems. End of 'Top Up' system where schools were expected to apply for additional high needs band funding before EHCP. Local authority has recently announced they have recognised the need for current top up funding payments to stay in place until EHC needs assessments are finalised
- Pressure on Bristol LA systems and processes mean there are long delays in EHC needs assessments. LA has taken actions to address this- employing more staff and Educational Psychologists
- Long wait times for Autism referrals. Agencies and professionals have recognised this and more support is offered to children and families who are on the waiting list. Emphasis is on being 'needs led' rather than waiting for a diagnosis

SMRP-changes;

- Significant changes for the school this academic year with a new Head and new Trust. Change in systems, processes and curriculum moving from DBAT to LSP.
- A lot of change in a short time has created additional pressure and stress and impact staff well being
- LSP have some different processes in the way SEND needs are categorised. In the long term these processes should be beneficial but will need to be introduced gradually.
- LSP would like schools to move towards this so we are in line with LSP policies from September

SMRP challenges

- An increasing number of children whose SEMH needs are a barrier to accessing classroom learning and who experience frequent dysregulation. This is stressful for the child, staff and other children. For staff in year groups with high levels of SEMH need this impacts well being
- Implications on the need for additional staff to provide enhanced ratio of staffing in some year groups and the cost of this at a time of budget deficit.
- Increasing levels of anxiety, and emotionally based school avoidance (EBSA)
- Children entering Reception with delayed language and emotional and social interaction needs who require early intervention

Actions to meet current challenges;

- high level of **multi-agency working** involving professionals such as EP, Primary mental health specialist, school nurse, speech and language therapists
- working closely with **LSP leads** ; Lead teacher for SEN (Suzy Divine) and Behaviour Lead have both been in for visits
- SENDCo has attended **LSP SEND networks** in term 3 and term 4

A Focus on identifying SEMH need

- SENDCo has completed **Senior Mental Health Lead (SMHL)** training in term 2 (a government funded programme, all schools expected to have a SMHL by 2025)
- As part of this the school will be allocated a trained **Mental Health Support worker** who will work in school once a week and support identified children with emotional needs/anxiety either in small groups or 1:1
- Pastoral meetings** continue weekly –SLT and family link worker meet to discuss children where there are concerns and identify actions
- SENDCo (LR) and Nurture Lead (RK) liaise to agree on children who will benefit from **Nurture interventions**. Further children may be flagged for support through the pastoral team process. Some of these children are on SEND register. Pupils and staff value these sessions, especially in terms of giving pupils time to reflect, explore thoughts and feelings and for their voice to be heard
- LSP is working towards all schools adopting a Nurture approach and using **Boxall assessment** across all year groups- this process has started. This will support a more proactive early intervention approach.
- Bridge Child Therapist** works with 4 pupils each week and works closely with their parents /carers. In addition she meets with teachers and LSAs who work with children with SEMH need. She also offers parents consultations and class observations.
- School Nursing service**- we have utilised their new offer of emotional well being support packages. We have referred 7 pupils into the service. This involves a school nurse meeting with parent/carers then running at least 4 one to one sessions to support emotional needs such as low self-esteem. The school nurse may recommend further referrals and signposting eg one pupil was referred into CAMHS
- School Nurse coffee mornings** planned to offer signposting and advice to parents and carers (term 4 onwards)

-Bristol Sport Mentoring programme- short or long term mentoring packages for pupils with SEMH need such as low self-esteem, trauma, social anxiety, difficulties with peer interaction. The Mentor sees the pupil once a week.

-Referrals to our school link **Primary Mental Health Specialist (PMHS)** who is part of CAMHS team. She has also worked 1 :1 with pupils and can refer onto other health services

-Referrals to **Alternative Learning Provisions (ALPs)** where needed. We have made referrals to Lansdown ALP & Horseworld which were beneficial.

What is going well/successes

Observed in recent learning walk with LSP Lead teacher 28.2.25 Suzy Divine

The school works flexibly to meet the needs of children with more complex needs, including using the on-site nursery for some aspects of the day for a few children in YR/ Y1 (and for one girl who is chronologically in Y2).

- There are a number of children who arrive at the school with little to no background information (of education or health and some with no information at all). The school works hard to establish what they need and makes good use of external professionals to support this (SALT, EP, BAT Team input, local community and not for profit support groups, etc).

- The advice from professionals is acted upon, for example, some children have personalised workstations with their own visual prompts and resources (e.g. choice boards).

- Physical resources to support learning were evident in all classrooms, e.g. use of manipulatives in maths, mini whiteboards, multiplication tables, visual TTs, use of iPads (observed for translation purposes), coloured slides, talking tins (used with a dyslexic child), fidgets, bespoke prompt/wagoll sheets, etc.

- In KS1 – children were practicing mindfulness as part of their daily routine, which is supporting their well-being – this presented as a calm and well-embedded routine.

- There are more visual supports in Y1 classes and the use of widget, colourful semantics and other visuals to support routines (e.g. now/ next) and learning. They had letter formation supports on their desks.

- The seating arrangements for children are thoughtfully planned, e.g. Y3 child with trauma is very close to the teacher and was seen to have very early check ins and in Y5

a child with SEMH needs had space in the corner where the teachers computer screen was – it was turned around so the information was directly in front of them (rather than looking at the IWB).

- If needed, the adults adapt their approach to the needs of the child in that moment (e.g. in Y3 a child with complex needs was in the classroom with his peers, but was on the floor with a supporting adult completing his work there instead of at a desk).
- Strong relationships were seen between adults and children

Interventions

- interventions in place for targeted children and groups and reviewed every 2 terms, being tracked and monitored and measured for impact with entry and exit data

Communication and Interaction needs- examples

- children on speech and language plans (set by Speech and Language Therapists) are making good progress against their targets
- school staff work effectively with a number of speech and language therapists including specialist therapists
- ‘social detective’ groups are effective in supporting pupils with social communication needs/Autism to develop confidence and skills

Inclusive ethos

- school have been praised for the work we have done in supporting pupils to stay in school and working hard to support them to be included as much as possible (by Bristol Inclusion Lead, Child therapists, EP and ALP staff)

Next steps

In discussion with Suzy Divine we agreed some next steps would be;

- look at LSA deployment in the light of a lot of staffing changes this academic year due to a high number of staff needing to take longer term sickness
- revisit scaffolding to support all teachers to provide a range of scaffolds for SEND pupils

Liz Radnor, SENDCo