Inclusion and Learning Support at Riverside & Cronton College.

Supporting student/apprentice success through inclusive teaching.

2024/2025 (V3)

No.	Contents	Page

2024/2025 (V3)

Please view the Inclusion at Riverside and Cronton Learning Support PowerPoint.

Please use this document alongside the Learning Support Inclusion Resources on MS Teams Inclusion and Learning Support

2024/2025 (V3)

1. Our INTENT – Inclusion for All

At Riverside and Cronton College we want to ensure that we work with all students regardless of age, their starting point, their disability, or inclusion needs. Our aim is to enable students to achieve their aspirations and move on to further or higher study, an apprenticeship or into the world of work.

As a college we pride ourselves on outstanding teaching, learning and assessment. College values highlight our ambitions about being outstanding in all that we do, particularly our development of inclusive practice, equality, and diversity.

Nationally the world of SEND and inclusion is ever changing. We want to work with our team members, students, parents, carers, external professionals, and supporters who have lived experience of learning differences, difficulties, and disabilities.

National data suggests that approximately 20% of students in further education colleges are neurodiverse. Most having dyslexia, dyspraxia/DCD, ADHD or another learning difference or disability.

After reviewing best practice in inclusion, the College has very deliberately adopted the social model of disability. A variety of sector-based specialist advisory bodies such as Scope, MENCAP and Disability Rights UK, advise education providers that this model is person centred, positive, attribute based and important in enabling our society to progress towards the affirmative model of disability.

Would you like to know more?

Something to watch:

Click on this link to watch a short video from Scope about the power of the social model of disability https://www.scope.org.uk/about-us/social-model-of-disability/

https://youtu.be/0e24rfTZ2CQ

Something to read:

Click on this link to read We Belong, a document recently written by disability rights UK to inform the 2022 disability strategy.

https://www.disabilityrightsuk.org/news/2021/january/disability-rights-uk-releases-we-belong-report

Something to think about …

https://www.scope.org.uk/media/disability-facts-figures/

Read the data about the impact of disability on life chances and health. Our inclusive practice and enabling students to reach their aspirations not only unlocks progression – it extends lives, improves health, and diversifies our workforce and communities!

2024/2025 (V3)

This document has been created to provide guidance to our teaching and support teams.

Use this as a starting point to dip into as you start to develop teaching, learning and assessment strategies.

Thank you for reading

Sarah Le-Good

Head of Inclusion, Learning Support and Foundation Studies @Riverside College

We will review and update this document annually to ensure that it's up to date with latest hints and tips and research informed practice about learning difficulties, disabilities and best practice in adjusting and adapting teaching, learning and assessment. If you have suggestions or research that you would like to share, please get in touch and we will be sure to add relevant content. The next revision of this document is due in August 2025.

2. We provide support in a variety of ways for a variety of needs.

We provide support for students with many of the following inclusion needs, including:

- dyslexia, dyspraxia/DCD, dyscalculia, and other neurodiverse conditions
- autism spectrum conditions including students with diagnosis of pathological demand avoidance, oppositional defiance disorder etc.
- learning disabilities – intellectual impairments
- physical impairment
- visual impairment
- hearing impairment
- medical conditions such as (but not limited to) epilepsy, diabetes, Ehlers-Danlos Syndrome, Restricted Growth
- mental health difficulties

Please get in touch if you want to discuss any specific learning differences/ disabilities and the best practice around adjusting teaching to meet needs.

We provide support in some of the following ways:

- **Your Voice** - We work with students and their circles of support to create an inclusive teaching plan (ITP) helping teachers and other members of the team know what students want and need while avoiding what does not work.
- **Paired & Peer Support** - We might provide students with access to small study groups or paired support sessions to help develop skills and strategies around managing their inclusion needs and helping them stay up to date with their studies and assignments.
- **Technology & Text Help** - We will support students to make great use of technology both on computers and mobile phones. Students can access small group support sessions on MS Teams.

2024/2025 (V3)

- **In Class support (shared support)** – Some students will need support at the start of term in class and for some students this remains in place all year.
- **In Class support (1:1)** – very few students across the College have 1:1 support that remains in place all year for all classes.
- **Exam Access Arrangements (EAA)** - If students had exam access arrangements in school or their previous provider, we would discuss with students whether they need these arrangements in college. Evidence of previous EAA may be required and new assessments carried out for EAA to be in place for their exams at Riverside and Cronton College. See the JCQ regulations here:
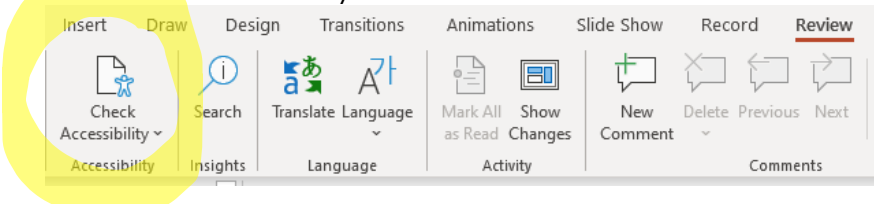
https://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/

3. Good inclusive classrooms checklist

These inclusive approaches are useful for all students. Developing them in your teaching practice can help many students, not just those with a diagnosis.

Strategies to consider	✓
Think about your teaching space – is it a suitable size? Well lit? Suitably ventilated? Is it overly decorated and busy which could create distraction?	
Think about the student's place - discuss with students the best place for them to be seated during taught sessions. Where possible enable students to return to the same seats; this can help manage anxiety and create routine.	
Enable the student's voice – ask what is most useful and then try and provide it	
Provide structured choice – limit choices to create a safe environment	
Think of ways to create sensory management opportunities. Dyslexia, autism, and scotopic sensitivity can make some senses work overtime or be heightened. Think about the environment you create: • Lighting, window coverings etc. • Heating and ventilation • Noise, external noise in corridors, noise in class can be very disruptive • Decoration and displays on the walls can distract and overwhelm • Texture of work wear / PPE • Wearing a cap, hat or hood can help with sensory management	

2024/2025 (V3)

Be prepared – where students have shared information with us, we will add this to STAR. Read the Inclusive Teaching Plan (ITP), add strategies and information to your group profile and embed the advice into your planning. Make inclusion and inclusive discussions your classroom norm.	
Adjust your communication – as early as possible in the term ask students: • What suits them? • What strategies work well? • What do they like to do? • Where do they need to be pushed to do better, what are their progression aspirations? • Do they want to talk, email or chat with you on MS Teams to review progress?	
Create a space for the student to develop into As well as supporting students to achieve qualifications we want them to develop a set of self-management strategies to enable them to progress into further and higher study and the world of work.	
Be clear – Use direct and clear language and instructions. *(Think of students with sensory processing delay/disorder. They may take up to 10 seconds to process spoken words, instructions, and often miss key pieces of information)* • Reinforce teaching and assessments with written instructions • Consider sharing resources before sessions using flipped learning • Share planning with our in-class support teams • Use 'no waffle' directive checklists • Check for understanding of tasks and performance criteria • Clearly mark transitions in tasks and use timings to set clear start and end points	
Make resources and materials accessible **In MS Word** • Use recommended font, font size and background / paper colour (Century Gothic. Size 14 -18 font, light blue background is a good place to start) • Avoid centre aligning or fully justifying texts – inconsistent spacing is a challenge for those with scotopic sensitivity	

2024/2025 (V3)

- Avoid unnecessary language and overly complex instructions (don't make students spend energy and concentration to process information that they don't need)
- Prompt students to use text to speech in Word – provide earphones, help them learn to dictate documents and then edit with support if needed.

In PowerPoint
- Reinforce key points with relevant graphics and images
- Add graphic descriptions in Alt Text to enable Screen Readers
- Use the accessibility checker under the review tab …

Model the behaviour you expect

- Normalise the use of technology
  - such as speech to text and immersive reader
  - **Or the use of Read & Write – ask the Inclusion Team for a demo in your classes – this is excellent for ALL students and staff to use and can help build revision resources too.**
- Create a calm, respectful and supportive environment
- Support students to share relevant information with their peers and create safe spaces to ask for support

Consistently apply strategies for inclusion

- Use strategies consistently
- Share planning and sequencing of activities, tasks, and assessments (What you need to know now and what it will help you do next)
- Reinforces tasks and activities with written instructions
- Identify what knowledge needs to be developed and link the learning

2024/2025 (V3)

4. Accessible Teaching Graphic

2024/2025 (V3)

Accessible Teaching Tips

EmilyBrysonELT.com

ADHD
- minimise distractions
- train students to take their time
- allow movement & fidgets

autism
- have a routine
- allow solo working
- avoid metaphors & idioms
- use visual calendars

digital skills
- master 1 skill at a time
- plenty of practice
- digital buddies

dyslexia
- give extra time
- use assistive technology
- T→T dyslexia friendly fonts
- use graphics

dyscalculia
- use multisensory tools
- teach strategies
- avoid memorising
- teach small chunks

literacy
- draw attention to sounds & spelling
- a→a allow copying
- review + repeat
- abc practise handwriting

Sensory impairment
- large, double spaced, font audio
- provide text
- don't rely on colour to convey meaning

mobility
- make adjustments

Study Skills
- Plan together
- Practice notebook layout
- Set goals

★ ask learner
★ welcoming atmosphere
★ clear instructions
★ build confidence

2024/2025 (V3)

5. Exam Access Arrangements

Many students need us to apply for and provide Exam Access Arrangements (EAA) to enable them an equal opportunity to be successful in exams, assessments, and End Point Assessments in an Apprenticeship.

We work to the Joint Council for Qualifications Guidance. We assess students and apply for the correct adjustments to their awarding bodies.

If a student has a history of need and provided evidence of existing EAA we will conduct the relevant assessments and make the applications. **EAA must reflect the student's normal way of working in lessons and assessments.**

Deadlines for evidence and applications:

- Evidence from students, parents/carers, or previous providers to be supplied by the end of **October Half term each year**

  (For details of what is classed as sufficient evidence follow the link https://www.jcq.org.uk/exams-office/access-arrangements-and-special-consideration/

- For details of each awarding bodies final application date see the link above (these are updated annually, please ensure you are checking for the correct exam series) We generally work to all EAA assessments and requests being completed and submitted to awarding bodies by February Half term each year.

Referrals for assessments and EAA applications made after these dates must be:

- Supported by evidence of a newly diagnosed learning difficulty, disability, or medical condition.
- Supported by substantial tutor evidence from all elements of a student's study programme via the STAR referral system only!

IMAGE HERE – VS to Add

2024/2025 (V3)

6. Teaching, Learning and Assessment Tips for Success – Our Graduated Response.

Approximately 20% of our college community have a diagnosed inclusion need, learning difficulty or disability. There are other students who have no formal diagnosis and will also benefit from good inclusive teaching practice.

The information in this booklet forms part of the graduated response to individual people (GRIP) that the college makes, ensuring that we anticipate students' needs and put in place suitable and appropriate support.

7. Neurodiversity

It's an interesting time in the world of inclusion, Neurodiversity, and research.

Thinking, developments, and approaches are being supported by autistics sharing their lived experience meaning its definition, and associated research is developing every year.

An interesting element of neurodiversity we may need to consider is that people often have multiple diagnosis, and for teachers and support staff this can present a challenge. What has the most impact and what do we need to support first?

Shown in the graphic from Genius Within.

Neurodiversity is defined as **"the idea that people having a range of different types of brain, including those with and without autism, should be regarded as part of normal human life:**

Those in the neurodiversity movement say talk of a cure is insulting because it suggests autistic people need to be "fixed".

Below we will cover some of the impacts of each specific learning difference and the action we can take to support access to teaching through reasonable adjustments, support practices and inclusive teaching.

2024/2025 (V3)
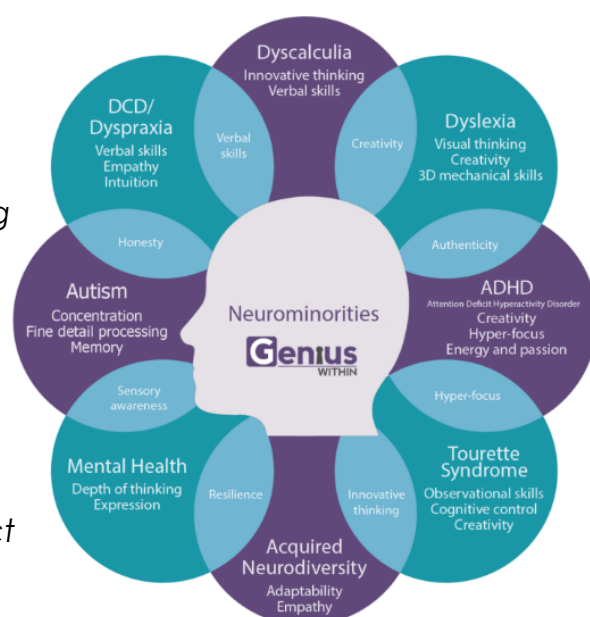
8. The language of Inclusion

When working in a Further Education (FE) college, it's important to use language around neurodiversity that is respectful, inclusive, and empowering. Here are some key principles and examples of appropriate language:

1. **Person-First vs. Identity-First Language:**
   - **Explanation:** There is ongoing debate about whether to use person-first language (e.g., "person with autism") or identity-first language (e.g., "autistic person"). Preferences vary among individuals, so it's important to ask people how they prefer to be identified.
   - **Implementation:** Respect individual preferences. If uncertain, ask the person directly how they prefer to be referred to. For example, "Do you prefer 'person with autism' or 'autistic person'?"
2. **Emphasise Strengths and Abilities:**
   - **Explanation:** Language should highlight the strengths and abilities of neurodiverse individuals, rather than focusing solely on their challenges.
   - **Implementation:** Use terms like "neurodiverse individuals," "students with diverse learning styles," or "students with unique strengths." For example, "Our neurodiverse students bring unique perspectives and skills to our community."
3. **Avoid Deficit-Based Language:**
   - **Explanation:** Avoid language that frames neurodiversity in terms of deficits or disorders, which can be stigmatizing.
   - **Implementation:** Instead of saying "suffers from" or "afflicted with," use neutral terms like "has" or "is." For example, "A student with ADHD" rather than "A student suffering from ADHD."
4. **Be Specific and Clear:**
   - **Explanation:** When discussing accommodations or supports, be specific and clear to ensure understanding and avoid ambiguity.
   - **Implementation:** Use clear and direct language to describe supports and services. For example, "We provide note-taking assistance and extended time for exams for students with ADHD."
5. **Promote Inclusivity and Respect:**
   - **Explanation:** Use inclusive language that promotes respect and dignity for all students, regardless of their neurodiversity.
   - **Implementation:** Use terms like "inclusive education," "supportive learning environment," and "respect for all learning styles." For example, "We are committed to creating an inclusive education environment that respects and supports all learning styles."

Examples of Best Practices in Language:

- Instead of "normal" vs. "abnormal," use "neurotypical" vs. "neurodiverse."
- Instead of "disorder" or "condition," use "neurodivergent" or "neurodiversity."
- Instead of "high-functioning" or "low-functioning," use specific descriptions of support needs, like "requires minimal support" or "requires significant support."

2024/2025 (V3)

By using respectful, inclusive, and empowering language, educators and staff can create a more welcoming and supportive environment for neurodiverse students in FE colleges.

9. Dyslexia

Approximately 10% of people are estimated to have dyslexia.

Dyslexia is defined as a learning difference which primarily affects reading and writing skills. However, it does not only affect these skills.   (British Dyslexia Association)

Dyslexia is about information processing. Dyslexic people may have difficulty processing and remembering information they see and hear, which can affect learning and the acquisition of literacy skills. Dyslexia can also impact on other areas such as organisational skills.

The impacts of dyslexia can be that students may:

- Confuse visually similar words such as cat and cot
- Spell erratically
- Find it hard to scan or skim text
- Read/write slowly
- Need to re-read paragraphs to understand them
- Find it hard to listen and maintain focus
- Find it hard to concentrate if there are distractions
- Feel sensations of mental overload/switching off
- Have difficulty telling left from right
- Get confused when given several instructions at once
- Have difficulty organising thoughts on paper
- Often forget conversations or important dates
- Have difficulty with personal organisation, time management and prioritising tasks
- Avoid certain types of work or study
- Find some tasks really easy but unexpectedly challenged by others
- Have poor self-esteem, especially if dyslexic difficulties have not been identified in earlier life

In taught sessions students with dyslexia may

- Thrive if they know what's coming – share your scheme of learning and an assessment schedule.
- Benefit from opportunities to recap taught content or pre-learn, flipped learning can be useful.

2024/2025 (V3)

- Need support to plan assignments and schedule time to study and develop assignments.
- Find coloured paper or a coloured overlay useful when reading due to scotopic sensitivity / processing issues. This isn't the case for all students
- Use technology and software.
  - **Ask the Inclusion team for sessions for your whole group on using Read & Write – if the students is assessed as needing it Read & Write can then be used as an electronic reader in exams…even where a human reader isn't allowed!**
  - Assistive technology such as speech to text in MS Word through Dictate or Transcribe options.
  - Immersive Reader in MS Office, and phone-based apps such as MS Lens or Otter.ai
  - Change the font, font size and background screen colour

These can be normal ways of working and can also be used in exams with correct EAA.

- Work best with a small group of regular peer partners.

Our support – making a difference in teaching, learning and assessment

- It is important to remember that there are positives to thinking differently. Many dyslexic people show strengths in areas such as reasoning and in visual and creative fields.
- Always ask students what works for them
- Offer glossary of terms for the whole programme of study or subject at the start of the course

The British Dyslexia Association is a great place to find further information and advice.

Something to watch

https://youtu.be/11r7CFlK2sc - See Dyslexia Differently

https://youtu.be/NdrBpOV67DY - Dyslexia Awareness Module 1 (Made by Dyslexia)

https://www.youtube.com/watch?v=d4VRjQnBoWM – Dyslexia Awareness Module 2 – Strengths of Dyslexia (9 minutes)

Something to read

https://www.bdadyslexia.org.uk/dyslexia - All about Dyslexia

Further research can be found here https://www.dyslexic.org.uk/

or look at the Inclusion Channel on MS Teams or contact the Inclusion and Learner Support Team.

2024/2025 (V3)

Advice on Dyslexia Support Apps can be found here

https://diverseminds.co.uk/9-useful-apps-to-support-dyslexia/
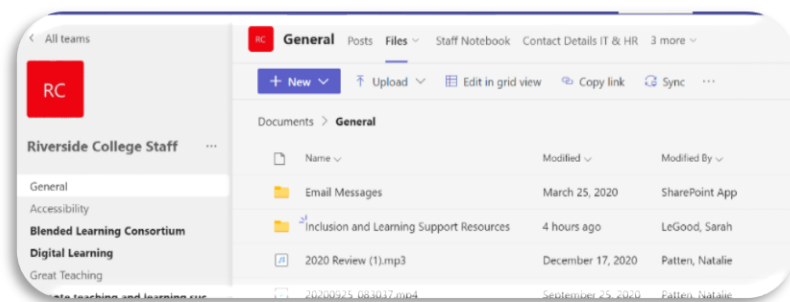
M-STRENGTHS

M Careers
Architects
Artists
Builders
Computers IT
Designers
Engineers
Filmmakers
Sailors
Surgeons
Pilots

Material Reasoning - Reasoning about the Physical or Material World

SPATIAL THINKING   **VISUAL THINKING**   **NAVIGATION**

I-STRENGTHS

I Careers
Actors and
Actresses
Chefs
Doctors
Historians
Inventors
Museum
Directors
Scientists
Software Design

Interconnected Reasoning: Ability to Spot Connections Between Different Ideas, Objects, or Different Points of View

INTERCONNECTED THINKING   **PATTERN DETECTION**   **BIG PICTURE**

N-STRENGTHS

N Careers
Authors
Coaches
Counselors
CEOs
Lawyers
Marketers
Ministers
Musicians
Politicians
Psychologists
Sales
Teachers

Narrative Reasoning: Reasoning and Learning with Stories

STORYTELLER   **PERSONAL MEMORY**   **SCENE CREATION**

D-STRENGTHS

D Careers
Accountants
CEOs
Doctors
Economists
Entrepreneurs
Farmers
Game
Designers
Investors
Strategists
Traders

Dynamic Reasoning: Reasoning In Complex and Changing Environments, Mental Simulation, and Ability to Predict the Future

GOAL DIRECTED   **FUTURE PREDICTION**   **COMPLEX SYSTEMS**

DyslexicAdvantage.org

10. Developmental Coordination Disorder (DCD – previously Dyspraxia)

Approximately 5% of people are estimated to have DCD

DCD or Dyspraxia is defined as a common disorder affecting fine and/or gross motor coordination in children and adults. This lifelong condition is formally recognised by international organisations including the World Health Organisation. DCD is distinct from other motor disorders such as cerebral palsy and stroke. The range of intellectual ability is in line with the general population. Individuals may vary in how their difficulties present; these may change over time depending on environmental demands and life experience and will persist into adulthood.

Remember that DCD often occurs with other learning differences such as ADHD, Dyslexia and can be associated with physical impairments such as hypermobility.

The impacts of DCD can be that students may:

- Struggle with fine and gross motor skills. Making writing, typing and some technical skills challenging to develop.
- Struggle with balance and spatial awareness.
- Struggle with tasks involving accuracy and precision.
- Maps and directions can be hard to read and follow
- Time management can be problematic, forward planning and awareness of time passing can be difficult
- Appear younger than their age, the impact can be challenges in friendships and social engagement
- All of this can result in low self-esteem and anxiety about their abilities

Our support – making a difference in teaching, learning and assessment, we can enable students to:

- Share information about themselves and how we can support their engagement in classes and activities
- Use strategies to reduce anxiety, manage time, manage assignment submissions
- Practice technical skills and adapt expectations, additional time, flipped learning and access to technical workshops and environments can be essential
- Adopt technology to reduce the need for writing and typing, using speech to text and

Something to watch

https://youtu.be/pamEV5T0jk8 - YouTube What is DCD ?

https://youtu.be/OBQsO0JFmJU - YouTube The advantages of neurodiversity

Something to read/ listen to

2024/2025 (V3)

https://movementmattersuk.org/what-is-developmental-coordination-disorder-dyspraxia/

 DCD Leaflet for FE & HE providers.

Further research can be found here

https://dyspraxiafoundation.org.uk/

Look at the Inclusion Channel on MS Teams or contact the Inclusion and Learner Support Team.
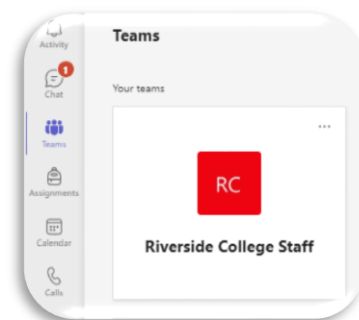
11.   Dyscalculia

Approximately 3% of people are estimated to have dyscalculia.

Dyscalculia is a specific learning difficulty with mathematics, primarily arithmetic. It was defined in a UK Government document in 2001 as: '*Dyscalculia is a condition that affects the ability to acquire mathematical skills. Dyscalculic learners may have a difficulty understanding simple number concepts, lack an intuitive grasp of numbers, and have problems learning number facts and procedures. Even if they produce a correct answer or use a correct method, they may do so mechanically and without confidence.*'

The impacts of dyscalculia can be that students may:

- Have an over-reliance on counting in ones.
- Have difficulty in counting backwards.
- Have a poor sense of number and an inability to estimate.
- Have difficulty in understanding place value and its role in arithmetic.
- Have poor recall of basic facts, but better with 2x, 5x and 10x facts.
- Show a slow speed of working.
- Have very weak skills for mental arithmetic.
- Avoid tasks repeatedly and not ask for support
- Regularly forget maths procedures and formulas.

Our support – making a difference in teaching, learning and assessment

Top ten tips for teaching students with dyscalculia

2024/2025 (V3)

1. Use concrete materials to reinforce concepts (consider technology to help with this rather than physical materials such as Cuisenaire rods or base ten materials)
2. Spend time exploring these strategies- don't remove them too soon, they will help scaffold understanding. Don't be afraid to revisit school-based strategies.
3. Use informal teaching and games (such as dice and dominoes) to reinforce pattern recognition and highlight some of the enjoyment in maths.
4. Recap and reinforce through modelling more efficient calculating strategies, such as counting on rather than counting all.
5. Encourage the student to visualise the maths - by drawing diagrams and using concrete materials to model the maths.
6. Make the maths practical and multisensory - avoid worksheets.
7. Spend time on place value so that it is fully understood; this can be a very difficult concept to grasp.
8. Have a little and often approach - repetition and 'overlearning' will help.
9. Use mathematical language as much as possible and encourage the student to do the same.
10. Give multiplication grids and number bonds to reduce the stress of having to remember these facts.

Good exam preparation and practice can be key in implementing strategies in live exam sessions.

Something to watch

https://youtu.be/8XaNfM85wyQ - YouTube - The Big Number Natter 2022 – Dyscalculia Impacts on daily life

Something to read – advisory documents for FE & HE providers

Moorcroft, P. (2015) 'It Just Doesn't Add Up: Explaining Dyscalculia and Overcoming Number Problems for Children and Adults'. Original Paperback

www.mathsexplained.co.uk (tutorials that address topics in a non-age specific way)

dyscalculia-screener.co.uk - A screener for post-16

Swipes app - An intuitive to-do list which gives the fastest way to organise any list of tasks into priorities, scheduled events, and history of accomplishments

Further research

http://www.dyscalculiaassociation.uk/

2024/2025 (V3)

12.   Attention Deficit and Hyperactivity Disorder/ADHD

Between 3 – 5 % of people are estimated to have ADHD.

ADHD is a neurodevelopmental condition that is defined through analysis of behaviour. People with ADHD show a persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with day-to-day functioning and/or development.

To get a diagnosis of ADHD the following criteria are used:

1. Inattention

Six or more symptoms of inattention and symptoms of inattention have been present for at least 6 months, and they are inappropriate for developmental level. Resulting in a person:

- Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or with other activities.
- Often has trouble holding attention on tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., loses focus, side-tracked).
- Often has trouble organising tasks and activities.
- Often avoids, dislikes, or is reluctant to do tasks that require mental effort over a long period of time (such as schoolwork or homework).
- Often loses things necessary for tasks and activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- Is often easily distracted
- Is often forgetful in daily activities.

2. Hyperactivity and Impulsivity

Six or more symptoms of hyperactivity-impulsivity that have been present for at least 6 months to an extent that is disruptive and inappropriate for the person's developmental level. Resulting in a person:

- Often fidgets with or taps hands or feet, or squirms in seat.
- Often leaves seat in situations when remaining seated is expected.
- Often runs about or climbs in situations where it is not appropriate (adolescents or adults may be limited to feeling restless).
- Often unable to play or take part in leisure activities quietly.
- Is often "on the go" acting as if "driven by a motor".
- Often talks excessively.
- Often blurts out an answer before a question has been completed.
- Often has trouble waiting their turn.
- Often interrupts or intrudes on others (e.g., butts into conversations or game)

2024/2025 (V3)

Our teaching and support approach can enable access to teaching, learning and assessment activities

- Accept diagnosis and discuss what we know and what we can learn from the individual.
- Listen and understand the strategies that work for them
- Create opportunities for them to use strategies and acknowledge that they may be paying attention while using a fidget, doodling, or appearing to be distracted.

Something to watch

https://youtu.be/EDdzVwCGa50 - YouTube - A student's survival guide to ADHD

https://youtu.be/kSVJc4H0gFo - YouTube - What is ADHD?

Something to read

https://adhduk.co.uk/teachers-and-adhd/ - How teachers feel about ADHD in their classrooms

Top 5 Tips for Teaching College Students with ADHD:

1. **Provide Structured and Clear Instructions:**
   - o **Explanation:** Students with ADHD often benefit from structured environments and clear, concise instructions to help them stay focused and organised.
   - o **Implementation:** Break down assignments into smaller, manageable steps and provide written instructions. Use visual aids and checklists to outline key points and deadlines.
2. **Incorporate Interactive and Engaging Teaching Methods:**
   - o **Explanation:** Engaging students with ADHD through interactive and varied teaching methods can help maintain their attention and interest.
   - o **Implementation:** Use a mix of teaching styles, such as group discussions, hands-on activities, multimedia presentations, and interactive technology. Encourage active participation and provide opportunities for movement during class.
3. **Allow for Movement and Breaks:**
   - o **Explanation:** Physical movement and periodic breaks can help students with ADHD manage their hyperactivity and sustain attention during long class periods.
   - o **Implementation:** Incorporate short breaks during lectures and allow students to stand or move around as needed. Encourage stretching or brief physical activities to re-energise the class.
4. **Implement Time Management and Organisational Tools:**

2024/2025 (V3)

- o **Explanation:** Time management and organisational challenges are common for students with ADHD. Providing tools and strategies can help them manage their workload effectively.
  - o **Implementation:** Teach and encourage the use of planners, calendars, and digital apps for scheduling and task management. Offer workshops or resources on effective study habits and time management techniques.
5. **Provide Accommodations and Support:**
   - o **Explanation:** Accommodations tailored to the needs of students with ADHD can level the playing field and support their academic success.
   - o **Implementation:** Work with disability services to provide accommodations such as extended time on exams, alternative testing environments, and note-taking assistance. Maintain open communication with students to understand their specific needs and adjust support accordingly.

Definition and Impacts of Rejection Sensitivity Dysphoria (RSD):

Rejection Sensitivity Dysphoria (RSD) is a condition where individuals experience extreme emotional sensitivity and pain related to perceived or actual rejection, criticism, or failure. This intense emotional reaction can lead to feelings of worthlessness, anger, and anxiety, significantly impacting a person's self-esteem and overall mental health. For college students, RSD can affect classroom participation, social interactions, and academic performance due to the heightened fear of negative evaluation and rejection.

Top 5 Tips for Teaching College Students with RSD:

1. **Create a Supportive and Non-Judgmental Environment:**
   - o **Explanation:** Students with RSD need a classroom atmosphere where they feel safe from criticism and judgment, which can reduce their anxiety and help them engage more effectively.
   - o **Implementation:** Foster a positive and inclusive classroom culture by setting clear expectations for respectful communication. Encourage peer support and discourage negative comments or behaviours.
2. **Provide Constructive and Compassionate Feedback:**
   - o **Explanation:** Feedback is essential for learning but can be particularly challenging for students with RSD. Constructive and empathetic feedback helps them improve without triggering their sensitivity to rejection.
   - o **Implementation:** Be consistent, share feedback in a low threat / emotionally neutral way first – possible via teams or email. This allows processing and self-management.
   - o Frame feedback positively, highlighting strengths before addressing areas for improvement. Use supportive language and offer specific, actionable suggestions.
3. **Offer Consistent Encouragement and Affirmation:**
   - o **Explanation:** Regular encouragement and positive reinforcement can help boost the confidence of students with RSD and reduce their fear of failure.

2024/2025 (V3)

Discuss preferred methods of feedback with the students. **BUT** feedback must be genuine, students may be ultra-sensitive to what they perceive as being patronised.

- o **Implementation:** Recognize and celebrate their efforts and achievements, no matter how small. Provide frequent affirmations to reinforce their value and capabilities.

4. **Establish Clear and Predictable Classroom Routines:**
   - o **Explanation:** Predictability in classroom routines and expectations can help reduce anxiety for students with RSD, who may feel overwhelmed by uncertainty.
   - o **Implementation:** Clearly outline classroom placement, patterns of teaching sessions, course requirements, deadlines, and evaluation criteria at the beginning of the term. Maintain a consistent schedule and provide advance notice of any changes.

5. **Encourage Self-Advocacy and Provide Support Resources:**
   - o **Explanation:** Empowering students with RSD to advocate for their needs and access support resources can help them manage their condition more effectively.
   - o **Implementation:** Encourage students to communicate their needs and challenges. Provide information about mental health resources, Programme Management support, and support groups available outside college.

Something to watch on RSD!
https://www.youtube.com/watch?v=jM3azhiOy5E&t=11s

13.   Supporting students with Autism

Approximately 1+% of people are estimated to have autism.

Autism is a lifelong developmental disability which affects how people communicate and interact with the world. One in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

Thinking and research into autism, unique attributes and its impacts is evolving. Below is the spectrum graphic that used to be used to demonstrate the impacts of autism.
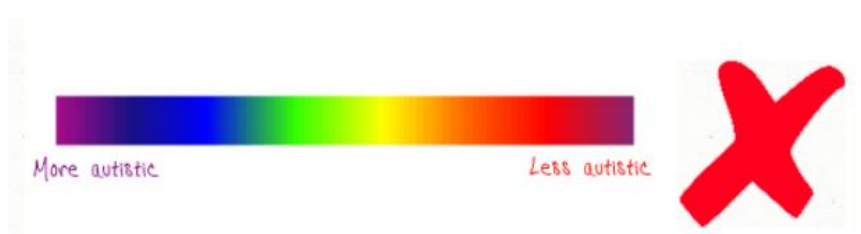
The graphic below is a more recent and relevant graphic showing the range of impacts of autism. As with other elements of neurodiversity, these impacts are unique to the individual.

2024/2025 (V3)

One of the most significant challenges is the perception of others. Autism is a hidden disability and the autistic person may expend lots of energy masking its impacts. When teachers and support staff create a comfortable and inclusive environment energy can be spent on learning rather than self-management.

Some of the common impacts of autism have been observed as:

Circular spectrum by Rebecca Burgess Montage @sciencebase

Communication impacts

- Challenges following social norms and communication. Speech can be delayed or impacted in times of additional stress
- Trouble understanding sarcasm and some common expressions e.g., "it's raining cats and dogs"
- Inability to anticipate expected responses and imagine what another person might mean if they aren't explicit
- Trouble reading facial expressions, physical signs and body language

Interaction Impacts
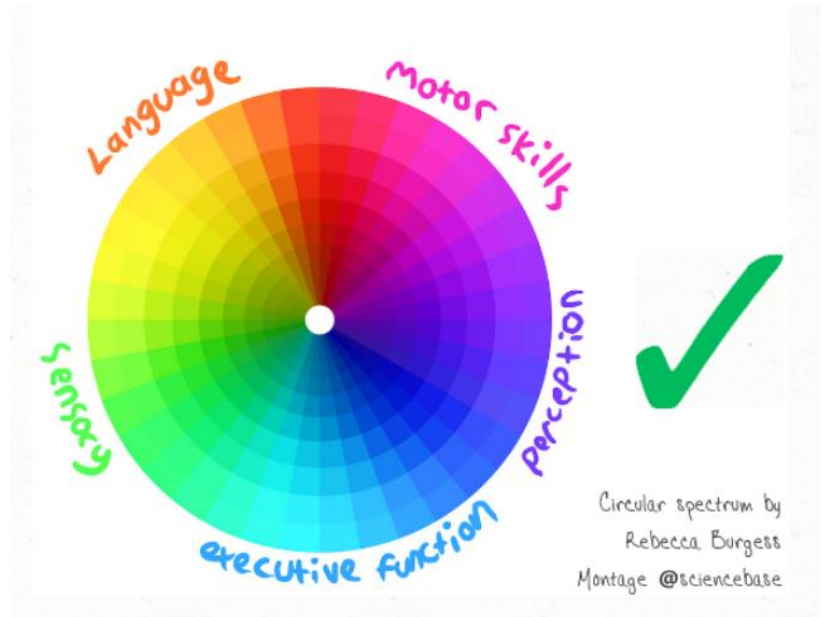
- Some social norms can be hard to understand and follow, such as turn taking, making eye contact, active listening and forming appropriate responses.
- Students can overshare, want to please others and this can make them vulnerable to bullying and coercion.

Flexible Thinking and Imagination

- Challenges around flexibility in a variety of areas:
  - in routines and managing unexpected changes – this could be a classroom or teacher change as well as a change to the structure of sessions or member of support staff
  - in clothing and food choices
  - in theoretical concepts and imagining how things might look or feel

Sensory Impacts

- Even getting to college and into a classroom create a huge sensory load, before we have started teaching!

2024/2025 (V3)

- Feeling overwhelmed at managing sensory inputs, situations and social expectations

Emotional Wellbeing

The incidence of anxiety and mental illness in people with autism are significantly higher than the norm. In a recent study the Autism Education Trust found that 80% of autistic people who responded had experience trauma, anxiety and mental illness as opposed to 25% of the neurotypical population.

Our teaching and support approach can enable access to teaching, learning and assessment activities.

Communication strategies

- Be clear and concise – explicit not implicit.
- Simplify sentences and instructions.
- Allow time for processing of information.
- Avoid metaphors, jargon and technical language unless explained.
- Check understanding – ask for students to repeat it back to you.

Interaction strategies

- Identify what the student finds stressful and any relevant self-management strategies
- Explain when needed the social skills and social rules of conversations – in a simple and non-patronising way
- Use social support strategies, particularly for informal activities and times out of class
- Coach peers to understand the challenges autistic students face – embed understanding, acceptance, and kindness
- Provide a quiet space to retreat to or decompress

Flexible thinking and imagination strategies

- Minimise unnecessary change
- If change is essential give as much warning, detail, and explanation as possible
- Use structure and routine to enable independence and grow confidence
- Structure tasks and allow suitable time to complete them
- Think about processing delays and build in catch up and processing time
- Avoid abstract concepts, role plays and hypothetical situations
- Be explicit about what knowledge new teaching can be scaffolded on
- Encourage the use of tools such as 'mind maps', lusts, flow charts and process maps to record ideas and demonstrate connections in knowledge

Sensory strategies

- Think about sensory loads and what a student has already dealt with prior to your class.

2024/2025 (V3)

- Consider the impacts of smell, touch, sight etc. Especially in higher stress situations such as lunch breaks, work experience placements or on trips and visits.
- Sound – think about crowded spaces, fire alarms and latent noise from other spaces.
- Smells – avoid strong smells from cleaning material, perfumes, strong foods
- Touch – adjustments might be needed for uniforms, aprons, sportswear, and other PPE. Consider removing labels, offering a choice of fabrics or adding additional linings.

Something to watch

https://youtu.be/A1AUdaH-EPM TED Talks - Everything you know about Autism is wrong.

https://youtu.be/LC0JytWaQZM - Dean Beadle - Being Dean: My Autistic Life

https://youtu.be/nhXHAVAEspk - 5 stories of the impact of autism

Something to read

https://thegirlwiththecurlyhair.co.uk/about-us/alis-rowe/ - Read about Alis and the resources she has developed to help educators support their autistic students

Further research

https://www.autism.org.uk/advice-and-guidance/what-is-autism

Try and flip your thinking and language. Look for positives and attributes in all students and celebrate them in our students with autism.

Autism: the positives

Understanding, embracing and celebrating different ways of thinking and doing can release the true power of the autistic mind. Here we look at the positive features of autism.

Attention to detail
- Thoroughness
- Accuracy

Methodical approach
- Analytical
- Spotting patterns, repetition

Deep focus
- Concentration
- Freedom from distraction

Novel approaches
- Unique thought processes
- Innovative solutions

Observational skills
- Listen, look, learn approach
- Fact finding

Creativity
- Distinctive imagination
- Expression of ideas

Absorb and retain facts
- Excellent long term memory
- Superior recall

Tenacity and resilience
- Determination
- Challenge opinions

Visual skills
- Visual learning and recall
- Detail-focussed

Accepting of difference
- Less likely to judge others
- May question norms

Expertise
- In-depth knowledge
- High level of skills

Integrity
- Honesty, loyalty
- Commitment

⚠ Remember

Every experience of autism is **unique**. **No one person will identify with every positive feature of autism**. We all have **individual** skills, attributes and characteristics that are as unique as our personalities – this is the **power of neurodiversity**.

Harriet Cannon
Disability Services, February 2018

UNIVERSITY OF LEEDS

A – The impact of masking in your classroom

Definition and Impacts of Autistic Masking:

Autistic masking, also known as camouflaging, is the practice where individuals on the autism spectrum consciously or unconsciously suppress or hide their autistic traits to fit in with societal norms. This can include mimicking social behaviours, suppressing stimming (self-soothing behaviours), and forcing themselves to make eye contact. While masking can help individuals navigate social situations and reduce overt discrimination, it often comes at a significant cost. It can lead to severe mental and physical exhaustion, increased anxiety, depression, and a loss of personal identity. For college students, the effort required to mask can detract from their academic performance and overall well-being.

Top 3 Tips for Supporting College Students Who May Be Masking:

1. **Promote an Inclusive and Understanding Environment:**
   o **Explanation:** Creating a supportive and inclusive classroom environment can help reduce the pressure on autistic students to mask their traits.
   o **Implementation:** Educate all students and staff about autism and the concept of masking to foster empathy and understanding. Encourage an environment where diverse behaviours and communication styles are accepted. Promote respect and kindness in classroom interactions. Celebrate diversity and identify positive autistic traits and how they are well used in may careers.
2. **Offer Flexible and Individualised Support:**
   o **Explanation:** Tailoring support to the individual needs of autistic students can help them feel more comfortable and reduce the need for masking.
   o **Implementation:** Work with the inclusion team to provide adjustments such as alternative communication methods, sensory-friendly spaces, and flexible deadlines. Check in / communicate regularly with the student to understand their specific needs and adjust support as necessary.
3. **Encourage Authentic Self-Expression:**
   o **Explanation:** Supporting autistic students in expressing themselves authentically can alleviate the stress associated with masking.
   o **Implementation:** Create opportunities for students to share their preferences and needs in a safe and supportive setting. Encourage the use of self-soothing behaviours (like stimming) if it helps them manage anxiety. Validate and support their unique ways of interacting with the world, reinforcing that their differences are valued.

B - Pathological Demand Avoidance- PDA

One in five of all individuals with ASD also had indications of having had PDA in childhood, and that 0.18 % of the total group had the combination of ASC and PDA.

The existence of PDA as a 'diagnostic term' and how it fits within the autism spectrum is widely debated. With limited evidence-based research there is no conclusive and

2024/2025 (V3)

agreed upon definition of PDA. What is generally agreed upon is what is often referred to as a PDA profile.

People with a PDA profile are hard wired to avoid everyday demands and expectations to an extreme extent. This demand avoidance is often (but according to some individuals, not always) accompanied by high levels of anxiety.

Although the demand avoidant profile is thought to be relatively uncommon. However, it's important to recognise and understand this distinct profile as it has implications for the way a person is best supported.

The distinctive features of a demand avoidant profile include:

- resists and avoids the ordinary demands of life
- uses social strategies as part of avoidance, for example, distracting, giving excuses
- appears sociable, but lacks some understanding
- experiences excessive mood swings and impulsivity
- appears comfortable in role play and pretence
- displays obsessive behaviour that is often focused on other people

2024/2025 (V3)

Helpful approaches for a PDA profile of autism

Conventional support strategies, including those often recommended for autism, are often ineffective and counter-productive with a PDA profile. In place of structure, routine, firm boundaries, praise, rewards/consequences, is a person-centred approach based on negotiation, collaboration and flexibility.

The PDA PANDA symbolises the need to tailor the environment to meet needs and our P A N D A mnemonic is a simple reminder of helpful approaches.

For more information please visit www.pdasociety.org.uk

Pick battles
- Minimise rules
- Enable some choice & control
- Explain reasons
- Accept that some things can't be done

Adaptation
- Try humour, distraction, novelty & roleplay
- Be flexible
- Have a Plan B
- Allow plenty of time
- Try to balance the amount of "give and take"

Pick battles
Anxiety management
Negotiation & collaboration
Disguise & manage demands
Adaptation

See the person · Explore interests · Engage positively
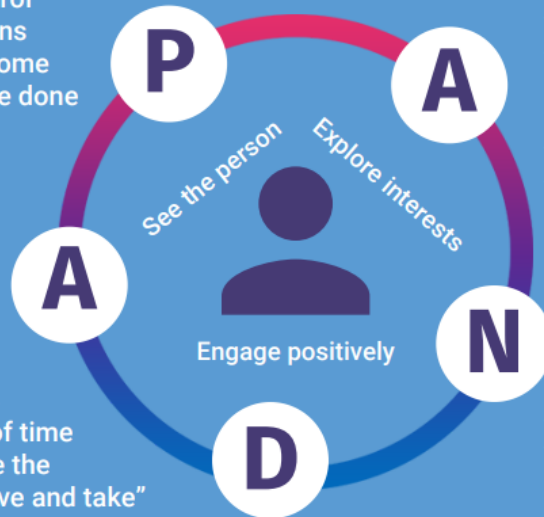
Anxiety management
- Use low arousal approach
- Reduce uncertainty
- Recognise underlying anxiety & social/ sensory challenges
- Think ahead
- Treat distressed behaviours as panic attacks: support throughout & move on

Negotiation & collaboration
- Keep calm
- Proactively collaborate & negotiate to solve challenges
- Fairness & trust are central

Disguise & manage demands
- Phrase any requests indirectly
- Constantly monitor tolerance for demands & match demands accordingly
- Doing things together helps

© PDA Society 2021

Something to read
https://www.pdasociety.org.uk/wp-content/uploads/2020/01/Positive-PDA-booklet.pdf

Something to watch
https://www.youtube.com/c/PDADadUKUnderstandAutismandPDA?app=desktop

C - Oppositional Defiance Disorder-ODD

ODD is reported to affect **between 2 and 16% of children** and adolescents in the general population. It is more common in boys than girls. Studies show that at least **40% of children with ADHD have coexisting oppositional defiant disorder**.

https://www.lanc.org.uk/related-conditions/oppositional-defiant-disorder/

ODD is a behavioural disorder, usually diagnosed in childhood, that is characterised by uncooperative, defiant, negative, irritable and annoying behaviours towards parents,

2024/2025 (V3)

peers, teachers and other authority figures. Many children, particularly adolescents, can be oppositional. However the oppositionality of ODD persists despite reasonable parenting strategies. The most concerning form is that of early onset which can occur even in preschool years. It puts very considerable pressure on the families.
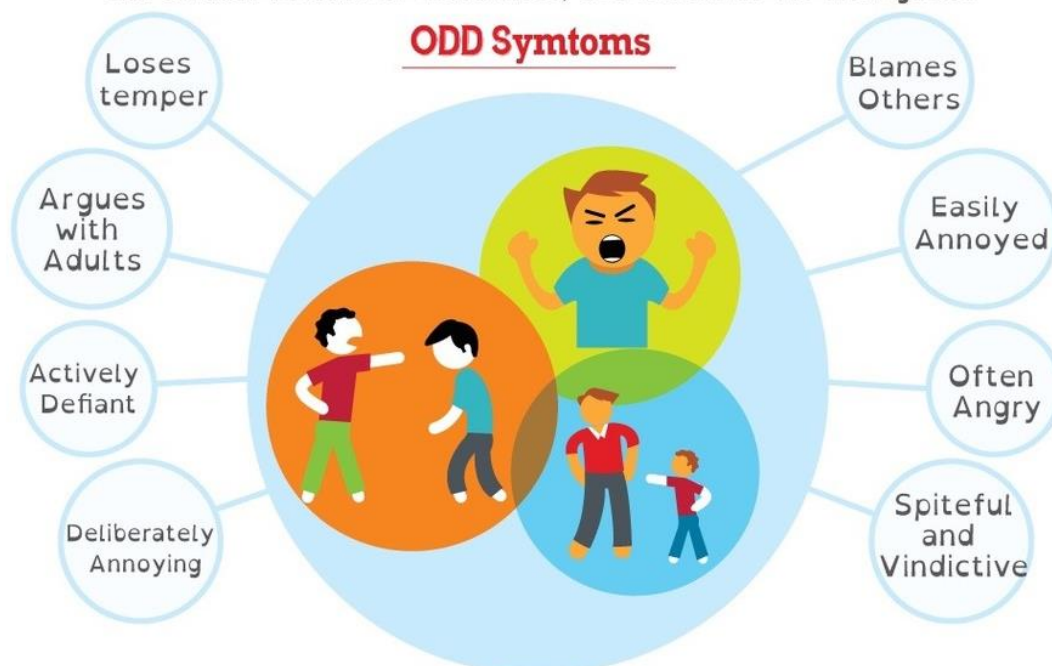
D - Sensory Integration Disorder- SID

Sensory Integration Disorder (SID) or, as it is often called, Sensory Processing Disorder (SPD), is a neurological disorder that results from the brain's inability to integrate certain information received from the body's sensory systems. The individual reacts in an extreme way to normal things that they experience.

It varies between individuals in both characteristics and intensity: children may be born hypersensitive (over-responsive to stimuli), or hyposensitive (under-responsive to stimuli) – which may result in avoidance of an activity. Individuals can have trouble in one sensory modality, a few, or all of them. Some people are so mildly affected that the disorder is barely noticeable, while others are so impaired, they have trouble with daily functioning.

2024/2025 (V3)

https://www.lincolnshirechildrenstherapyservices.nhs.uk/neurodevelopmental-difficulties/sensory-processing-difficulties

Top 3 Strategies for Supporting Students with Sensory Integration Disorder:

1. **Create a Sensory-Friendly Environment:**
   - **Explanation:** Sensory Integration Disorder (SID) can make certain sensory stimuli overwhelming or distressing for teenagers. Creating an environment that minimizes sensory overload can help them feel more comfortable and focused. **Be aware that even seemingly simple requests from teachers and support staff can overwhelm when sensory stimulus is not well managed.**
   - **Implementation:**
     - **Quiet Spaces:** Designate quiet / safe areas where students can retreat if they feel overwhelmed. These areas should be free from loud noises and bright lights.
     - **Controlled Lighting:** Use natural lighting when possible and avoid harsh fluorescent lights. Provide options for dimming lights or using lamps with softer bulbs.
     - **Sound Management:** Use sound-absorbing materials (like carpets, curtains, and acoustic panels) to reduce noise. **Allow the use of noise-cancelling headphones.**
     - **Tactile Sensitivities:** Provide a variety of seating options (e.g., padded chairs, bean bags) and allow students to use fidget tools or weighted blankets as needed.
2. **Incorporate Sensory Breaks and Activities:**
   - **Explanation:** Sensory breaks and specific activities can help students with SID regulate their sensory input and maintain focus throughout the day.
   - **Implementation:**
     - **Scheduled Breaks:** Integrate regular sensory breaks into the daily schedule, allowing students to engage in activities that help them reset. This could include stretching, deep breathing exercises, or brief walks.
     - **Sensory Activities:** Include activities that provide proprioceptive (deep pressure) or vestibular (movement) input, such as yoga, jumping on a trampoline, or using a swing.
     - **Calm-Down Kits:** Offer kits containing items that can help with self-regulation, like stress balls, textured fabrics, or scented lotions.
3. **Individualised Sensory Strategies:**
   - **Explanation:** Each student with SID has unique sensory preferences and needs. Tailoring strategies to individual students ensures that they receive the most effective support.
   - **Implementation:**
     - **Sensory Profiles:** Work with the inclusion team / occupational therapists to create sensory profiles for each student. These profiles should detail in the ITP their specific sensory sensitivities and preferred calming strategies.

2024/2025 (V3)

- **Personalised Accommodations:** Based on the sensory profile, provide personalized accommodations. For example, if a student is sensitive to touch, allow them to avoid crowded hallways (leaving for break a few minutes before others et.) or offer alternative seating arrangements.
- **Collaborative Planning:** Involve the student in planning their sensory supports. Encourage them to communicate what works best for them and adjust strategies as needed

2024/2025 (V3)

sensory processing disorder

SEEKING

- doesn't have an indoor voice
- constantly moving
- doesn't recognize personal space of others
- can be physically aggressive
- engages in risky behaviour
- can be mistaken for ADHD

AVOIDING

- has frequent meltdowns mistaken for temper tantrums over "nothing"
- hates tags, seams on clothing
- may be a picky eater
- frequently covers ears at sudden or loud noises
- constantly wears sunglasses, even inside
- can be mistaken for anxiety disorders

RaisingRoyalty.ca

2024/2025 (V3)

E Premenstrual Dysphoric Disorder- PMDD

Premenstrual Dysphoric Disorder (PMDD) is a severe form of premenstrual syndrome (PMS) characterized by significant emotional and physical symptoms that disrupt daily life. These symptoms typically occur in the luteal phase of the menstrual cycle (after ovulation and before menstruation) and resolve shortly after the onset of menstruation. For students, PMDD can severely impact concentration, attendance, and overall academic performance.

Experiencing PMDD can make it difficult to work, socialise and have healthy relationships. In some cases, it can also lead to suicidal thoughts.

Symptoms of PMDD include:

- mood swings
- feeling upset or tearful
- lack of energy
- less interest in activities you normally enjoy
- feeling hopeless
- suicidal feelings
- feeling angry or irritable
- feeling anxious
- feeling tense or on edge
- feeling overwhelmed or out of control
- difficulty concentrating.

Top 5 Tips for Teaching FE Students with PMDD:

1. **Flexible Deadlines and Attendance Policies:**
   o **Explanation:** Given the cyclical nature of PMDD, students may have periods where their symptoms are particularly debilitating. Offering flexible deadlines and adjustments to the attendance policy can help accommodate these fluctuations.
   o **Implementation:** Allow extensions on assignments without penalty and consider virtual participation options for days when physical attendance is challenging.
2. **Open Communication Channels:**
   o **Explanation:** Encourage students to communicate openly with you (via teams) about their condition and its impact on their studies. Being sympathetic to the impact of PMDD and understanding their specific needs and challenges can help in providing appropriate support.
   o **Implementation:** Schedule regular check-ins and create a comfortable environment where students feel safe discussing their health issues.
3. **Provide Accessible Resources:**

2024/2025 (V3)

- o **Explanation:** Ensure that students have access to mental health resources and support services, both within and outside the college.
- o **Implementation:** Share information about counselling services, support groups, and educational materials on managing PMDD. Consider partnerships with mental health professionals who can offer workshops or seminars.

4. **Adjust Teaching Methods:**
   - o **Explanation:** Some students with PMDD might struggle with concentration and memory during symptomatic periods. Adapting teaching methods to include more interactive and varied approaches can help maintain engagement.
   - o **Implementation:** Share materials with all students prior to taught sessions. Use a mix of teaching techniques such as group work, interactive discussions, visual aids, and hands-on activities to cater to different learning styles and keep students engaged despite fluctuating symptoms.

5. **Promote a Supportive Learning Environment:**
   - o **Explanation:** A compassionate and understanding classroom environment can significantly ease the stress and anxiety associated with PMDD.
   - o **Implementation:** Educate peers about PMDD to foster empathy and support. Encourage a culture of respect and understanding, where students with PMDD do not feel stigmatised or isolated.

Something to watch

https://www.youtube.com/watch?v=-5ras3wcbAc

Something to read

https://iapmd.org/hormones-and-pmdd

2024/2025 (V3)

PMS VS. PMDD

THE DIFFERENCE BETWEEN PMS AND PMDD IS SEVERITY, FREQUENCY, AND DURATION.

PMS SYMPTOMS	PMDD SYMPTOMS
Cramping	Headaches
Bloating	Bouts of rage
Acne	Mood swings
Anxiety	Depression
Breast tenderness	Joint pain
Sugar Cravings	Muscle pain
Mood swings	Hot flashes
Depression	Insomnia
Sleep Disturbance	Extreme fatigue
Irritability	Appetite changes
	Anxiety
	Irritability
	Difficulty concentrating
	Cramps
	Bloating
	Breast tenderness
	Feelings of hopelessness
	Suicidal thoughts
	Bouts of extreme sadness
	Decreased interest in usual activities
	Typically, these symptoms disappear once a woman's period starts or shortly thereafter.

F – Developmental Language Disorder- DLD

Developmental Language Disorder (DLD) is a condition that affects the acquisition and use of language in children who otherwise exhibit typical development in other areas such as cognitive abilities, hearing, and social-emotional functioning. DLD is characterised by persistent difficulties with understanding and/or using spoken language, which can include challenges with vocabulary, grammar, and discourse skills. These language difficulties are not attributable to any other sensory, neurological, or developmental disorders.

Top 5 Strategies for Teaching Students with Developmental Language Disorder

1. **Explicit Language Instruction**
    o **Description**: Provide direct and explicit instruction in language skills, focusing on vocabulary, sentence structure, and grammar.
    o **Implementation**: Break down language tasks into smaller, manageable components. Use clear and simple language, repeat instructions, and provide examples. Reinforce learning through practice and review.
2. **Visual Supports**
    o **Description**: Use visual aids to support language comprehension and production.

2024/2025 (V3)

- o **Implementation**: Incorporate pictures, diagrams, charts, and graphic organizers in lessons. Use visual schedules and cues to help students understand and remember instructions and routines. Pair spoken language with written words and images.
3. **Multisensory Teaching Approaches**
   - o **Description**: Engage multiple senses to enhance learning and retention of language concepts.
   - o **Implementation**: Combine auditory, visual, and kinaesthetic activities. For example, use hands-on activities like building sentences with word cards, incorporate gestures and actions with spoken words, and use technology such as interactive whiteboards and educational software that provides multisensory feedback.
4. **Scaffolded Instruction**
   - o **Description**: Provide varying levels of support to students as they learn new skills, gradually reducing assistance as they become more proficient.
   - o **Implementation**: Use techniques such as modelling, prompting, and cueing to guide students. Offer sentence starters, word banks, and graphic organisers to help them structure their responses. Gradually decrease support as students become more independent.
5. **Collaborative Learning and Peer Support**
   - o **Description**: Encourage social interaction and learning through collaboration with peers.
   - o **Implementation**: Organize group activities and pair students with language peers who can model appropriate language use. Promote cooperative learning through group projects, discussions, and peer tutoring. Create opportunities for students to practice language skills in social and academic contexts.

These strategies, when implemented effectively, can help students with DLD improve their language skills and succeed in academic settings. Tailoring instruction to meet individual needs and regularly assessing progress are also crucial components of successful teaching practices for students with DLD.

2024/2025 (V3)

DLD Developmental Language Disorder

1 IN 14 people have Developmental Language Disorder (DLD), an invisible, lifelong disability.

DLD is the accepted term in English-speaking countries replacing specific language impairment, language disorder and language delay.

DLD is a diagnosis given to a person who has **difficulty talking and/or understanding language.**

Diagnosis is made by a speech pathologist however a person with DLD may need support from other health professionals.

DLD affects an individual's life, **regardless of their nationality and language.** Speaking more than one language does not cause DLD.

DLD has a genetic and biological basis, but **there is not a single known cause.** DLD is not caused by how parents verbally interact with their children.

abc 123

Children with DLD are **4 times more likely** to have math disabilities and **6 times** more likely to have reading disabilities.

People with DLD can succeed in life, with the right supports that meet their unique strengths and areas of need.

dyslexia

mental health issues

ADHD

learning difficulties

Co-occurring conditions can include **learning difficulties, ADHD, dyslexia, and mental health issues.**

Learn more about DLD at TheDLDProject.com

THE DLD PROJECT

2024/2025 (V3)

14. Supporting students with Mental Health difficulties

It is estimated that at least 1 in 4 young people between 17 and 19 have experienced mental ill health.

Young Minds describes a mental Health problem as:

"when negative thoughts and feelings start to affect your daily life and stop you doing the things you enjoy, or your ability to feel ok, this means you probably need some support with your mental health.

For example, nearly everyone gets anxious before an exam, a job interview or a first date. **But if we feel anxious all the time, constantly worrying that the worst could happen, and this stops us sleeping well or meeting up with friends, we might benefit from some help.**"

Impacts of mental ill health in young people

https://www.mind.org.uk/about-us/our-strategy/doing-more-for-young-people/facts-and-figures-about-young-people-and-mental-health/

Young people experiencing mental ill health may:

- Have low mood, lack energy, feel depressed
- Have poor self esteem and feel isolated
- Have disrupted sleep
- Have poor attendance
- Struggle to engage in sessions and stay on track
- Use a variety of strategies to manage their mental health, some of which can be destructive (such as self-harm, substance abuse, risky behaviours etc.)
- Be talking medication which can have side effects on concentration, speed of responses and ability to focus.

Our support

The Learning Support and Programme Management team will work to create an inclusive teaching plan and develop a range of support strategies.

There are many apps, advice and support to support us to support students.

Have a look at

Schools and colleges - Mental Health UK (mentalhealth-uk.org) BLOOM a free UK wide programme for schools and colleges.

In class we can encourage and support by:

- Building open and respectful relationships – start with unconditional positive regard.

2024/2025 (V3)

- Use a variety of communication approaches. Email, MS Teams messages, written feedback etc.
- Encourage communication to be a 2-way exchange and encourage the student to share with you what they need.
- Refer the student for support from Programme Management
- Referring a student for an ITP if they think it would be useful – and then embedding strategies in your teaching and support
- Providing learning materials or recorded sessions to enable students to recap – this is useful if a student has had a period of absence, or has been struggling with negative thoughts etc.
- Some students appreciate the ability to take a moment or have a few minutes out of class. This should always be discussed beforehand and a "time out" is best when its time limited and focussed on a positive return to learning.

Why not try to encourage the use of **STOP**:

S – Stop what you're doing

T – Take a minute and a breath

O – Observe what's happening in your body

P – Plan what to do next – rather than just reacting

Something to watch

https://youtu.be/ATjcdfmPaoE - Taking CARE strategy for engagement and support

https://youtu.be/Q5nCXZkcvOo - A Framework for schools and colleges.

Something to read

Adolescent mental health (who.int) World Health Organisation Information

What is Mental Health? | Symptoms of Mental Health Problems | YoungMinds Excellent resources to support young people

supporting-schools-and-colleges.pdf (annafreud.org) A great resource for supporting mental health and well being

2024/2025 (V3)

A MODERN DEFINITION OF RESILIENCE: "ADVANCING DESPITE ADVERSITY" — GOAL-ORIENTATION, WORK TOWARDS YOUR VISION — BE PROACTIVE - DON'T WAIT FOR ADVERSITY — BOTH LARGE AND SMALL EVERYDAY CHALLENGES — SO RESILIENT! — driven
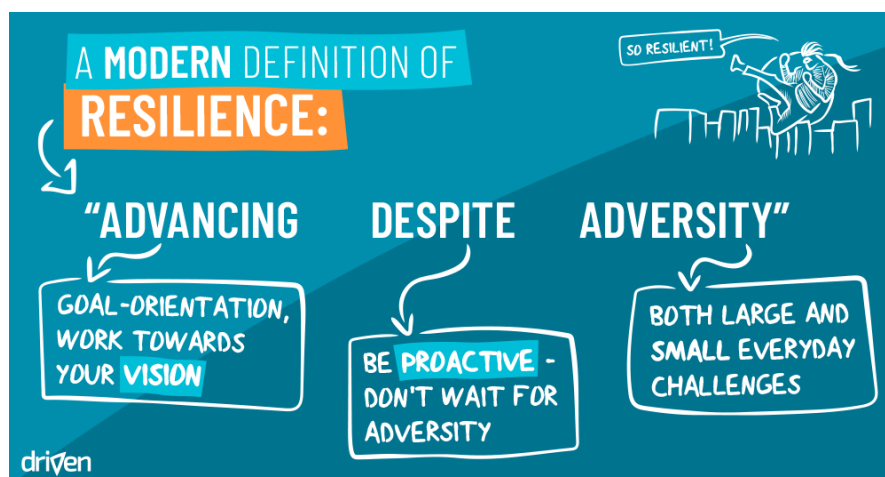
15.   Supporting deaf and hearing-impaired students (HI)

Approximately 28% of people with Deafness or HI are between 16 and 60.

You can find further information here: https://rnid.org.uk/information-and-support/deaf-awareness/

The impact of deafness and hearing impairment are considerable; children and young people will miss substantial amounts of verbal communication. If they use British Sign Language, we will then struggle to understand and adjust our communication unless we are proficient or learn the basics.

Our support to access communication

- Remember to always speak directly to the deaf person, even if you are using an interpreter
- Most Communication Support Workers (CSWs) will use BSL to help you communicate – it's useful to learn some key signs
- Share a glossary of technical or subject specific language with the student and CSW before teaching begins so they can research unusual or new BSL signs
- Contact us to organise a deaf awareness session for the whole group – enabling understanding and promoting inclusion

Our support to access learning resources

- Use plain English with images to reinforce key messages in handouts and PowerPoints. Have a look at Free guides (plainenglish.co.uk)
- Share resources prior to sessions with the student and CSW. Be specific and provide direction for pre-learning, where possible specify how this links to assessment and what will be expected of the student during taught sessions. Share session plans and schemes of work too.
- For videos and YouTube links always **enable subtitles** and where you can let CSWs watch before hand

2024/2025 (V3)

Inclusion in lessons

- Manage background noise and turn taking in discussions
- Build in catch up or quiet times for deaf and HI students to recap and clarify
- Be aware of your clothing and placement in class – don't wear highly patterned clothing, don't wear bright lipstick or stand inform of a window – these can make focusing on mouth movements very difficult.
- In virtual teaching ensure CSWs are pinned so student can see them and prompt students to turn on subtitles

Inclusion in learning and assessment

- Break down tasks into clear steps and link activities to formative and summative assessment expectations.
- Check understanding regularly and provide written directive feedback to support progress over time.
- Remember BSL is a standalone language and doesn't directly translate to English- often conjunctives and unnecessary words are absent in BSL. CSWs may need to prompt and support students in expressing themselves in written English.

Something to watch

National Deaf Children's Society - YouTube

Welcome to the Buzz - NDCS The Buzz

Something to read

Deaf friendly support for young people | Communicating with deaf children (ndcs.org.uk)

Further research

National Deaf Children's Society | Supporting deaf children (ndcs.org.uk)

16.   Supporting students with visual impairments (VI)

In the UK, more than 2 million people are living with sight loss. Of these, around 340,000 are registered as blind or partially sighted.

Visual impairment is when a person experiences some degree of irretrievable sight loss which cannot be corrected using glasses or contact lenses. There are two main categories of visual impairment – partially sighted, or sight impaired, where the level of sight loss is either moderate blindness, or severe sight impairment, where the level of sight loss is so severe that a person is unable to complete any activities that rely on eyesight. https://www.remploy.co.uk/employers/resources/a-z-disabilities/visual-impairment-blindness/

2024/2025 (V3)

2022 data - A total of 173,735 are registered severely sight impaired and 176,125 are registered sight impaired.

The impact of sight loss is totally individual, and our responses need to do be individualised.

Some people may use a guide dog or cane. Others may be starting to experience some difficulties but not realise they are developing a visual impairment. For example, losing peripheral vision, vision becoming cloudy or 'holes' in their vision. Sudden or recently acquired visual impairments can have a significant emotional impact and may also affect family and personal relationships. In some cases, individuals can experience social isolation or a loss of independence.

Our support should:

- Start with the individual and their ITP. The student is the expert on their needs.
- Work with the student and their peer group to share what strategies they need to be able to be engaged and involved in all elements of college life – both teaching and social activities.
- If the person uses a guide dog, ask them to explain the behaviour needed from the class to enable the dog to perform at its best. Detail when the dog is "at work" or "at rest"
- Encourage independence and not intervene with support without a reagreed prompt or support request.
- Where possible get standard texts modified and as accessible as possible.
- When creating resources ensure that you add suitable descriptions to graphics and alt text to enable screen readers.
- Where possible provide PowerPoints, Videos, slides etc. prior to taught sessions so the students can pre-learn/ listen to materials and prepare.
- Use assistive technology like Read & Write which can read text out loud to students and can be recommended for exams – even where a human reader isn't allowed.
- Use phone apps such as Seeing AI and Envision that can identify text from documents and whiteboards and read it out loud and you can ask the app to answer questions about that text.
- Use Windows assistive options such as Magnifier (Press Windows button and + button)
- Recap content with verbal instructions where possible. Offer lots of opportunity for questions and clarification.
- Think of your physical presence
  - Face the class when speaking
  - Avoid standing in front of brightly lit windows
  - Develop the habit of good turn taking in discussions – one speaker at a time
  - When possible, identify the speaker – both face to face and in online sessions
  - Suggest students "Pin" the teacher in virtual sessions

2024/2025 (V3)

Something to watch

https://youtu.be/6e2RVJY_xKo - YouTube - Life at University with Visual Impairment

Further research

https://www.rnib.org.uk/ - Look at the RNIB Website

17.   Supporting students with physical impairments (PI)

19% of people in the UK have a physical disability.

Physical Impairments are defined as "physical disability is defined as a "limitation on a person's physical functioning, mobility, dexterity, or stamina" that has a 'substantial' and 'long-term' negative effect on an individual's ability to do normal daily activities. (Equality Act,2010). However, the effects of physical disability on a person's experience of life and learning varies **even for children and young people with the same diagnosis or condition.**" (PDnet)

Whilst every individual is affected by their unique physical needs in a different way children and young people with a physical disability may often have difficulty in:

- accessing the physical environment
- using equipment and facilities safely
- taking part in learning tasks and assessments
- doing practical tasks and activities, e.g., food technology
- recording ideas and thoughts legibly or to deadlines
- achieving independent work
- developing self-care skills
- communicating with others
- managing fatigue and pain
- interacting socially
- processing and regulating sensory information
- developing positive social emotional mental health (SEMH) & wellbeing

Our support should always:

- Be from the **social model of disability** perspective
- **Assume capacity** and ask for guidance from the individual – review the ITP
- **ASK permission** before you make a physical intervention "can I help you to move your chair …?"
- Use appropriate and positive **attribute-based language** (Accessible toilets aren't disabled)
- Be aware that PI impacts can be inconsistent and therefore we need to be prepared to be **flexible and responsive**. E.g. someone may be a wheelchair user on days when they have limited capacity or movement
- Review the information on STAR

2024/2025 (V3)

- **Manage physical effort / exertion** and understand how tiredness may affect the students
- Communicate adjustments to tasks the whole group clearly and respectfully
- Build in breaks for self-management strategies around pain management and refocussing
- Think about suitable classrooms, room layout and adjustments to obstacles and adaptive resources.

Something to watch

https://youtu.be/7RXfmlnbOFs - YouTube - Disability Awareness - Physical Disability (3mins)

https://youtu.be/4WIP1VgPnco - YouTube TEDx Talk – The language of disability (14minutes)

Something to read
https://www.disabilityrightsuk.org/sites/default/files/DR%20UK%20We%20Belong%20Report_0.pdf Disability Rights UK We Belong Guidance

Further research

https://pdnet.org.uk/ - Physical Disability Net Supporting learners with Physical Disability

18.   Supporting students with personal care needs

Some students may need assistance and personal care or support in taking medication. Our team will work with the circle of support to learn what support students need and assist in personal care routines and support in taking medication where needed.

Providing intimate personal care to young people in college settings requires a thoughtful and sensitive approach to ensure the dignity, safety, and comfort of the individuals involved.

Here are the top five tips:

1. **Respect Privacy and Dignity**
   o **Description**: Always prioritise the privacy and dignity of the student receiving care.
   o **Implementation**: Ensure that care is provided in a private setting where the student feels comfortable and safe. Use screens or curtains to create a secluded area if a private room is not available. Knock and ask for permission before entering the student's personal space. Maintain the student's dignity by covering them appropriately during care tasks.
2. **Communicate Effectively**

- **Description**: Clear and respectful communication is essential to provide effective care.
- **Implementation**: Explain each step of the care process to the student before proceeding. Use simple, straightforward language and check for understanding. Listen to the student's preferences and concerns and respect their choices. Ensure that the student feels heard and involved in their care.

3. **Follow Individual Care Plans**
   - **Description**: Adhere to personalized care plans that outline the specific needs and preferences of each student.
   - **Implementation**: Familiarise yourself with the student's care plan and any special instructions or accommodations required. Collaborate with healthcare professionals, family members, and the student to develop and update the care plan as needed. Follow the care plan meticulously to ensure consistency and quality of care.

4. **Maintain Professional Boundaries**
   - **Description**: Establish and maintain professional boundaries to create a safe and respectful environment.
   - **Implementation**: Be mindful of appropriate physical and emotional boundaries. Avoid personal conversations or behaviours that could be misinterpreted. Focus on providing care in a professional manner and be aware of the power dynamics involved in caregiving. Report any concerns or incidents to the appropriate authorities promptly.

5. **Ensure Safety and Hygiene**
   - **Description**: Prioritise the safety and hygiene of both the student and the caregiver during personal care tasks.
   - **Implementation**: Follow strict hygiene protocols, including handwashing before and after care, using gloves, and sanitizing equipment and surfaces. Be aware of the student's medical conditions or allergies that may impact care procedures. Use proper techniques to move or assist the student to prevent injuries. Regularly review and update safety procedures to reflect best practices.

By following these tips, caregivers can provide intimate personal care in a respectful, safe, and effective manner, ensuring the well-being and comfort of young people in accessing teaching and learning in their college setting.

19. Medical conditions

Our student and staff population has many people within it who have diagnosed and possibly medicated medical conditions. Firstly, please encourage students to share this information through application or directly to HR for team members.

2024/2025 (V3)

We will then work with students to learn about the condition and its impact, we may do a risk assessment (RA), a personal evacuation plan (PEP) and an Inclusive Teaching Plan to share adjustment information for teachers.

Some common medical conditions we support are

- Epilepsy
- Diabetes
- Ehlers-Danlos Syndrome
- Restricted Growth

What is Epilepsy?

Epilepsy is a neurological disorder characterised by recurrent, unprovoked seizures. A seizure is a sudden surge of electrical activity in the brain that can affect how a person appears or acts for a short time. Seizures vary widely; some people with epilepsy simply stare blankly for a few seconds during a seizure, while others have full-blown convulsions.

Types of Seizures

Focal Seizures: Originate in one area of the brain and can be either simple (without loss of consciousness) or complex (with impaired awareness).

Generalized Seizures: Affect both sides of the brain and include types such as absence seizures (brief loss of consciousness), tonic-clonic seizures (muscle rigidity and convulsions), and atonic seizures (sudden loss of muscle tone).

Causes

- Genetic factors
- Head trauma
- Brain conditions such as tumors or strokes
- Infectious diseases like meningitis or encephalitis
- Prenatal injury or developmental disorders

Supporting Students with Epilepsy in a College Setting

Academic Accommodations

- Flexible Attendance Policies: Allow for absences related to seizures or medical appointments.
- Extended Deadlines: Provide additional time for assignments and exams if seizures interfere with study time.
- Quiet Exam Environments: Reduce distractions and stress, which can trigger seizures.
- Note-Taking Assistance: Provide note-takers or access to recorded lectures for students who miss classes due to seizures.

2024/2025 (V3)

- Alternative Test Formats: Offer oral exams or projects instead of written tests if necessary.
- Emergency Response – **Risk Assessment and Seizure Action Plan:** Develop a plan that includes steps to take during a seizure, emergency contact information, and when to call for medical assistance.
- **Training:** Educate faculty, staff, and students on how to recognize and respond to seizures. Training should include:
  - Staying calm and ensuring the person is safe.
  - Not restraining the person or putting anything in their mouth.
  - Timing the seizure.
  - Providing reassurance and support after the seizure.
  - Social and Emotional **Support**
- **Peer Support Groups: Facilitate groups where students with epilepsy can share experiences and support each other.**
- **Counselling Services: Ensure access to mental health services to address anxiety, depression, or other emotional challenges related to epilepsy.**
- **Awareness Campaigns: Promote understanding and reduce stigma through educational programs and events.**

Accessibility and Safety

Classroom Adjustments: Arrange seating to ensure quick access to exits and minimise disruption if a seizure occurs.

Campus Safety: Equip campus security with training and resources to assist during a seizure emergency.

Key Takeaways

- **Understand Epilepsy: Recognise the diversity in seizure types and triggers.**
- **Prepare and Train: Implement seizure action plans and provide training for the community.**
- **Provide Accommodations: Ensure academic and living environments are supportive and accommodating.**
- **Promote Awareness: Foster an inclusive atmosphere through education and advocacy.**

Supporting students with epilepsy in a college setting requires a comprehensive approach that addresses their academic, social, and medical needs. With proper accommodations and a supportive environment, students with epilepsy can thrive in their academic pursuits.

What is Diabetes?

Diabetes is a chronic health condition that affects how your body turns food into energy. There are two main types of diabetes:

2024/2025 (V3)

Type 1 Diabetes: An autoimmune condition where the pancreas produces little or no insulin. It typically develops in childhood or adolescence.

Type 2 Diabetes: A condition where the body becomes resistant to insulin or doesn't produce enough insulin. It is more common and usually develops in adults, but it can occur at any age.

Symptoms

- Frequent urination
- Excessive thirst
- Extreme hunger
- Unexplained weight loss
- Fatigue
- Blurred vision
- Slow-healing sores
- Frequent infections

Management

- Monitoring Blood Sugar: Regularly checking blood glucose levels.
- Insulin Therapy: For Type 1 and some Type 2 diabetes patients.
- Medications: To control blood sugar levels.
- Diet and Exercise: Maintaining a healthy diet and regular physical activity.

Supporting Students with Diabetes in a College Setting

Academic Accommodations

- Flexible Scheduling: Allow for breaks to monitor blood sugar, take insulin, or eat.
- Extended Deadlines: Provide flexibility with assignment deadlines during periods of poor glycemic control.
- Accessible Locations: Ensure that classrooms and dorms are easily accessible and close to dining facilities.

Medical and Emergency Response

- Risk Assessment and Diabetes Action Plan: Develop a plan that includes steps to take during high or low blood sugar episodes, emergency contact information, and medical details.

Training: Educate faculty, staff, and peers on recognising signs of hyperglycemia (high blood sugar) and hypoglycaemia (low blood sugar) and how to respond.

Emergency Supplies: Allow students to carry medical supplies such as glucose tablets, insulin, and snacks always.

Social and Emotional Support

2024/2025 (V3)

Peer Support Groups: Facilitate groups where students with diabetes can share experiences and support each other.

Programme Management Teams / Counselling Services: Ensure access to mental health services to address stress, anxiety, or depression related to managing diabetes.

Awareness Campaigns: Promote understanding and reduce stigma through educational programs and events.

Dietary and Lifestyle Accommodations

- Healthy Food Options: Provide nutritious meal options in campus dining facilities that cater to diabetic dietary needs.
- Access to Snacks: Allow students to have snacks in classrooms and during exams to manage blood sugar levels.
- Exercise Facilities: Ensure that students have access to safe and appropriate exercise facilities.

Accessibility and Safety

- **Classroom Adjustments:** Arrange seating to allow quick access to exits or restrooms if needed.
- **Campus Safety:** Train campus security and health services staff on how to assist during a diabetic emergency.

Key Takeaways

- Understand Diabetes: Recognize the symptoms and management needs of diabetes.
- Prepare and Train: Implement diabetes action plans and provide training for the community.
- Provide Accommodations: Ensure academic, dietary, and living environments are supportive and accommodating.
- Promote Awareness: Foster an inclusive atmosphere through education and advocacy.

Supporting students with diabetes in a college setting requires a comprehensive approach that addresses their academic, social, dietary, and medical needs. With proper accommodations and a supportive environment, students with diabetes can effectively manage their condition and thrive academically and socially.

What is Ehlers-Danlos Syndrome?

Ehlers-Danlos Syndrome (EDS) is a group of genetic connective tissue disorders characterised by a variety of symptoms, primarily affecting the skin, joints, and blood vessel walls. There are several types of EDS, but they generally share common features:

Common Symptoms

2024/2025 (V3)

- Joint Hypermobility: Unusually flexible joints that can dislocate easily.
- Skin Hyperextensibility: Skin that can be stretched further than normal.
- Fragile Skin: Skin that bruises easily and heals slowly.
- Chronic Pain: Persistent joint or muscle pain.
- Cardiovascular Issues: In some types, increased risk of blood vessel, digestive system, and organ problems.

Types of EDS

- Classical EDS: Marked by skin hyperextensibility and joint hypermobility.
- Hypermobility EDS: Predominantly joint hypermobility.
- Vascular EDS: More serious, involves blood vessels and organs being more prone to rupture.

Supporting Students with Ehlers-Danlos Syndrome in a College Setting

Academic Accommodations

- **Flexible Attendance Policies:** Allow for absences related to medical appointments or flare-ups.
- **Extended Deadlines:** Provide additional time for assignments and exams if chronic pain or joint issues interfere.
- **Accessible Learning Materials:** Ensure that course materials are available in various formats, including digital copies that can be accessed from home.
- **Note-Taking Assistance:** Offer note-takers or access to recorded lectures for students who may have difficulty writing or attending all classes.

Physical and Mobility Support

- **Ergonomic Workstations:** Provide adjustable chairs, desks, and other ergonomic furniture to reduce joint strain.
- **Accessible Transportation:** Ensure campus transportation is accessible for students with mobility issues.
- **Lift Access:** Ensure all buildings have functioning Lift s and that students can access them.
- **Personal Assistance:** Allow the use of mobility aids such as wheelchairs, braces, or service animals.

Medical and Emergency Response

- **Risk Assessment and Medical Action Plan:** Develop a plan that includes steps to take during an EDS-related emergency, emergency contact information, and medical details.
- **Training:** Educate faculty, staff, and peers on recognizing symptoms of EDS and how to respond, including first aid for joint dislocations.
- **Emergency Supplies:** Allow students to carry necessary medical supplies and ensure they know where to find first aid on campus.

2024/2025 (V3)

Social and Emotional Support

- Peer Support Groups: Facilitate groups where students with EDS can share experiences and support each other.
- Counselling Services: Ensure access to mental health services to address anxiety, depression, or other emotional challenges related to EDS.
- Awareness Campaigns: Promote understanding and reduce stigma through educational programs and events.

Dietary and Lifestyle Accommodations

- Healthy Food Options: Provide nutritious meal options that cater to any dietary needs or restrictions related to EDS.
- Access to Rest Areas: Ensure there are quiet places where students can rest if they experience fatigue or pain.
- Exercise Facilities: Provide access to safe, low-impact exercise options and physical therapy resources.

Key Takeaways

- **Understand EDS:** Recognise the variability in symptoms and needs among individuals with EDS.
- **Prepare and Train:** Implement medical action plans and provide training for the community.
- **Provide Accommodations:** Ensure academic, physical, and living environments are supportive and accommodating.
- **Promote Awareness:** Foster an inclusive atmosphere through education and advocacy.

What is Restricted Growth?

Restricted growth, also known as dwarfism, is a condition characterized by shorter than average stature. It can be caused by a variety of genetic and medical conditions. The two main categories are:

- **Proportionate Dwarfism:** All parts of the body are small to the same degree, often due to hormonal or nutritional issues.
- **Disproportionate Dwarfism:** Some parts of the body are of average size or larger, while others are very short. This is often due to bone growth disorders, such as achondroplasia.

Common Characteristics

- Short stature (typically defined as an adult height of 4'10" or less).
- Average / regular intelligence and lifespan, but some people may have associated health problems, such as joint issues, respiratory problems, or spinal stenosis.

2024/2025 (V3)

- Physical differences, which vary depending on the specific type of dwarfism.

Language and Terminology

When discussing or addressing individuals with restricted growth, it is important to use respectful and person-first language. Preferred terms may be:

- Person with restricted growth or individual with dwarfism.
- Little person or person of short stature is often acceptable within the community, but preferences vary by individual.

ALWAYS ASK! And avoid using terms that are considered pejorative or outdated, such as "midget."

Supporting Students with Restricted Growth in a College Setting

Academic Accommodations

- **Accessible Classrooms:** Ensure that classrooms and lecture halls are physically accessible, with adjustable seating and desks.
- **Note-Taking Assistance:** Provide note-takers or access to recorded lectures to accommodate any physical difficulties in taking notes.
- **Extended Deadlines:** Allow for flexibility with assignment deadlines during periods of medical treatment or if health issues arise.

Physical and Mobility Support

- **Adaptive Equipment:** Provide tools such as step stools, grabbers, or custom seating to ensure comfort and accessibility in classrooms.
- **Accessible Transportation:** Ensure campus transportation is equipped to accommodate individuals with restricted growth.
- **Lift Access:** Ensure that all buildings have functioning lifts and that students can easily access them.

Social and Emotional Support

- **Peer Support Groups:** Facilitate groups where students with restricted growth can share experiences and support each other.
- **Counselling Services:** Ensure access to mental health services to address any social, emotional, or psychological challenges.
- **Awareness Campaigns:** Promote understanding and reduce stigma through educational programs and events.

Accessibility and Safety

- **Ergonomic Workstations:** Ensure that study and work areas are ergonomically designed to prevent strain and injury.
- **Emergency Preparedness:** Develop and communicate clear emergency plans PEP (Personal Evacuation Plans) that consider the mobility and safety needs of students with restricted growth.

2024/2025 (V3)

- **Campus Safety:** Train campus security and health services staff on how to assist during emergencies, ensuring they understand the specific needs of students with restricted growth.

Key Takeaways

- **Understand Restricted Growth:** Recognise the variability in physical characteristics and associated health issues.
- **Use Respectful Language:** Adopt person-first language and respect individual preferences for terminology.
- **Provide Comprehensive Support:** Ensure academic, physical, social, and emotional needs are met through tailored accommodations.
- **Promote Awareness and Inclusion:** Foster an inclusive and supportive environment through education and advocacy.

20.   Technology in your classroom
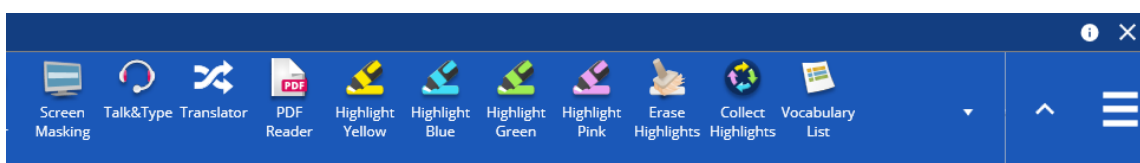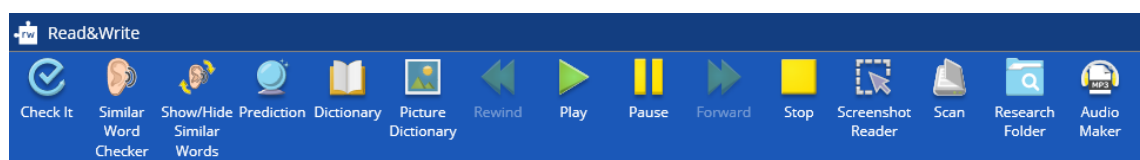
Read & Write (by Text help) is a suite of supportive applications to help students and staff to access text and support them with researching and organising their work.

Read & Write is available on every computer in college and is accessed by either clicking on

the purple jigsaw puzzle piece on the desktop , or you can click on the Windows button, select "All apps" and click on Read & Write from the selection.

Read & Write will:

- Proofread your document and highlight spelling and grammar errors – showing you alternatives and reading them aloud with their definitions
- Access a variety of dictionaries including subject specific ones – give you definitions and read them aloud.
- Read text from documents, from photographs and from scanned documents out loud with voices that are adaptable to suit the user
- Turn the spoken text into MP3 sound files that can be stored on a phone, computer, etc.

2024/2025 (V3)

- Change the colour of the computer screen
- Allow you to talk into a microphone and turn it into text – even in non-Office applications
- Let's you highlight text in documents and webpages and collect it together in one place.

Read & Write has an "Exams mode" and in this mode you can limit the applications that the user can access so they might just be able to change the colour of the computer screen or have the text read out loud to them or be able to speak their answers into a microphone which then turns them into text. Learners can't do these things in Office applications like Word because they access the internet to work – but Read and Write doesn't access the wider internet and so <u>can</u> be used for exams.

A video demonstrating how to load Read & Write can be viewed by using the QR code on the right:

21.   Where to find us and how to get in touch

	Team names	Role	Work Space
EHCP Process management	Alayne Bates	EHCP Process Coordinator	CRMZ reception
Kingsway	Cheryl Evans	Inclusion Specialist Teacher – EAA Assessor	Inclusion and Learning Support Hub

"The Glass House" |
	Jonathan Bailey	Inclusion Specialist Teacher – EHCP Coordinator	
	Karen Hamlin	Inclusion Specialist Teacher – EAA Assessor	
	Lana Delambre	Inclusion Specialist Teacher – EHCP Coordinator	
	Sarah McKeown	Learning Support Team Leader – KW	
All sites	Victoria Samlofski	Learning Support Coordinator / Funding and Finance EAA tracking	
Cronton	Derek Clare	Inclusion Specialist Teacher – EAA Assessor	Cronton Rooms 101 to 104 and in the Learning Support Hub in the

	Jo Harrison	Inclusion Specialist Teacher – EAA Assessor	Learning Resource Centre (LRC)
	Fran Hilton	Inclusion Specialist Teacher – EHCP Coordinator	
	Nicky Fitzpatrick	Learning Support Team Leader – CR	P2
CRMZ – EHCP Management	Rachel Bailey	Pathway to Independence PAL	CRMZ – Office
CRMZ – EHCP Management	Rachel Riley Birkett	Pathway to Progression	CRMZ – Office

For general enquiries, contact us on 0151 257 2800 or by email on learningsupport@riversidecollege.ac.uk

All EHCP information to be sent to ehcp@riversidecollege.ac.uk

Inclusion and support specialist tutors

Each department has a designated link tutor within the College. Please contact your link tutor if you require any information or support around inclusive practice in your subject area.

Tutors can:
- Visit classes and discuss developing inclusive practice
- Support students out of class for short interventions around using technology – particularly to help with fully accessing exams
- Update ITPs
- Complete EAA for year 1 students and submit relevant information to Exams Team for action.

Curriculum Area	Site	Asst Head / PAL	Link EHCP Specialist	Link Inclusion Specialist / EAA Assessor
Business	All sites	Bryan Doyle	Jonathan Bailey	Jonathan Bailey
Computing & Digital	All sites	David Copeland	Jonathan Bailey	Jonathan Bailey
Access	KW	Scot Gordon	Barry Wheller	Barry Wheller

2024/2025 (V3)

Catering & Hospitality	KW	Craig McIntosh	Jonathan Bailey	Jonathan Bailey
Hair & Media Makeup	KW	Diane White	absence	Karen Hamlin
Beauty & Nails	KW	Gill Collings	absence	Karen Hamlin
Occupational Studies	KW	Kath Bolton	absence	Cheryl Evans
Brickwork	KW	Jo Armstrong	absence	Cheryl Evans
Electrical	KW	Jo Armstrong	absence	Cheryl Evans
Joinery	KW	Jo Armstrong	absence	Cheryl Evans
Motor Vehicle	KW	Dave Percy	absence	Cheryl Evans
Painting & Decorating	KW	Jo Armstrong	absence	Cheryl Evans
Plumbing	KW	Jo Armstrong	absence	Cheryl Evans
Engineering KW	KW	Dave Percy	absence	Cheryl Evans
Engineering & Digital Built Environment CR	CR	Julia Brunning	Fran Hilton	Jo Harrison
Animals	CR	Keelie MacDonald	Fran Hilton	Karen Hamlin and Jo Harrison
Science	CR		Fran Hilton	Jo Harrison
Sport & Public Services	CR	Hannah Bolton & Liam Clarke	Fran Hilton	Karen Hamlin
Art & Design	CR	Dave Lenderyou	Fran Hilton	Jo Harrison
Music	CR	Lucy Myers	Fran Hilton	Jo Harrison
Performing Arts	CR	Lucy Myers	Fran Hilton	Jo Harrison
A Level Year 1	CR	Kate Flatley	Fran Hilton	Derek Clare
A Level Year 2	CR	Kate Flatley	Fran Hilton	Derek Clare
Apprentices	All sites	Anthony McMullin	Barry Wheller	Barry Wheller
Health & care	CR	Patrick Butler	absence	Jo Harrison
Health & care	KW	Kathryn Bell	absence	Cheryl Evans
Childcare & Early Years	KW	Andrea Blundell	absence	Cheryl Evans
Adult M&E	KW	Chelsey Murdoch	Barry Wheller	Barry Wheller
ESOL	KW	Chelsey Murdoch	Barry Wheller	Barry Wheller
Foundation for Life and Work - Pathway to Independence	CRMZ	Rachel Bailey	Rachel Bailey	Jonathan Bailey (transition into cross college only)

2024/2025 (V3)

Foundation for Life and Work - Pathway to Progression	CRMZ	Rachel Riley Birkett	Rachel Riley Birkett	Jonathan Bailey (transition into cross college only)
PIP	All sites	Clare Bradbury	Jonathan Bailey	Jonathan Bailey

2024/2025 (V3)