



SOMERVILLE FEDERATION

SOMERVILLE NURSERY SCHOOL

**SEND
INFORMATION
REPORT**

June 2026



INTRODUCTION

SEND AT SOMERVILLE



We are a fully inclusive school who ensures that all pupils achieve their potential personally, socially, emotionally and academically.

We pride ourselves on knowing our children and building relationships.

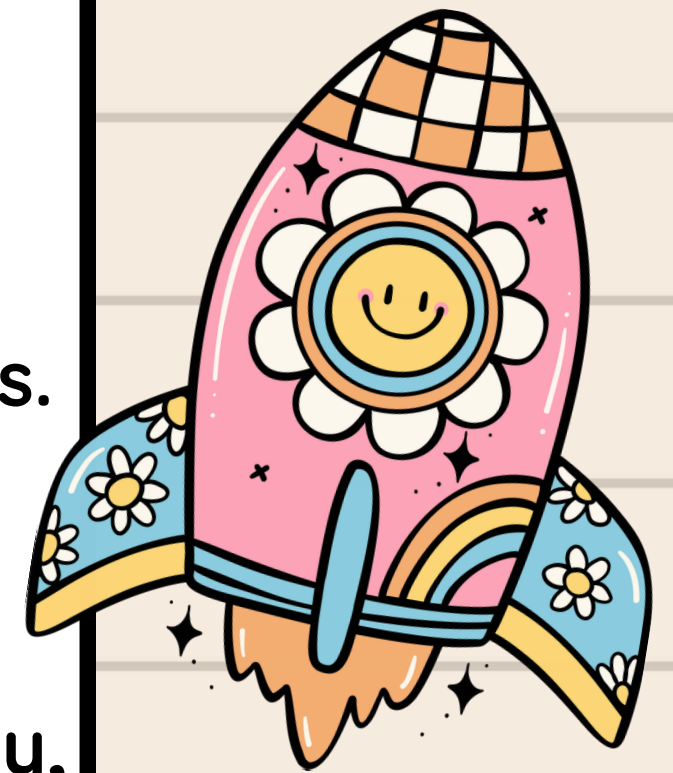
We are proactive in recognising everyone's differences and potential barriers.

SEND at Somerville is NEEDS led - not DIAGNOSIS led.

We do this in all areas of the curriculum regardless of their gender, ethnicity, social background, religion, physical ability or special educational needs, (SEND).

This report is intended to give you information regarding the ways in which we ensure we support all of our pupils, including those with SEND, in order that they can realise their full potential.

[PREVIOUS PAGE](#)



[HOME PAGE](#)

My child
needs extra
help

Areas of
need

Autism

Zones of
Regulation

Profiling tool

Medical Needs

Wirral's
Graduated
Approach

How the
curriculum is
matched

Referrals

1:1 support

Support at
home

Well-Being

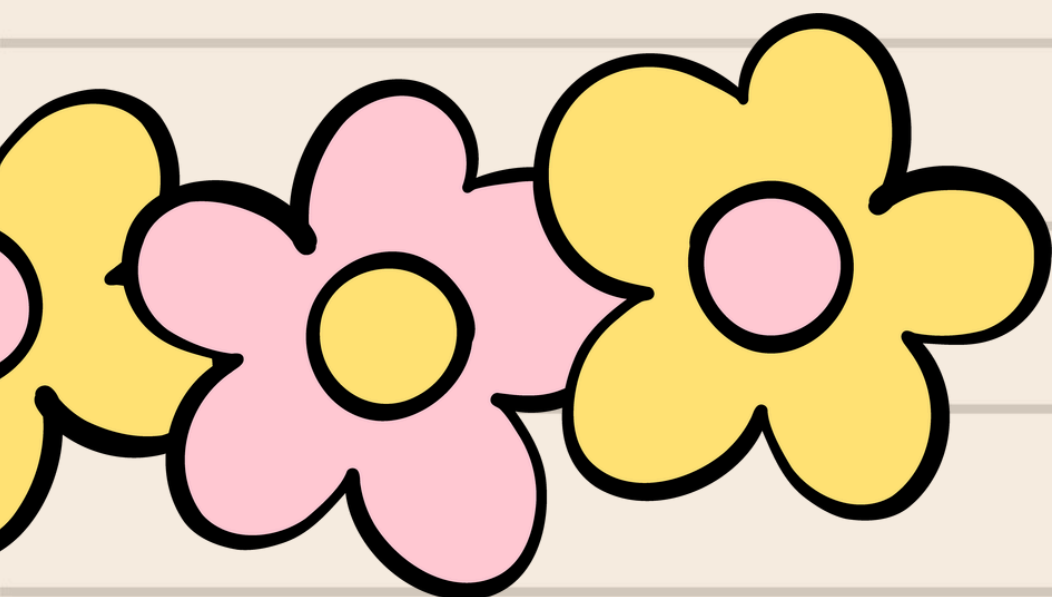
Reporting
progress

Governors

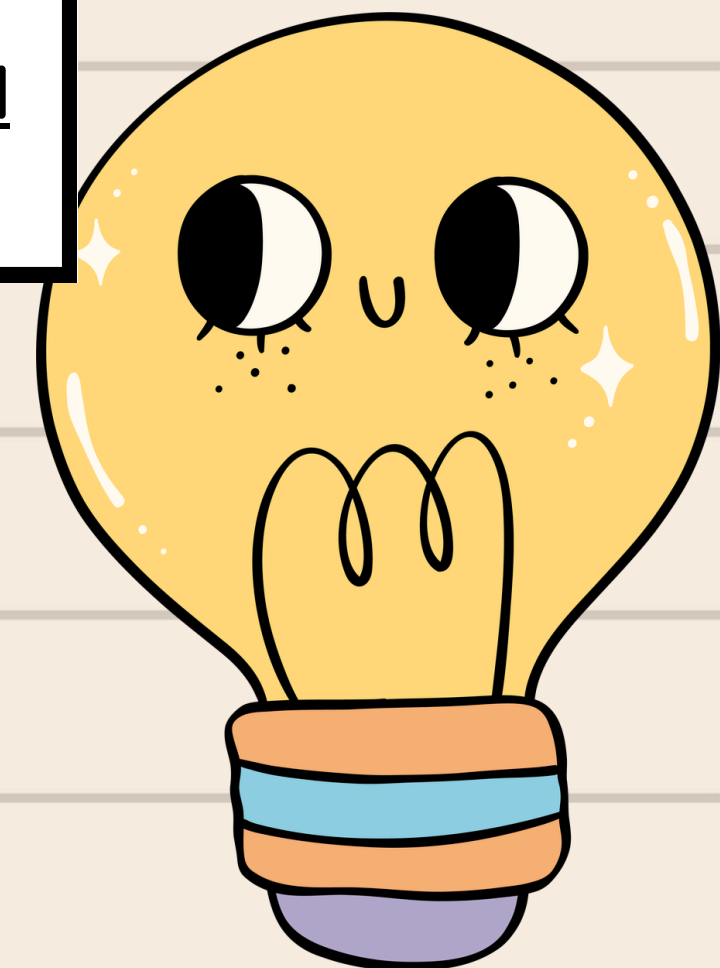
Wirral's Ordinarily
available
provision

Parental
Requests

Specialist
services and
expertise



EXTRA
SUPPORT

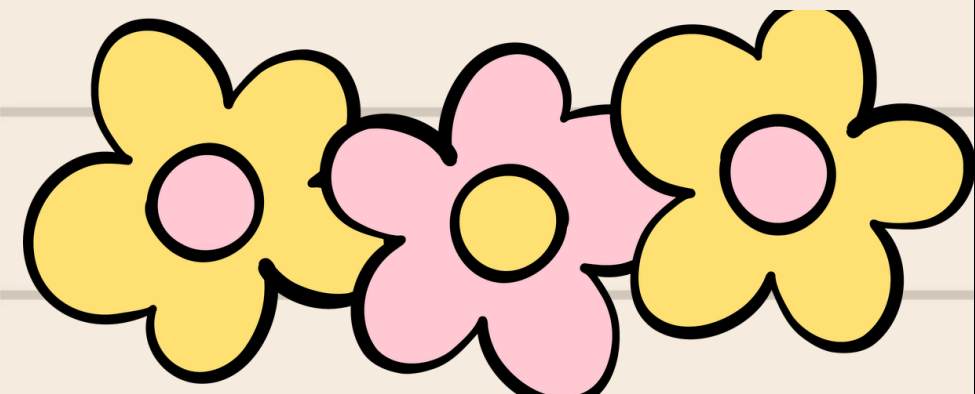
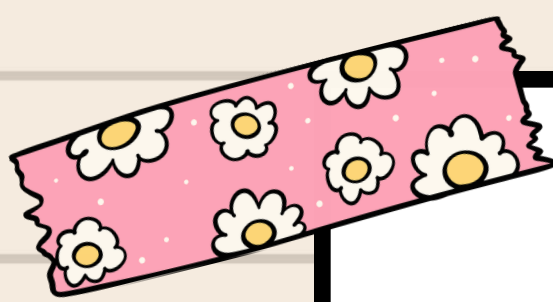
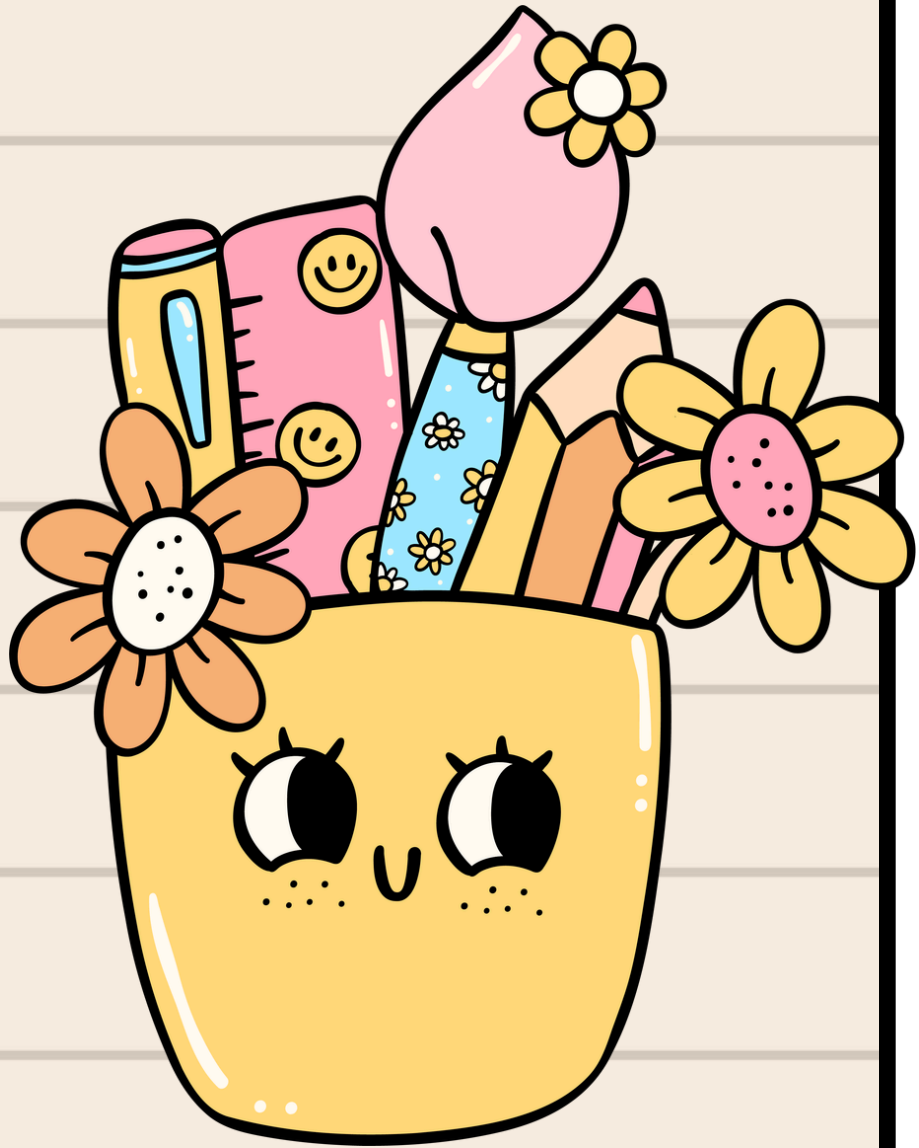


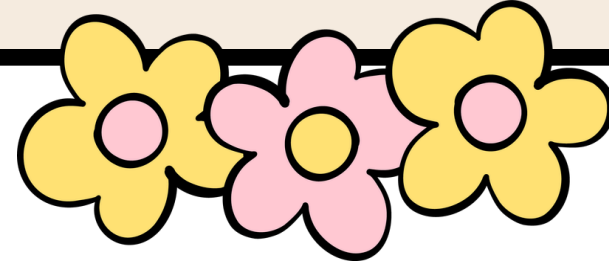
EXTRA SUPPORT FOR YOUR CHILD

- The class teacher / key person is the initial point of contact for responding to parental concerns. Staff are available after school at the classroom door or an appointment can be booked by calling/emailing the school office.
- Following this, the class teacher / key person or parent should continue to liaise as they support and implement suggested strategies or gather further advice.
- Staff will follow the Graduated Approach as set out by the Wirral LA.
- If there is no improvement following speaking with the class teacher / key person, further advice and guidance will be sought from Mrs Booth, our school SENDCO.
- A meeting may then be arranged with parents/carers if it is felt supplementary assessments or investigations are required.
- Mrs Booth is supported by the primary school Social Inclusion Manager: Ms Crampton, Attendance Officer and Family Support officer: Mrs Dowd.

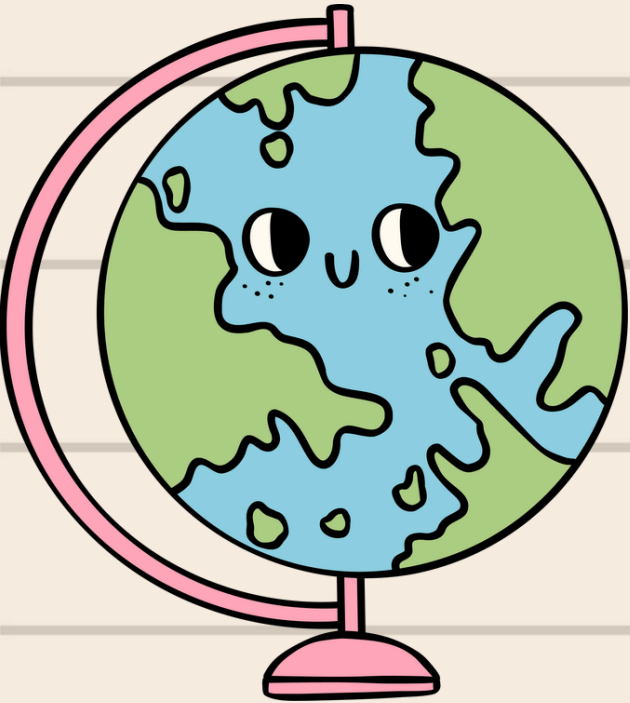
**AREAS OF
NEED**

**HOME
PAGE**





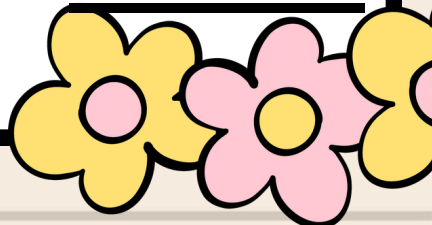
AREAS OF NEED

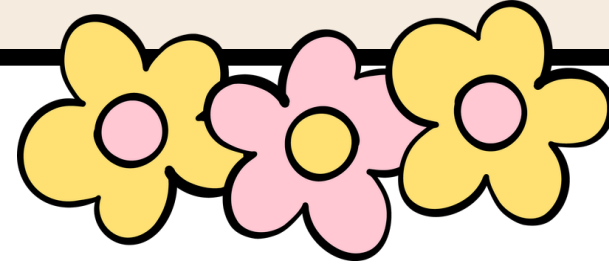


- We recognise that pupils learn at different rates and there can be many factors that affect achievement. We know that children may have difficulties in the short or long term in one or more of these areas:
 - Cognition and learning
 - Communication and Interaction
 - Social, Emotional and Mental Health
 - Sensory and Physical Needs
- Each pupil's educational programme will be planned by the class teacher / key person and adapted accordingly, alongside the child's views.

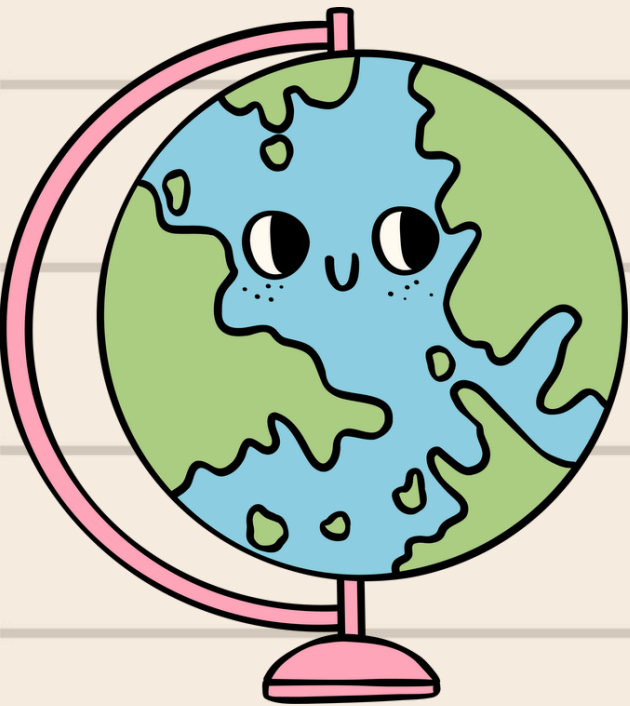
PROFILING
TOOL

HOME
PAGE





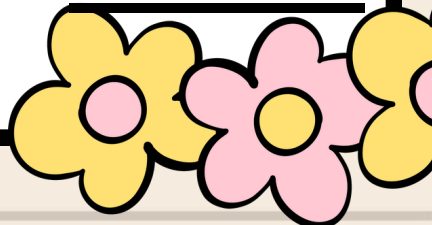
KNOWING ME PROFILING TOOL

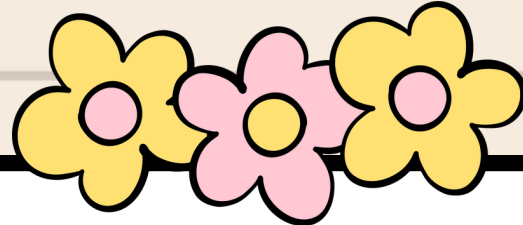


- A new Profiling tool is being launched.
- This is to link what schools currently have in place, and what more can be done before a referral is made.
- This should reduce the number of referrals made, and hopefully reduce the waiting times for families.
- The Profiling tool is under consultation currently - we will update you when we have more information.

REPORTING

HOME
PAGE

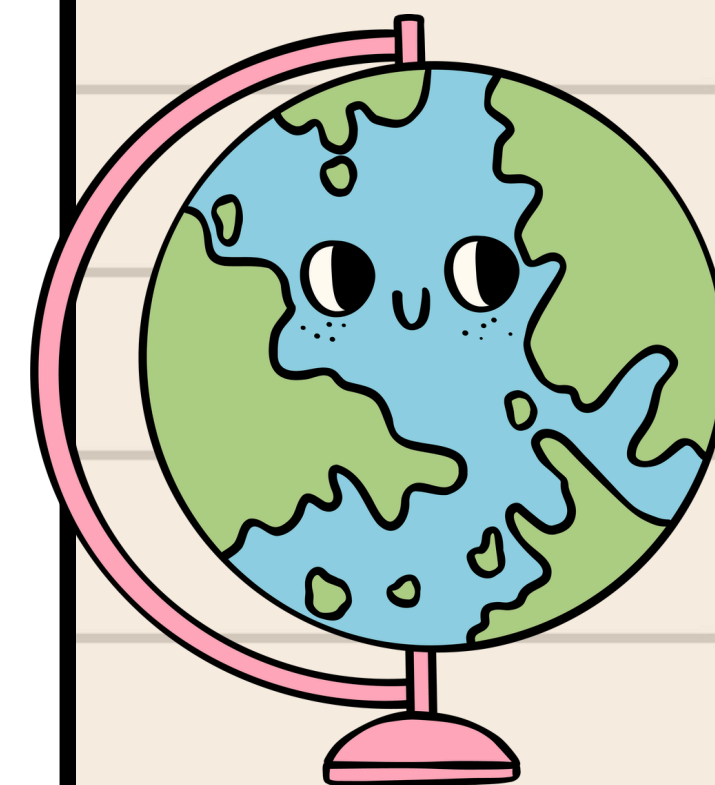




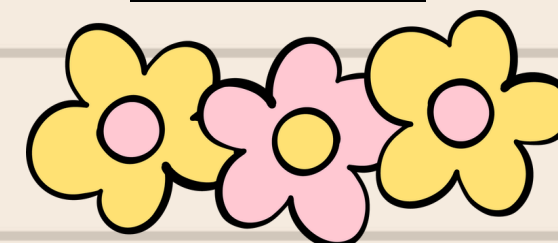
REPORTING PROGRESS

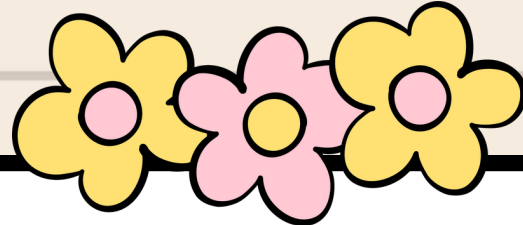
- Progress meetings will be held twice a year at parents evening and a school report provided during the third term. In addition to this, at the end of the autumn term and spring term, progress reports are sent out.
- Pupil progress meetings will be held between staff and the Senior Leadership Team to promote children's positive achievements and highlight any potential concerns, where future support may need to be required.
- Children on the SEND register will have learning plans and/or Play Plans in place. Children on these plans will mostly be supported by the class teacher / key person but there may be additional time with a teaching assistant to work on their personalised targets. Parents and children will be given the opportunity to share their views on the plans and is an important part of the process.
- We have close liaisons with external agencies, these agencies will be requested as and when needed. We also employ an NHS Speech and Language Therapist to provide one-to-one and small group speech clinics, assessments and language support guidance in the classroom. The therapist comes into school on a monthly basis.

REFERRALS



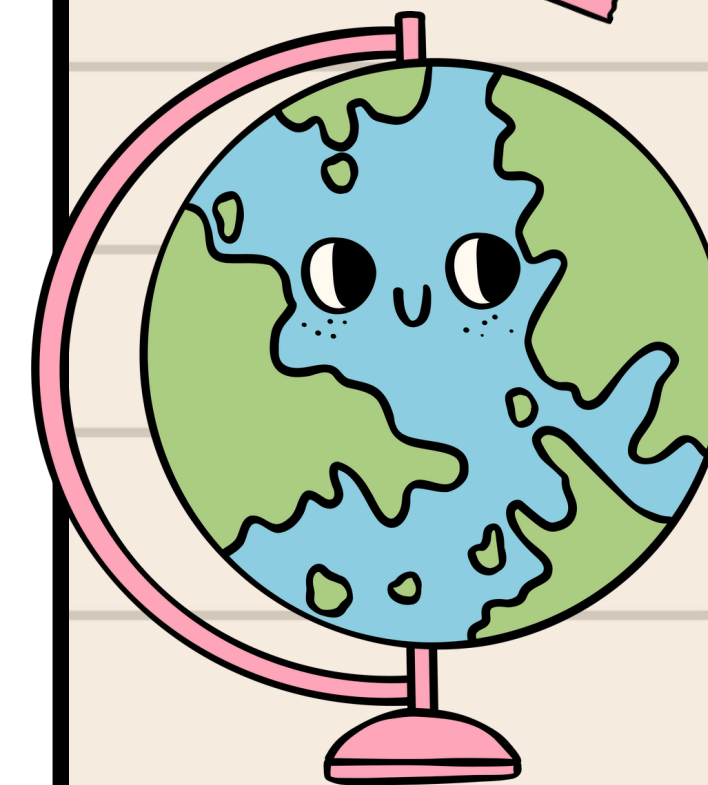
HOME
PAGE





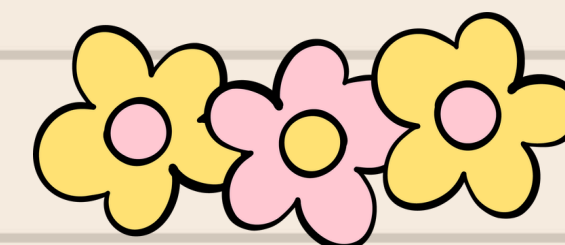
REFERRALS

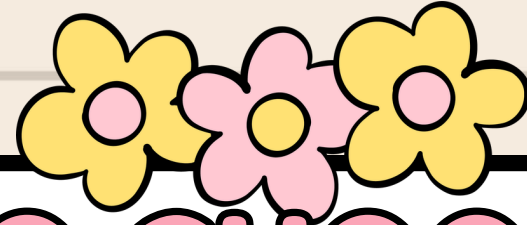
- Somerville Nursery School employs a NHS Speech and Language Therapist (SALT) to provide assessments and language support guidance for in the nursery & at home.
- If your child needs expert support from an outside agency such as Occupational Therapy or a Paediatrician, a referral will be made as appropriate by the SALT or through a Health Visitor (via 0-19 service).
- Once these referrals are sent to 0-19 team, they will be triaged, and if accepted, your child will be placed on a waiting list to be seen. Paediatrician waiting lists are currently over 3 years.



HOME
PAGE

CHOOSING

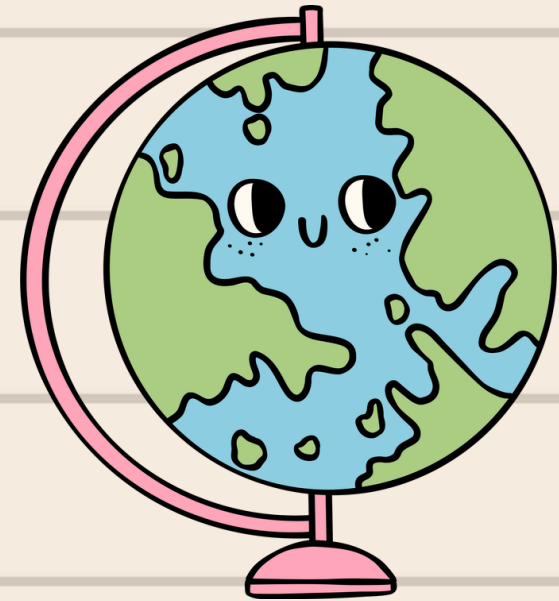




RIGHT TO CHOOSE

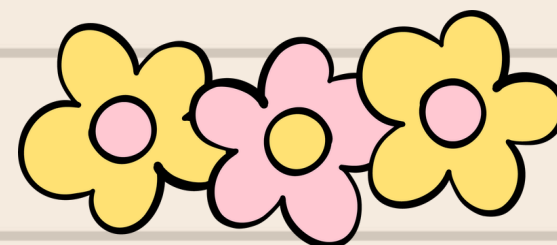
If you are based in England under the NHS you now have a legal right to choose your mental healthcare provider, and your choice of mental healthcare team, this includes for referrals relating to Autism assessment.

This service is offered through the NHS and is free.



HOME
PAGE

MORE





RIGHT TO CHOOSE

In order to make a request to a GP for an ADHD/Autism assessment, you need to say the following:

I would like to request an Autism/ADHD assessment for my child under the Right to Choose Pathway. I understand that through the Right to Choose Pathway I can select an NHS approved private Autism/ADHD assessor who I would like my child to be referred to. I would like my provider to be...

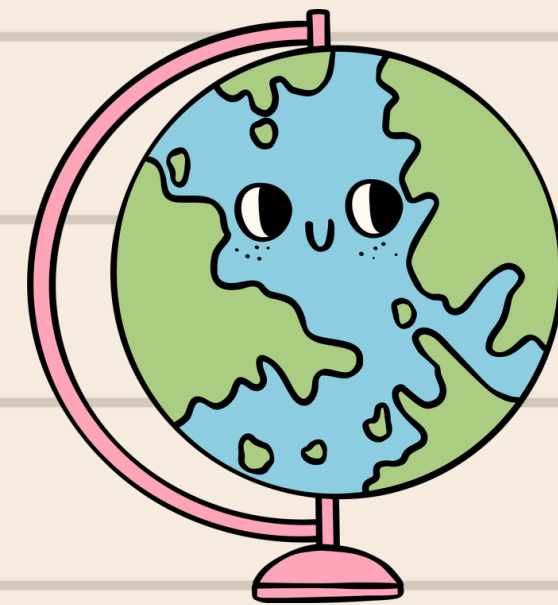
I would like to go through the Right to Choose route instead of the NHS Pathway via school because NHS waiting times are too long.

The reasons I believe my child needs to be assessed for Autism/ADHD are...

I understand that to go through this route my GP needs to make the referral to the provider I have stated - not school as it is NHS Right to Choose.

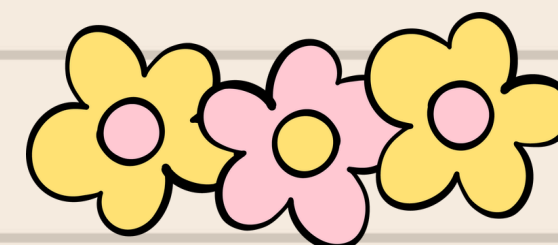
If the GP goes to the provider's website, they will find instructions on how to make the referral.

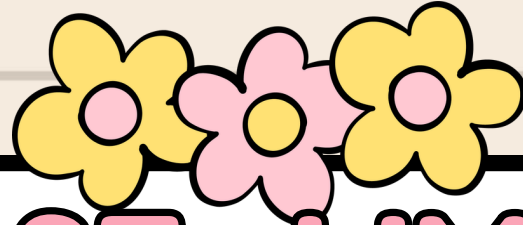
Note: If your child is not school age a health visitor may need to make the referral.



HOME
PAGE

MORE

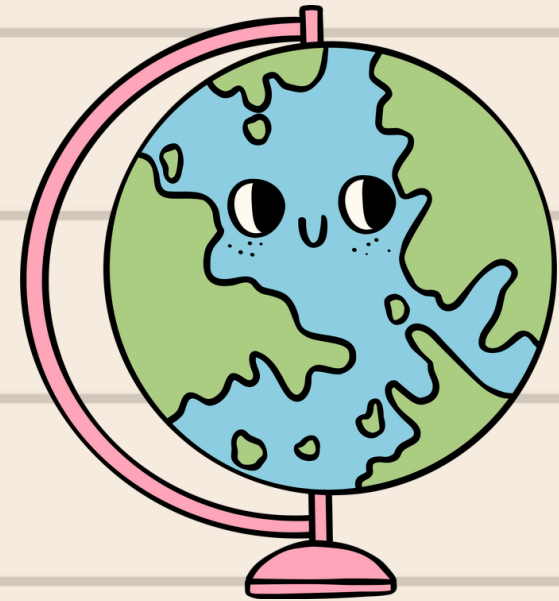




RIGHT TO CHOOSE...LIMITATIONS

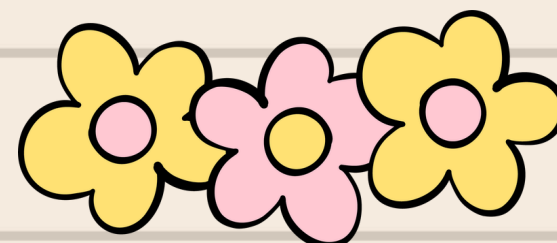
Some educational settings are promoting Right to Choose referrals via GPs as a faster route to diagnosis. However, high demand for these services can also mean delays.

Evidence shows that early support through a graduated response can reduce the number of children that go on to need a diagnosis and helps prioritise specialist care for those with complex needs.



HOME
PAGE

MORE





RIGHT TO CHOOSE...LIMITATIONS

Limitations of Right to Choose Providers

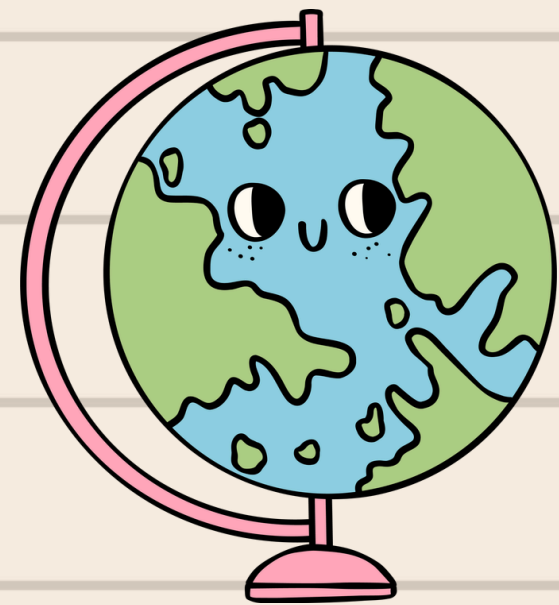
Some Right to Choose providers offer assessment only, with no follow-up for ADHD medication after a diagnosis is made.

GPs may be reluctant to enter shared care for ADHD medication where a diagnosis is made with Right to Choose providers, which can leave families without ongoing NHS support.

However, there are some Right to Choose providers who have a local NHS contract and for these providers, shared care for medication can transfer to local services to manage.

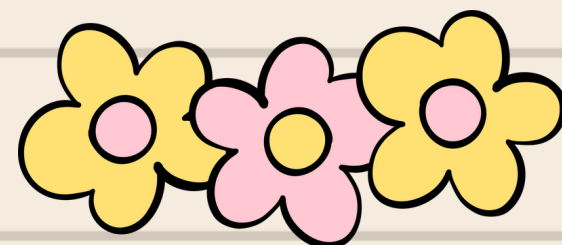
Some Right to Choose providers operate remotely only, limiting robust face-to-face assessments.

Some providers are also not regulated by the Care Quality Commission (CQC).



HOME
PAGE

GRADUATED
APPROACH





Wirral's Graduated Approach

An Explanation for Parents and Carers



Wirral Council have created a new, clear approach to supporting pupils in their education setting. It will be used by all nurseries, schools, colleges and educational settings.

It is called the **Graduated Approach**. On this page is an easy-to-understand explanation of the **Graduated Approach**.

All children have the right to an education. It must meet their needs and help them reach their potential. The information below is to help children and young people, and their parents and carers. It tells you how schools support children with Special Educational Needs and Disabilities (SEND).

Home
page

Graduated
approach

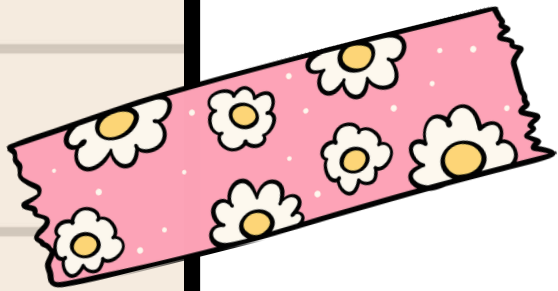
WIRRAL'S 'ORDINARILY AVAILABLE' DOCUMENT

As the Graduated Approach is a 126 page document, Wirral Local Authority condensed this into a document called the Ordinarily Available document. This can be found here:

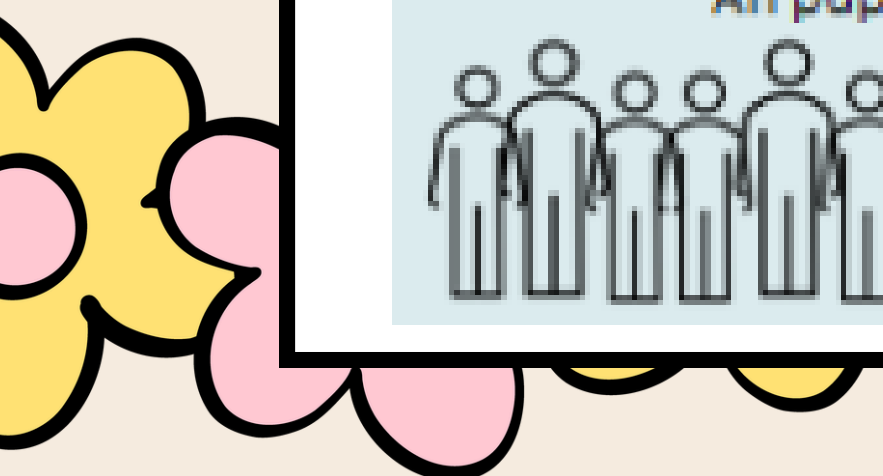
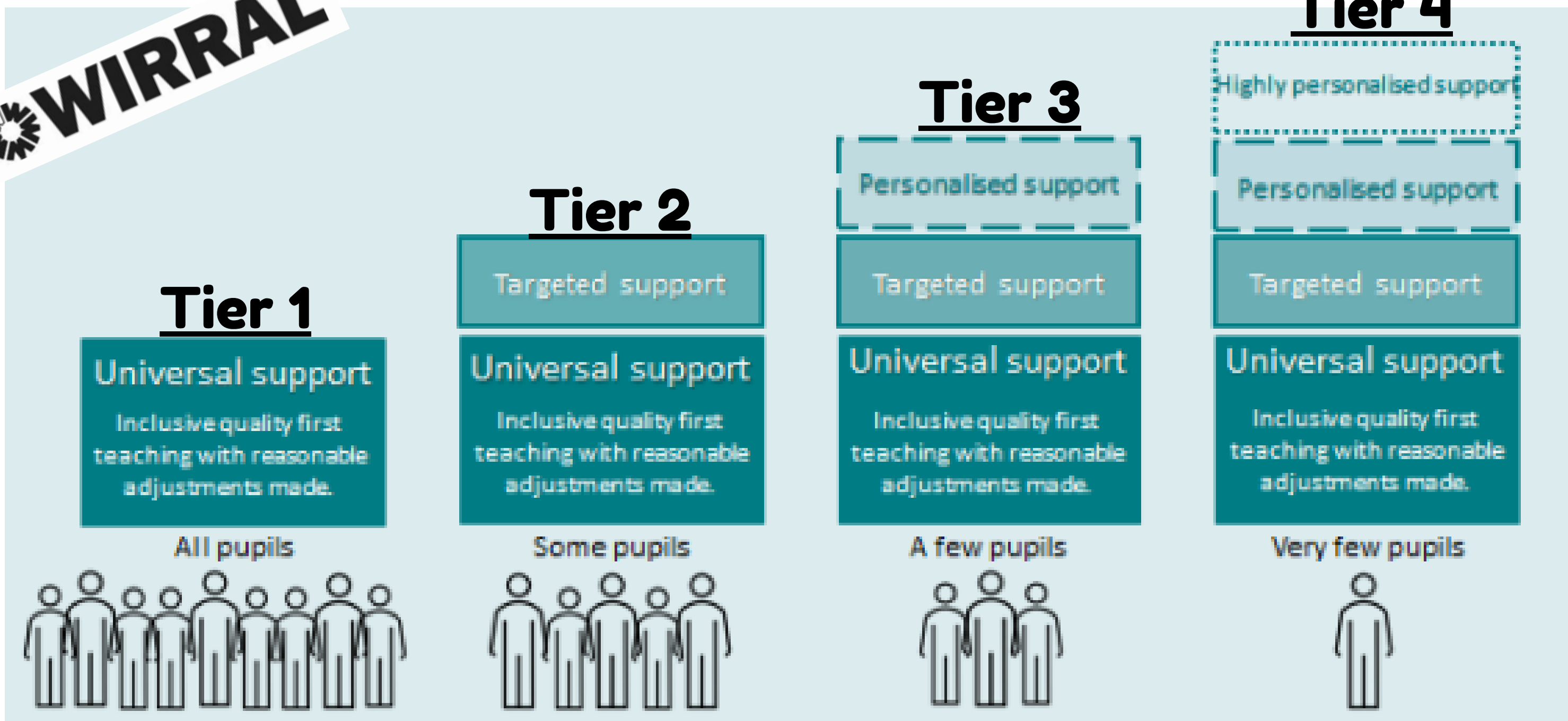


Graduated
Approach

Home
page

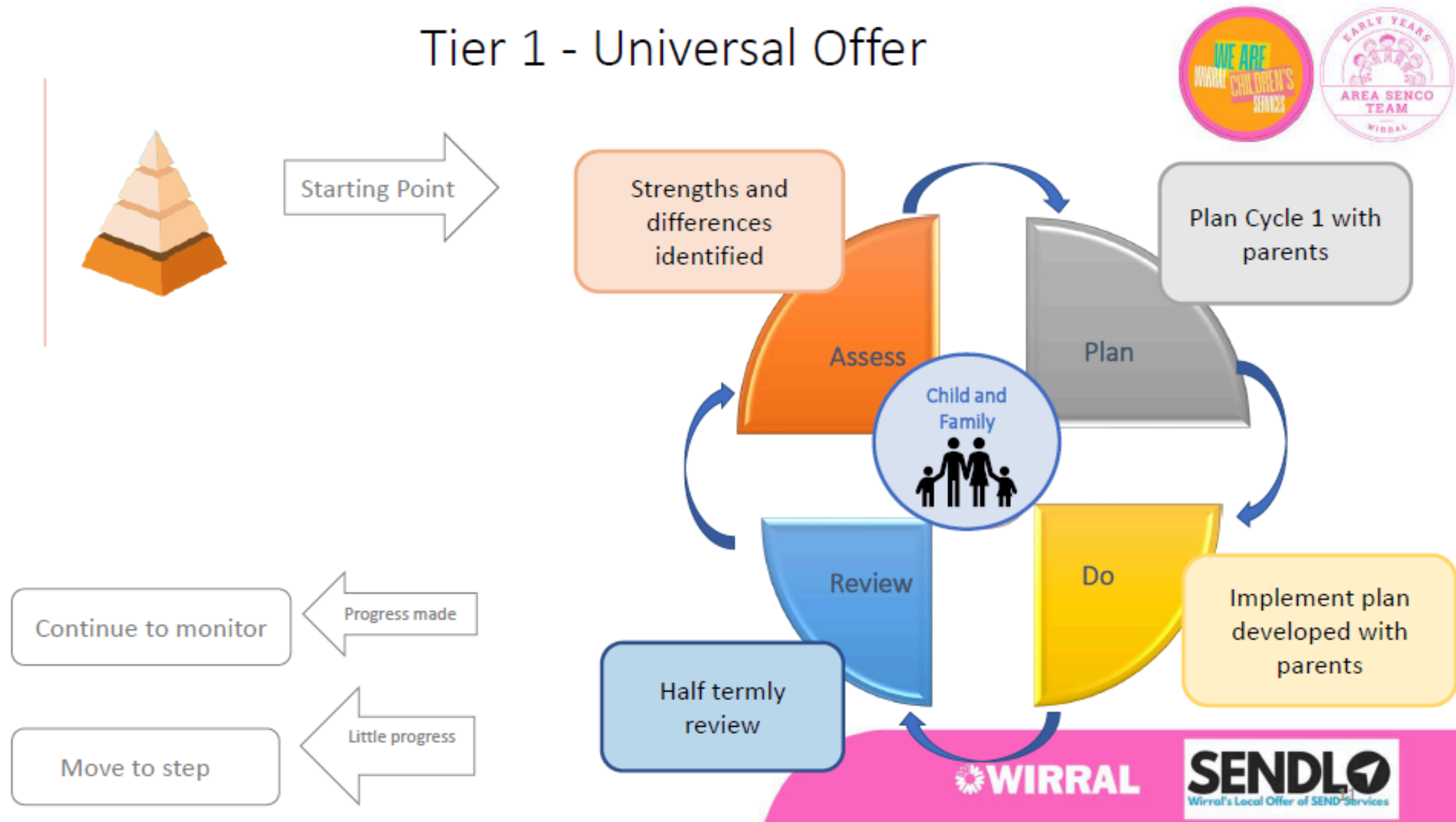


WIRRAL'S GRADUATED APPROACH



GRADUATED APPROACH - TIER 1

Tier 1 - Universal Offer



More on
Tier 1



Home
page

The following pages contain strategies recommended by the Wirral LA to support pupils.

TIER 1 - ORDINARILY AVAILABLE PROVISION

Cognition and Learning

- Enabling Environments

Consider the environment and help the child to focus by keeping distractions to a minimum – sensory environment audits can be helpful!



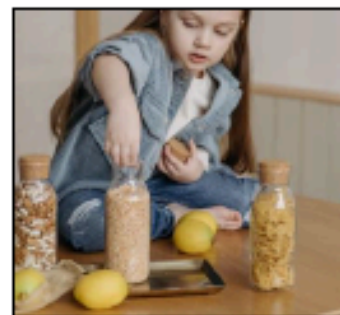
Provide areas with reduced distractions

Have clear routines that children can easily see and follow



Carefully choose visual supports which are appropriate for the child and the situation. Consider whether objects or real life visuals are appropriate.

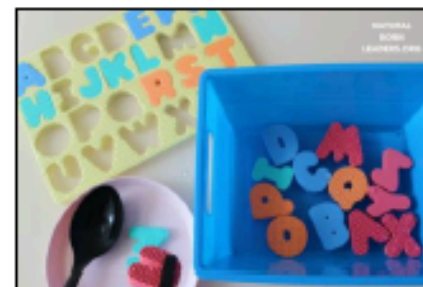
Plan activities and experiences that are of high interest to sustain children's attention.



Clear routines in place with repetitive, predictable and familiar activities to increase independence.

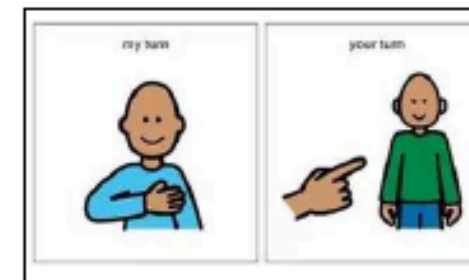
Give time to process information.

Create an engaging environment that invites children to explore using all their senses.



Present the same learning intention in many different ways within the environment

Adults to actively play with children within the provision, modelling turn taking skills and using clear language to support, 'my turn...your turn'.



Plan the curriculum to focus on the child's strengths and interests to feed into the provision to meet the child's needs.

More on Tier 1



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED

Cognition and Learning

- Adaptive Teaching Strategies

Keep activities short and use a visual timer to help the child see, in real time, how much time remains.



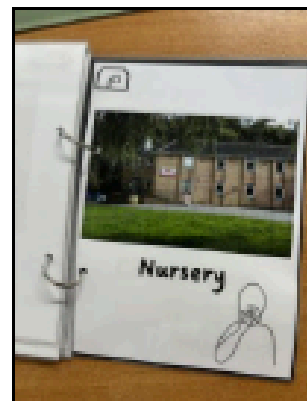
Chunk instructions to support the child's processing time – back up with visual systems. Prioritise key words/phrases that are relevant for the child.

Allow time for children to repeat activities



Give regular opportunities for adult supported shared play and turn-taking activities e.g. joint construction modelling, filling up sand buckets, going down the slide.

Build in opportunities to demonstrate anticipation, allowing time and creating pauses in motivating activities to show curiosity.



Busy Bee's Spital

Use personalised photobooks to share with the child for example, playing with toys they like, what happens at playtime etc.

Make sure resources are clearly labelled with pictures and words and are at the child's level, allowing independence



Use a signal to begin and end an activity, for example tidy up song, Makaton signal for finished, bell, tambourine etc.

Refer to Harvard's Center on the Developing Child resources on Executive Functions: [Activities Guide: Enhancing & Practicing Executive Function Skills](#)

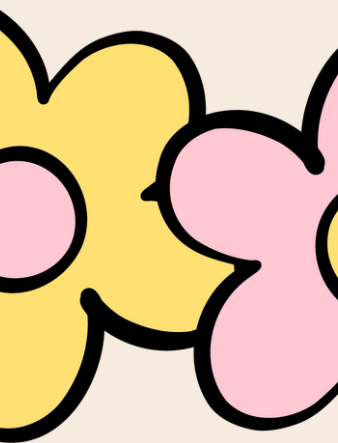


Engage the child in 1:1 play in a space that is low arousal and low distraction.



More on tier 1

Home page



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED

Social, Emotional and Mental Health - Enabling Environments

Provide areas within the environment that allow children to self regulate – cosy corners, snugs, self-regulation pods.



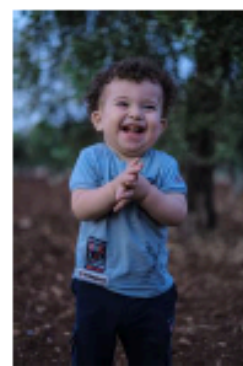
Display emotions within the room using real life images.

Provide access to resources that promote emotional understanding – persona dolls, books, puppets etc.



Provide access to mirrors to support children to understand and recognise their own faces and expressions.

Promote positive relationships through the role of the key worker.



Regular access to outdoor environments/nature to promote well being.

Ensure there are a sufficient number of resources available to the children to reduce conflict.



Sensory awareness of the environment. Complete a sensory audit to identify triggers.

Practitioners focus on and label the behaviour rather than the child. Practitioners actively look for children behaving appropriately and reward them with specific praise. communicated frequently to children, parents and staff. Praise is awarded consistently and fairly.

Ensure all staff are consistent in their approach to using behaviour strategies and have a shared understanding of what these are.

Expected behaviours and rules are positively worded, e.g. "We look after our friends".

More
tier 1



Home
page



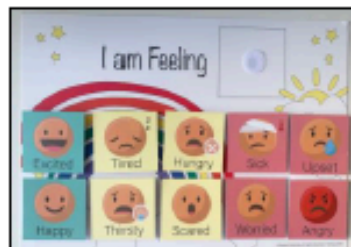
TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Social, Emotional and Mental Health

- Adaptive Teaching strategies

Ensure all practitioners are alert to positive / desired responses from the child and provide consistent positive feedback in a timely way.



Introduce feelings charts to support children to express how they are feeling.

Give clear choices, e.g. "You can either tidy up now or when everyone else has the story."



Access to proprioceptive programs throughout the day to support the child to physically regulate.

Use emotion coaching statements "I think that you are feeling ..."



Distract and redirect attention when child begins to become dysregulated.

Provide opportunities to explore resources that promote emotional understanding on a 1:1 basis.

Level	Indicator	Key Indicators	Examples
1. Extremely Low	The child does not have any skills.	Communication skills: no verbal communication, no eye contact, no joint attention, no shared play.	Communication skills: no verbal communication, no eye contact, no joint attention, no shared play.
2. Low	The child has limited skills.	Communication skills: limited verbal communication, limited eye contact, limited joint attention, limited shared play.	Communication skills: limited verbal communication, limited eye contact, limited joint attention, limited shared play.
3. Moderate	The child has some skills.	Communication skills: some verbal communication, some eye contact, some joint attention, some shared play.	Communication skills: some verbal communication, some eye contact, some joint attention, some shared play.
4. High	The child has many skills.	Communication skills: many verbal communication, many eye contact, many joint attention, many shared play.	Communication skills: many verbal communication, many eye contact, many joint attention, many shared play.
5. Extremely High	The child has all skills.	Communication skills: all verbal communication, all eye contact, all joint attention, all shared play.	Communication skills: all verbal communication, all eye contact, all joint attention, all shared play.

Assess need using the Leuven Wellbeing scale.

Close links with parents/carers to understand triggers

Use a 'Calm box' containing bubbles, books, massage tools, sensory items to help support the child and pre-empt high emotions.



Refer to external agencies to support the family within the home.

More
tier 1

TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Communication and Interaction

- Enabling Environments



Create communication friendly spaces that allow for small group play.

Ensure provision areas are clearly defined, even if just by adding a small rug.

Arrange furniture to promote face to face communication.

Label storage of resources based on the developmental stage of the children e.g. using objects / pictures / symbols / words

Makaton sign of the week

Provide open-ended resources which stimulate curiosity and promote 'talk', and real-world objects which support children at early stages of pretend play to act out activities that are familiar to them.



Daisy Chain Day Nursery

Offer quiet, calm areas and safe spaces for children to retreat to.

Create quieter, zoned-off learning spaces where concentration and focus can be more easily achieved.

Organise resources so that children have choices and opportunities to communicate their choice.

A Total Communication approach is used, including words, sounds, signs, gestures, sound buttons and choice boards.

[More tier 1](#)



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Communication and Interaction

- Adaptive Teaching

Join their joy!

Use what you know about the child's interests, play choices and sensory preferences to create shared attention opportunities. Wrap an appealing resource in tissue, hide it in a box or under a scarf and tempt the child to explore it.

Use your face, voice and body to show your enthusiasm.

Sensory toys, music makers, push & go or wind-up toys work well, especially those that require some adult help.

Use of appropriate tracking to identify next steps such as Liverpool Social Communication and Play journal.



Develop attention and listening skills (see WellComm Big Book of Ideas and Letters and Sounds Phase 1).



Descriptive commentary during a child's play.



Now and Next and Choice boards



Backward chaining Support the child to participate in a small portion of adult directed activity (e.g. the last minute of carpet time or the last turn in a small group activity) and work backwards in small steps to build their involvement leading up to completion of the adult directed task or routine.

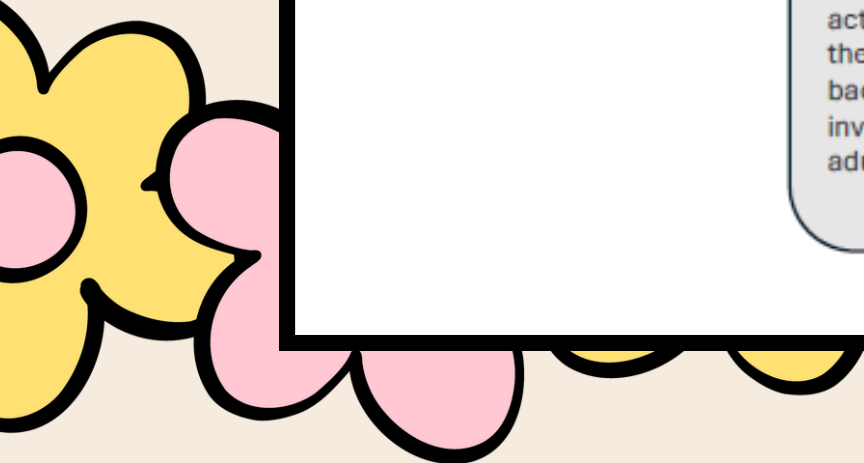
Appropriate strategies from Autism Education Trust training such as Bucket Time, Intensive interactions, Giggle Time and play scripts.

Play word games such as 'What's in the bag?' (How to play 'What's in the bag?' with your toddler - BBC Tiny Happy People)

Allow processing time of up to 10 seconds.

Introduce activities such as Identiplay to encourage social communication, interaction and joint attention.

More tier 1



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Hearing Support, Vision Support, Physical Differences - Enabling Environments



Carry out an environmental audit, considering the physical environment, noise, smells, light, colour contrast, and space. Note how changes to the environment may affect the child.

Offer multisensory learning experiences such as sensory stories.

Plan a wide range of opportunities for the development of physical skills, which can be differentiated and adapted for all children.

Provide play with real objects.

Step free access in to rooms and outdoor spaces



Use activities and resources which are accessible to all e.g. ball with a bell inside, clearly labelled resources in bold colours.

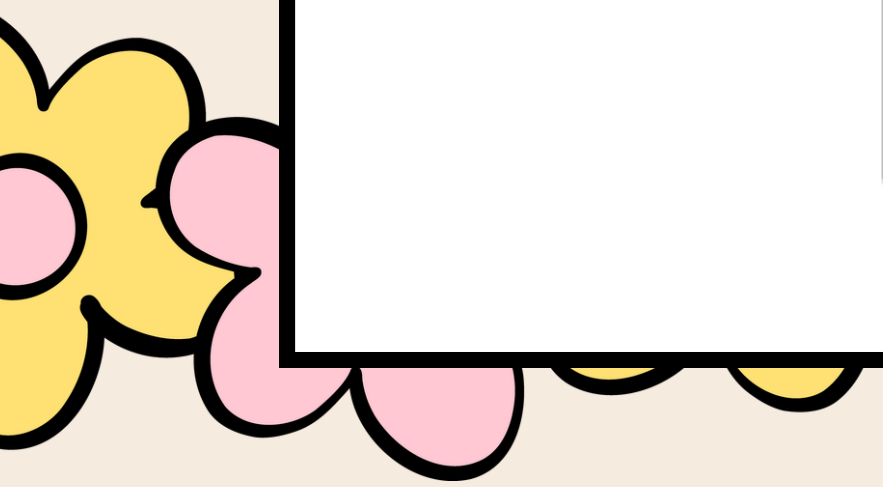
Offer a range of direct hands-on sensory experiences such as treasure baskets.

Take into account light sources, be aware of the importance of contrast and avoid glare from shiny or polished surfaces.

Provide an environment with a range of surfaces, heights, textures and challenges, which encourage children to take suitable risks in their exploration and play

Provide plenty of opportunities for children to practice their physical skills throughout the day and make it fun.

More Tier 1



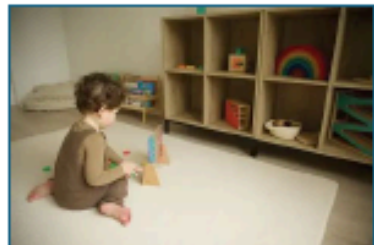
TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Hearing Support, Vision Support, Physical Differences
- Adaptive teaching



For groups, use a horseshoe formation to give children a clear face to face view of the practitioner



Keep the layout of the room consistent and clutter free.

Adapt resources so that they are upright to support vision e.g display activity using easel.

Ensure you have the child's attention before giving instructions. Be prepared to repeat instructions, break instructions down into clear, short steps and give visual clues to support understanding (gesture, sign, pictures etc.)



Don't cover your mouth when speaking and do face the children, as they may need to use your lip patterns to work out what you say.

Consider the pace and timings of activities and plan in listening breaks. Be vigilant to signs of tiredness and fatigue so that you can intervene



Use of verbal reinforcement to explain what is happening in the environment e.g. what is in front of them, in the distance, facial expression of peer

Provide appropriate physical resources to meet the child's needs e.g chunky chinks, specialists scissors etc.



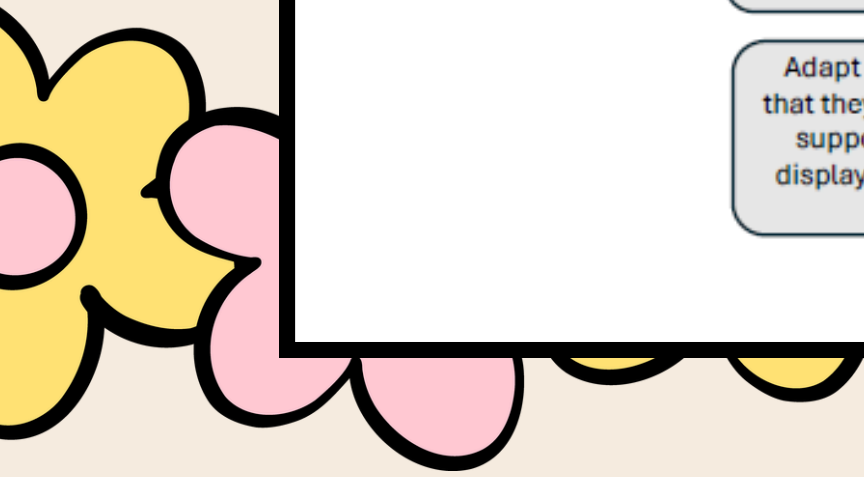
Refer to Wirral's Sensory Support Service.

Use high contrast colours in the environment and learning resources.



Position the child close to the adult during group activity so that they can hear/see.

More tier 1



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Sensory Integration Difference

- Enabling Environments

Carry out an environmental audit, considering the physical environment, noise, smells, light, colour, contrast, and space. Note how changes to the environment may affect the child

Provide resources that allow for heavy weight activities.

Create sensory self regulation spaces.

Welcome natural light into the environment where possible.



Provide good ventilation and reduce strong odours where possible.

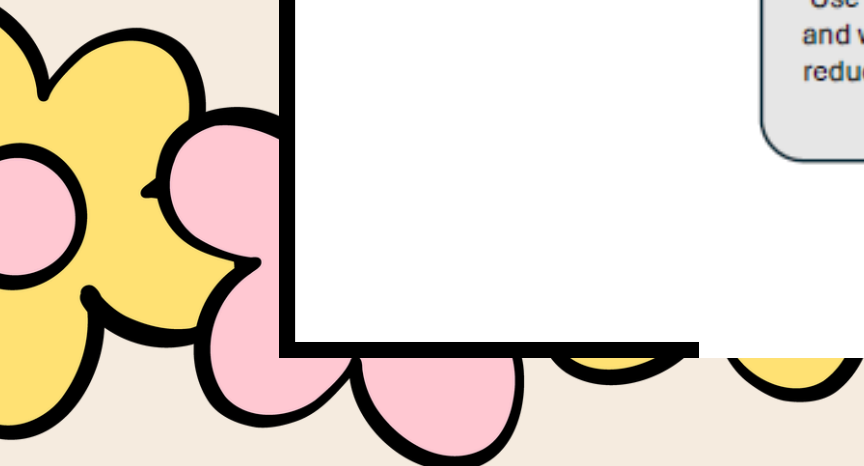
Use soft furnishings and wall coverings to reduce reverberation

Use calm/neutral colours on walls to reduce overstimulation.

Provide activities and experiences which enable children to use all of their senses

Ensure spaces are well lit and use blinds or curtains to control light and glare from sunlight

More
tier 1



TIER 1 - ORDINARILY AVAILABLE PROVISION CONTINUED



Sensory Integration Needs

- Adaptive teaching



Complete a Sensory assessment to develop an understanding of the child's specific needs. [Early years sensory processing resource pack](#)



Use ABC charts to begin to identify triggers/sensory responses to stimuli.

Think about the child's sensory needs. Plan for sensory experiences to meet their needs.



Rosetree Day Nursery

Provide movement breaks and sensory circuits.

Teach calming techniques and talk about and use the language of emotions.



Ensure a quiet room and play space is available should the child require it.

Provide children with ways to regulate themselves, such as fidget toys, wobble seats, sensory bottles and sensory toys.

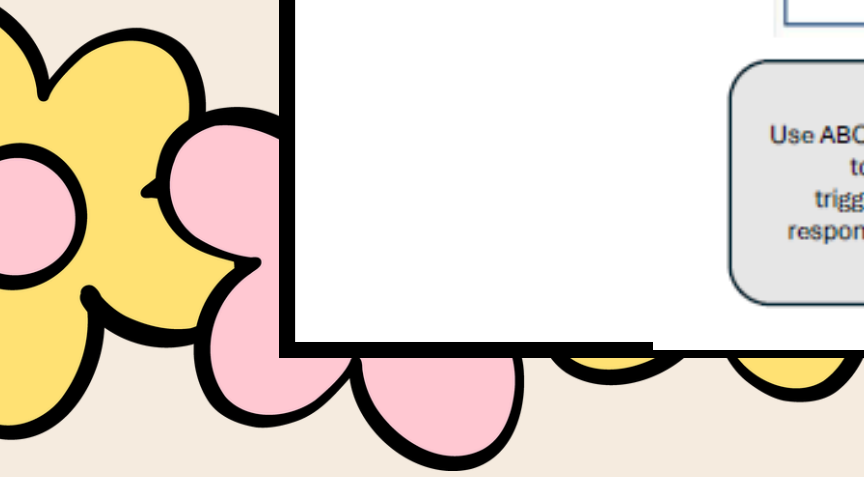


Introduce sensory specific resources e.g. ear defenders, sun glasses.

With consent from parents/carers, introduce weighted resources e.g. backpacks, blankets, lapbelts etc.



More tier 1





GRADUATED APPROACH - TIER 2

Teachers may have concerns regarding certain behaviours or progress, and concerns that the pupil may have special needs.

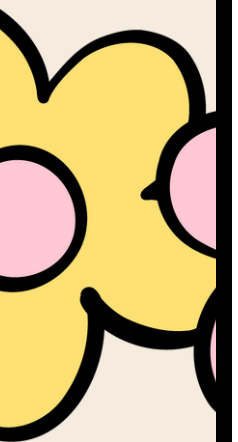
At this stage, pupils will be placed on a monitoring list. Progress is watched closely.

If no progress is made and the teacher is still concerned, the pupil will be given personalised targets and in some cases, a one page profile.

In some cases, pupils will be placed on the special needs register depending on the severity of the need and significant adaptations required.

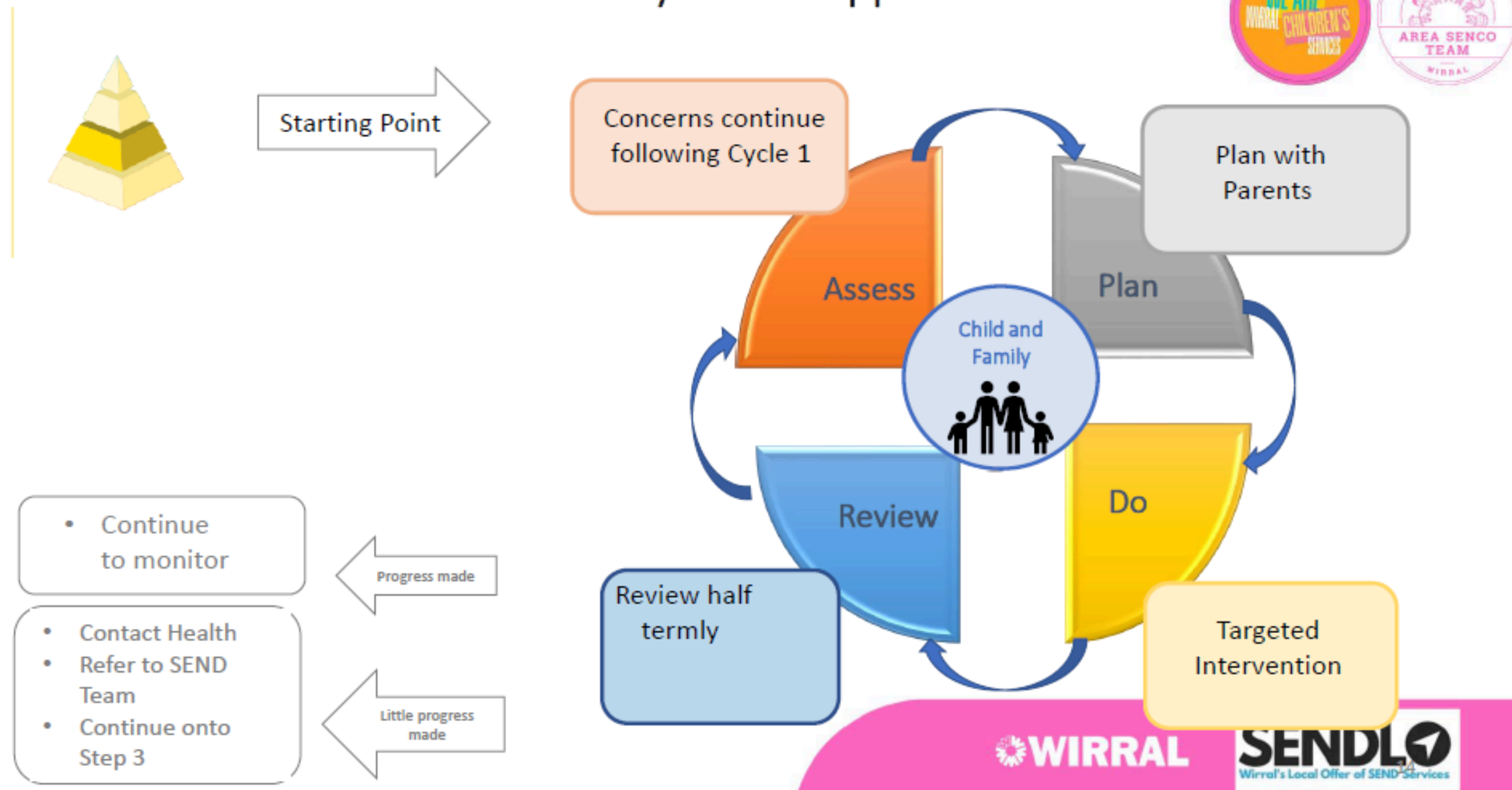
**More on
Tier 2**

**Home
page**



GRADUATED APPROACH - TIER 2

Tier 2 - Early SEND Support



• Continue to monitor

• Contact Health
• Refer to SEND Team
• Continue onto Step 3

Progress made

Little progress made

Tier 3

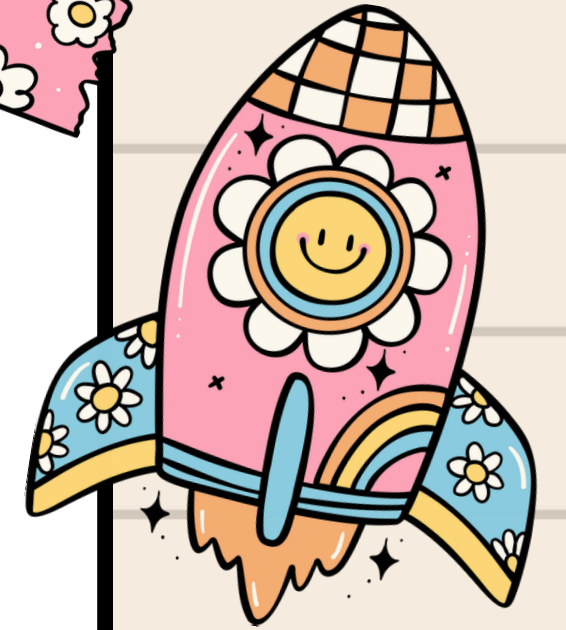
Home page

Teachers will write an Individual Education Plan / Play Plan. You will be given a copy so that you can support targets at home. Targets will be reviewed approximately every 8 weeks

TIER 3

If a child is still struggling to make progress in their targeted area, school will seek advice from external agencies.

- **Speech and language**
- **Occupational Therapy**
- **SENAAT – dyslexic and dyspraxia tendencies, memory, IQ, processing speed, vocabulary.**
- **Inclusion Team at the LA**
- **Ana Stokes (ASC Specialist Teacher)**
- **ASC Team from the LA**
- **Outreach support (Orrets Meadow, Gilbrook, Elleray Park, Foxfield)**
- **Team Teach**

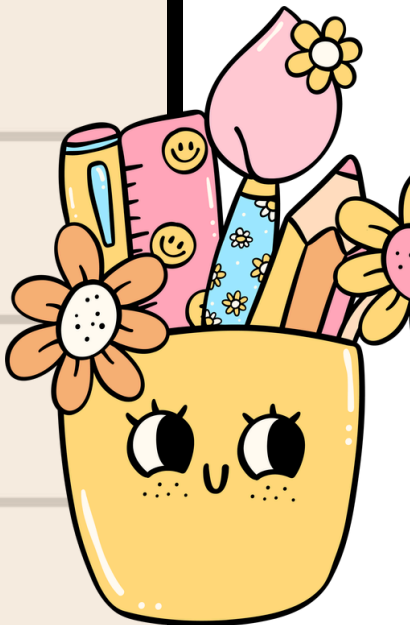


MORE ON TIER 3

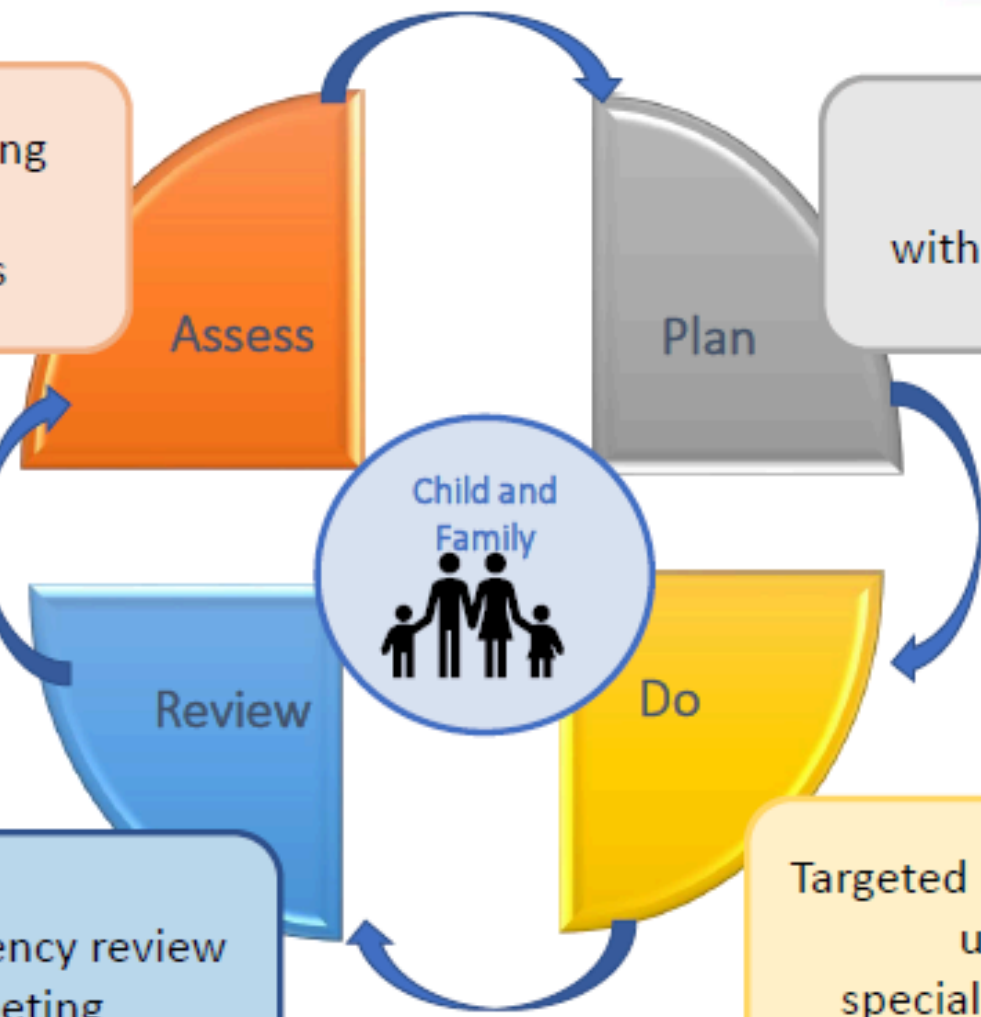
HOME
PAGE

GRADUATED APPROACH - TIER 3

Tier 3 - Targeted Specific SEND



Concerns continue following Cycle 2 OR High needs identified



Plan with Parents

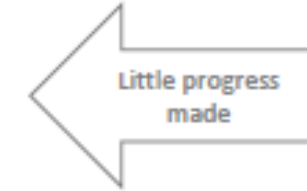
Targeted Intervention using specialist targets

Multiagency review meeting

Continue APDR cycle



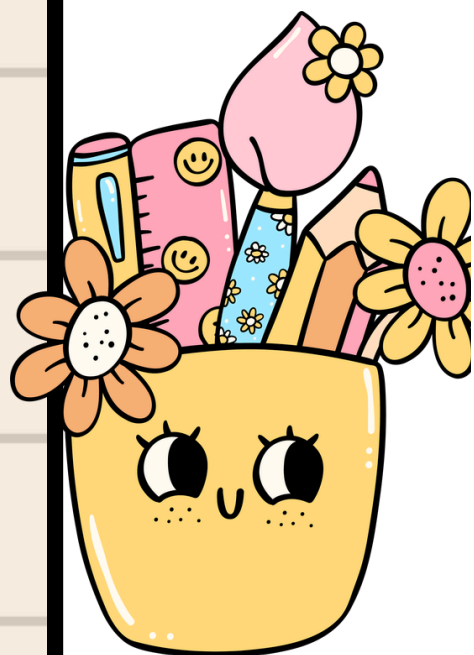
EHCA discussed at review



Next - Tier 4

Home page

GRADUATED APPROACH - TIER 4



Tier 4- Needs Assessment:

The CYP continues to make less than expected progress and is operating at a level significantly below age related expectations e.g. Birth to 5 Matters Ranges. There is continuing evidence of an increasing gap between the child and their peers. A high level of support is required to ensure the child makes adequate progress. A request for an Education, Health and Care needs assessment is considered via a multi-agency review meeting with parents, setting and other professionals involved. If agreed to initiate a statutory assessment of their special educational needs the setting complete the paperwork to request an assessment which may lead to an **Education Health Care Plan (EHCP)** within a timeframe of 20 weeks.

If a child is under the age of 5 years and awarded an EHC Plan, it should be reviewed every **3-6 months** with the child, parents and professionals involved in the formal review process.

 **WIRRAL**

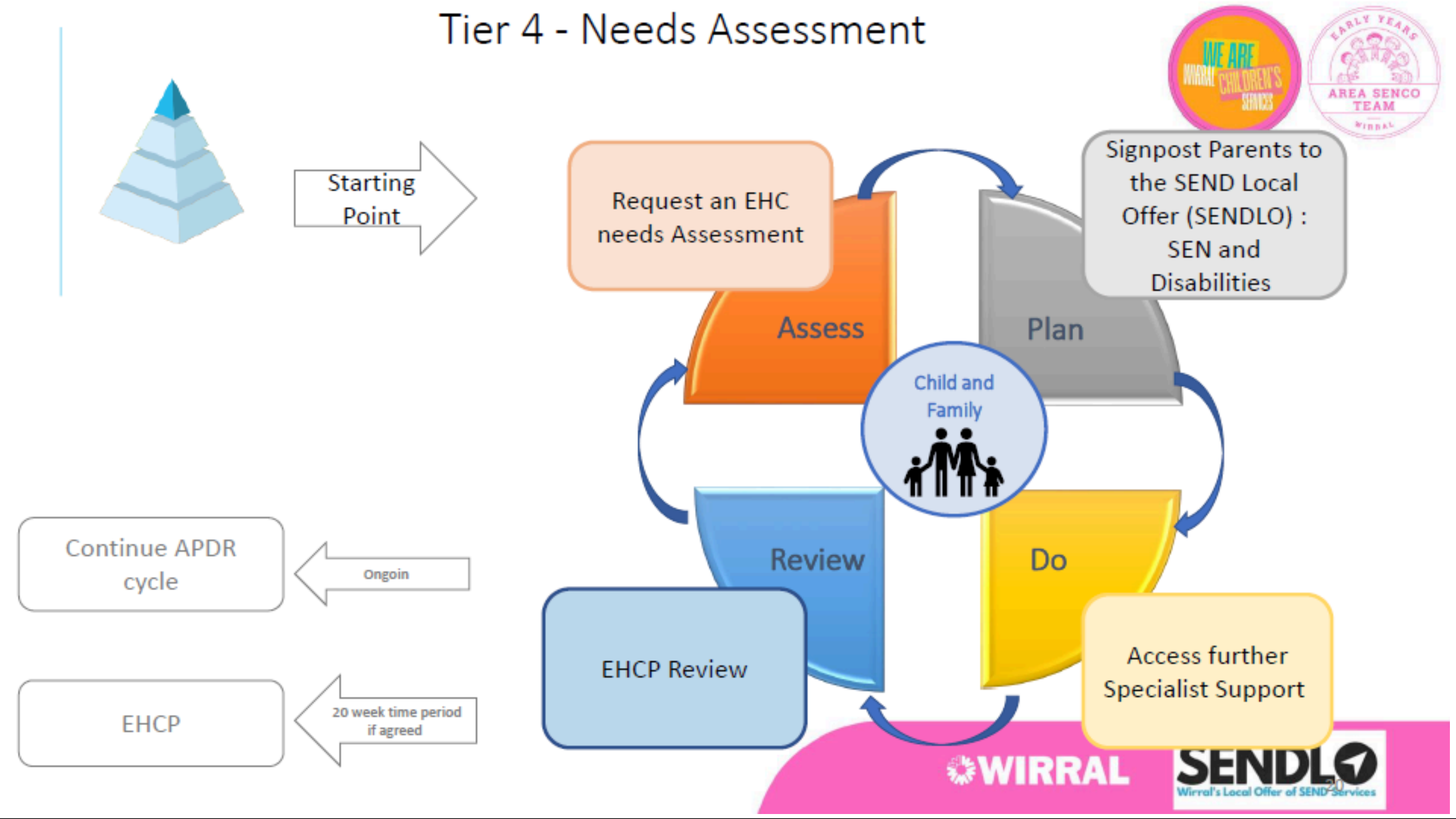
SENDLO
Wirral's Local Offer of SEND Services

Tier 4

Home
page

GRADUATED APPROACH - TIER 4

Tier 4 - Needs Assessment



Tier 4

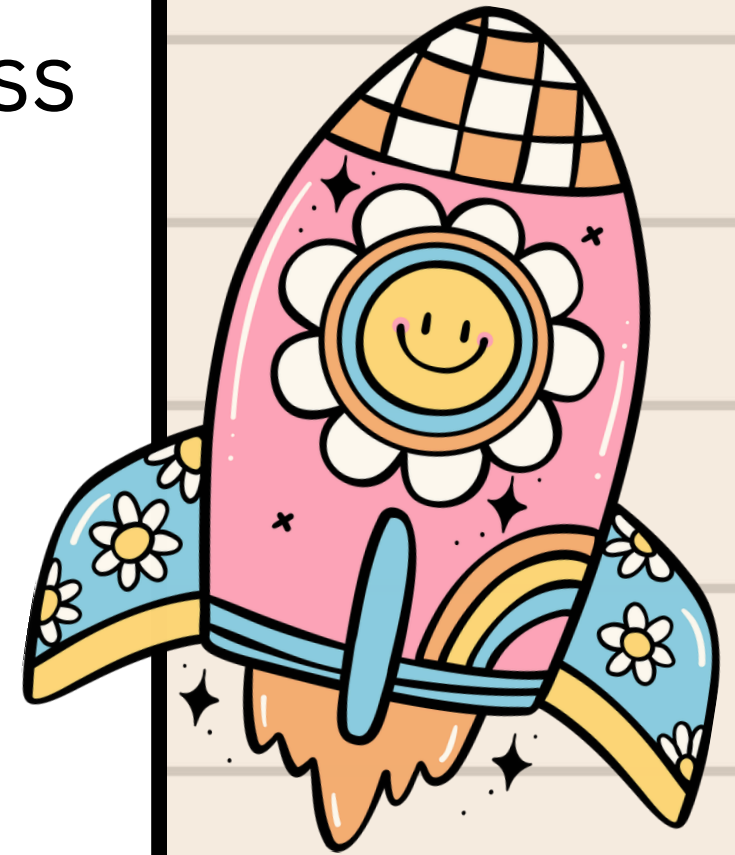
Home page

TIER 4

When children have special needs, their progress can be slower than non-special needs pupils and they can often make progress in different ways.

It is important to recognise their small steps of progress that is measured using their personalised targets.

However, if a pupil is not making any progress despite targeted interventions, school may need to request an Education and Health Care Needs Assessment (EHCNA) from the LA. If accepted, your child will be assessed by an Educational Psychologist and their report will be sent to the LA. They will then decide if an EHCP will be written with specific targets for your child.



EHCPS

HOME
PAGE

EHCP - TIER 4

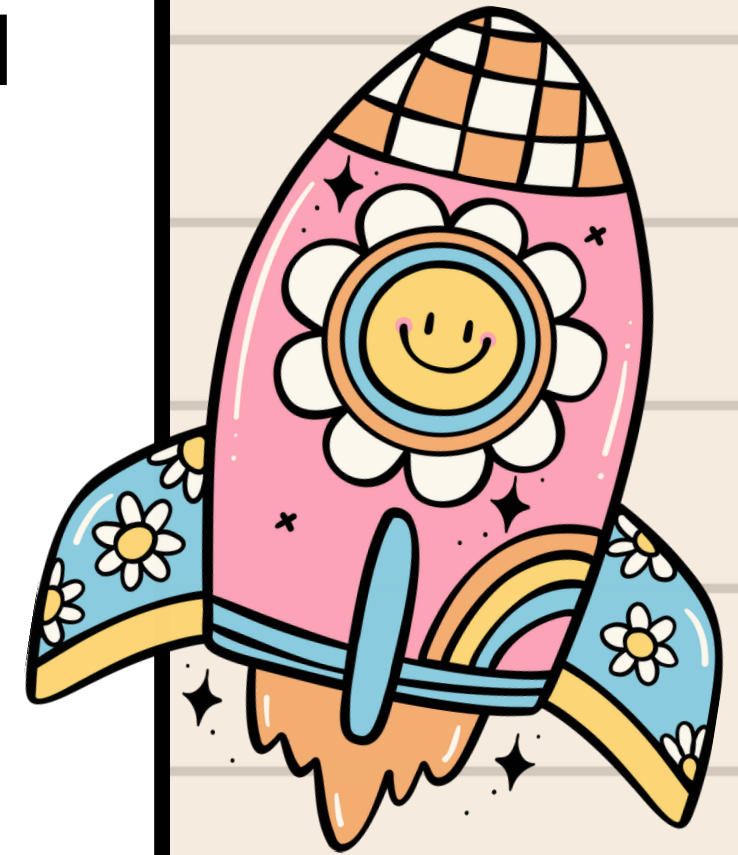
Educational Health and Care Plans (EHCP) are for children and young people aged 0-25.

They give families more control over their support.

With an EHCP, different agencies from education, health, and social care work together.

If a child is awarded an EHCP, it will be reviewed with parents annually (every 6 months if your child is in F2).

The EHCP Caseworker linked to our school is Courtney Jones.



1:1
SUPPORT

HOME
PAGE

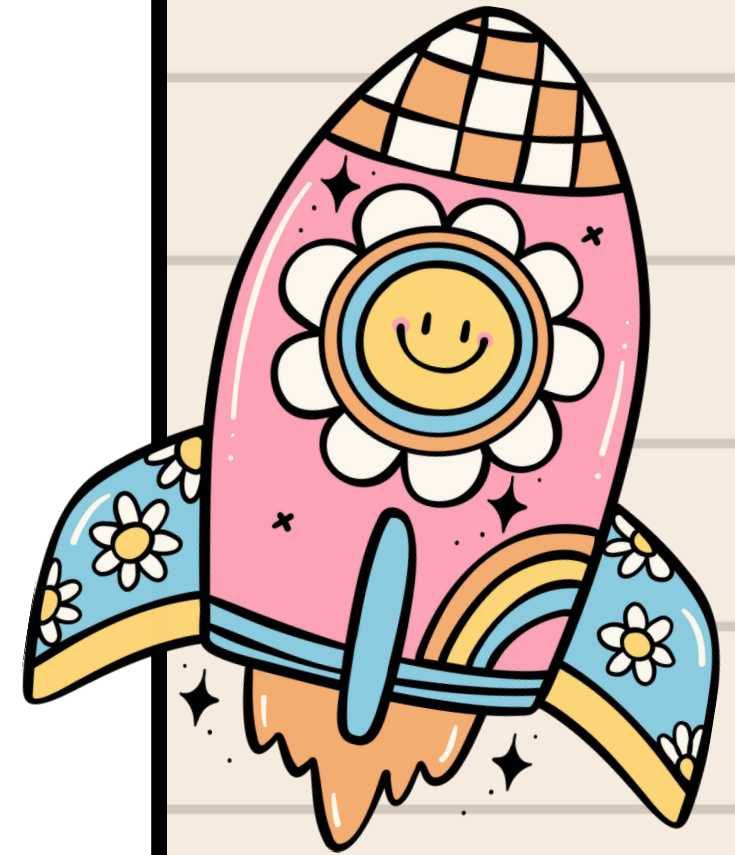
WILL MY CHILD GET 1:1 SUPPORT?

If your child is awarded an EHCP, this does not mean that they will get a 1:1.

It depends on the advice from the Educational Psychologist, and the funding released by the LA.

What if my child might need 1:1 support? What do I do?

First, talk to your SENCo about concerns you have. Evidence suggests that having 1:1 support is not always the best type of support. Children and young people can rely upon a 1:1 too much. This can affect their independence skills. Research shows that using evidence-based programs and targeted support is better. It helps pupils to make better progress. The Graduated Approach helps this to happen.



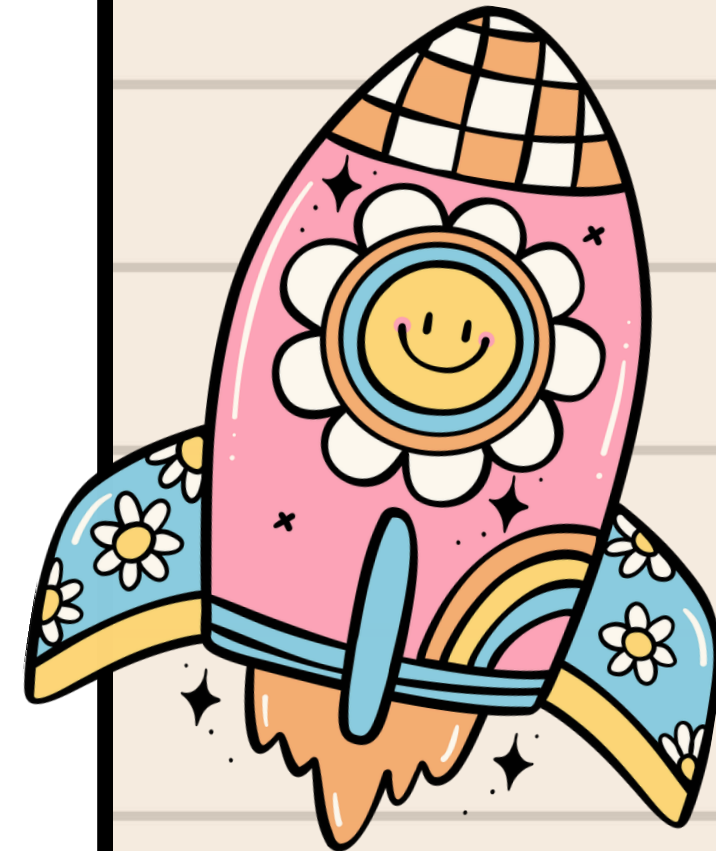
**PARENTAL
APPLICATION
FOR AN EHCP**

**HOME
PAGE**

APPLYING FOR A PARENTAL EHCP

Parents can apply for an EHCP via the [SENDLO website](#).

School will be asked to provide evidence of the Graduated Approach being followed at Tiers 1,2 and 3.



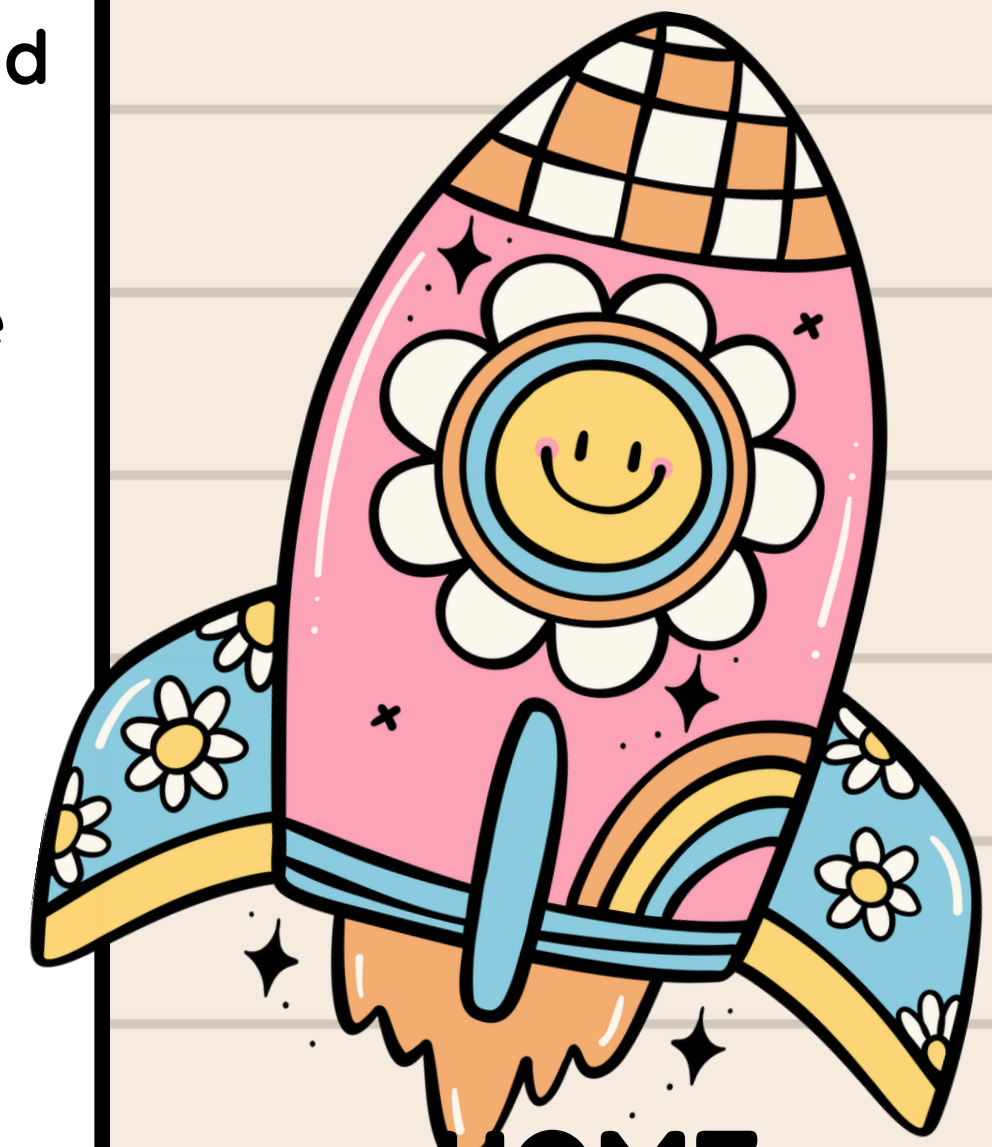
CURRICULUM

HOME
PAGE

HOW THE CURRICULUM IS MATCHED

- Our curriculum is based on the Early Years Foundation Stage Framework and is broad and balanced. It has been adapted by staff to enable all pupils to access each subject in a meaningful and purposeful way. This personalised approach allows individual pupils to flourish and multisensory approaches ensure their teaching responds to pupils' diverse needs.
- When a pupil is identified as having SEND needs, we focus on what the child can do and identify any barriers to them making progress.
- We use a wide variety of resources to facilitate access to the curriculum, including specialist equipment where required.
- Reasonable adjustments are made in all lessons to factor in different children's needs, with flexible teaching groups and approaches considered.

WELL-BEING



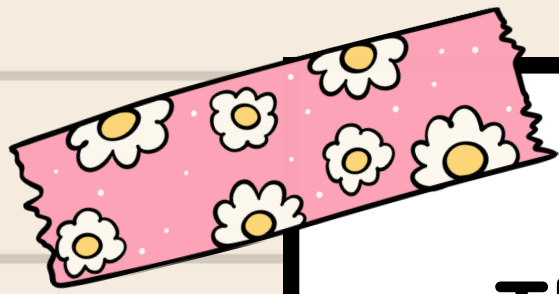
HOME
PAGE

WELL-BEING

- The school offers a wide variety of pastoral support for pupils' well-being and those encountering emotional difficulties.
- Teaching staff plan for the holistic development of each child in their class using their detailed knowledge of each individual to promote their confidence and self-esteem.
- Those who need further support might have an SEMH Plan with small step targets to work towards.
- Our Bumblebee and Sensory rooms are available for those who have been recognised as needing enhanced support.
- At the nursery we use the Leuven Scales to assess and monitor children's levels of well-being and involvement
- We utilise Zones of Regulation to support children in identifying and understanding their emotions

MORE ON
WELL-
BEING

HOME
PAGE

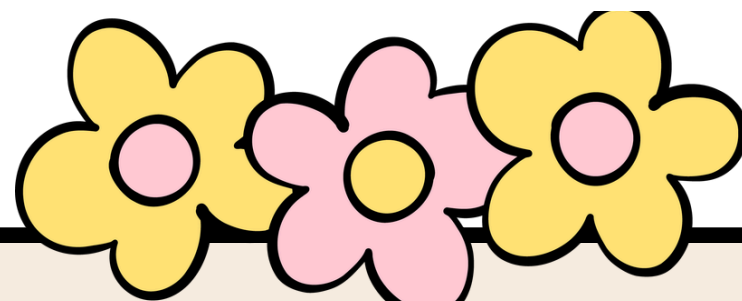
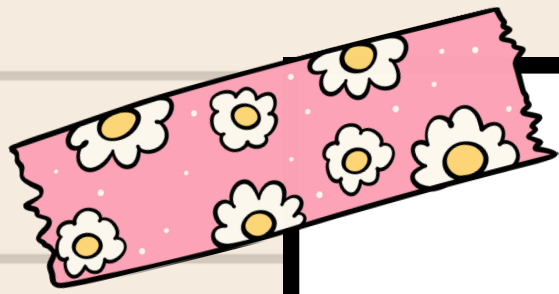


WELL-BEING

- Our SENDCO may work with individual children or small groups depending on the needs of the child. This can include Lego therapy, Think Bricks etc.
- A one-page profile is created for some children. This aims to identify individual needs and best approaches to support your child.
- If outside agencies have been involved, suggestions might be given to support in home and/or school.
- All children have 'tools' in their toolbox following Zones of Regulation work which every child takes part in.

SUPPORT
AT HOME

HOME
PAGE

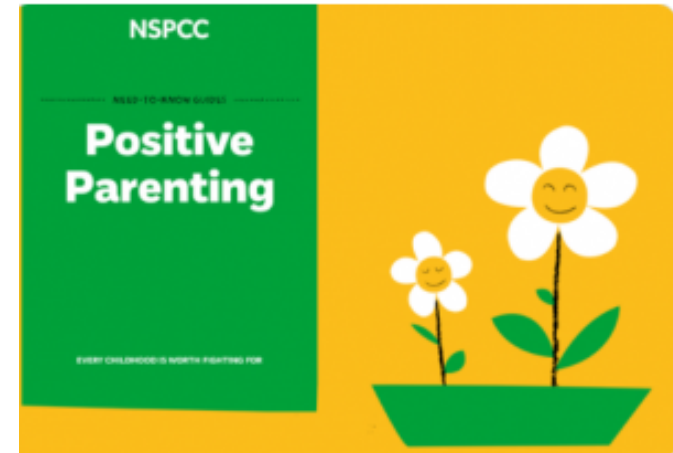


SUPPORT AT HOME

We know children can present very differently at home than they do at school, and we understand this can be frustrating.

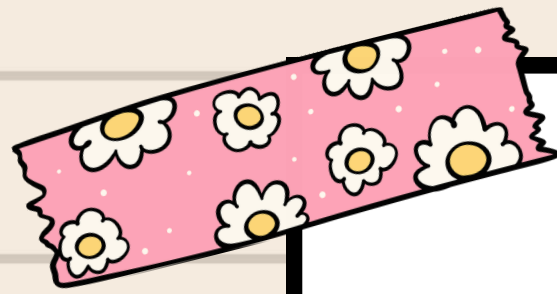
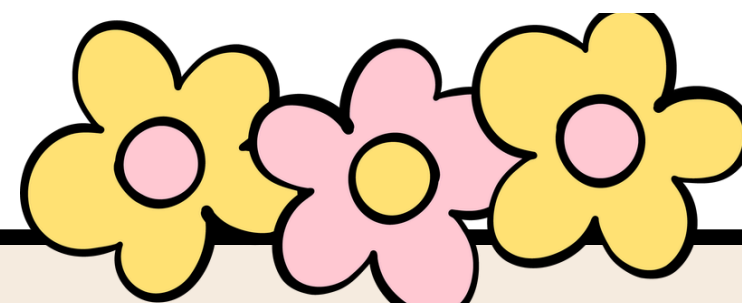
Speak to your child's class teacher about strategies we use from the Graduated approach.

Here are some links to websites that can also offer support:



**MORE
SUPPORT
AT HOME**

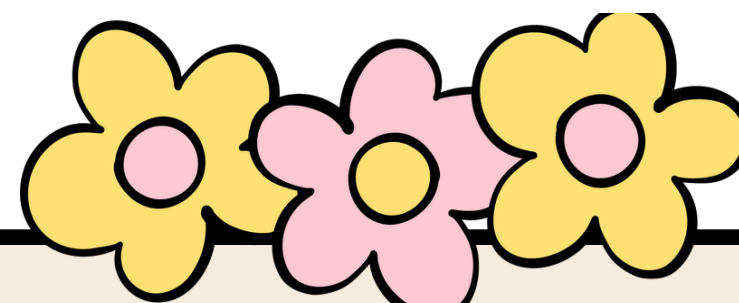
**HOME
PAGE**



SUPPORT AT HOME



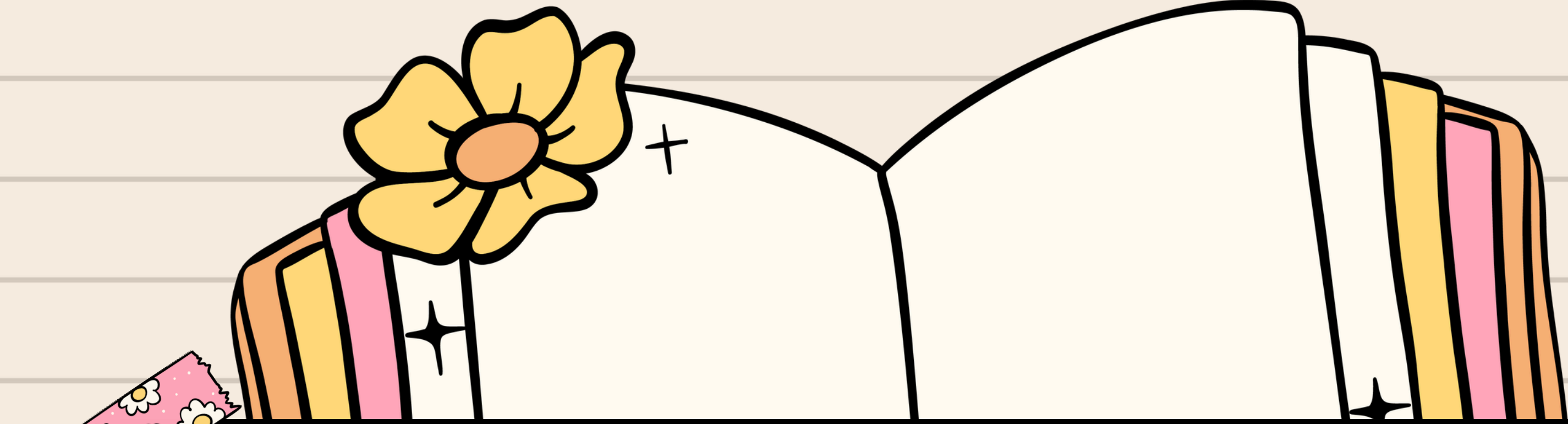
ADDvanced Solutions
Community Network
Supporting you to find the answers



GOVERNORS

HOME
PAGE

MEDICAL
NEEDS



GOVERNORS

The Governors at Somerville Primary School are responsible for the overseeing of all procedures in school and are regularly in school.

The Governor with responsibility for SEND at Somerville Nursery School is Mrs M Campbell.

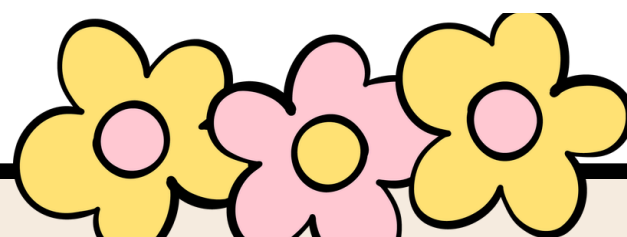
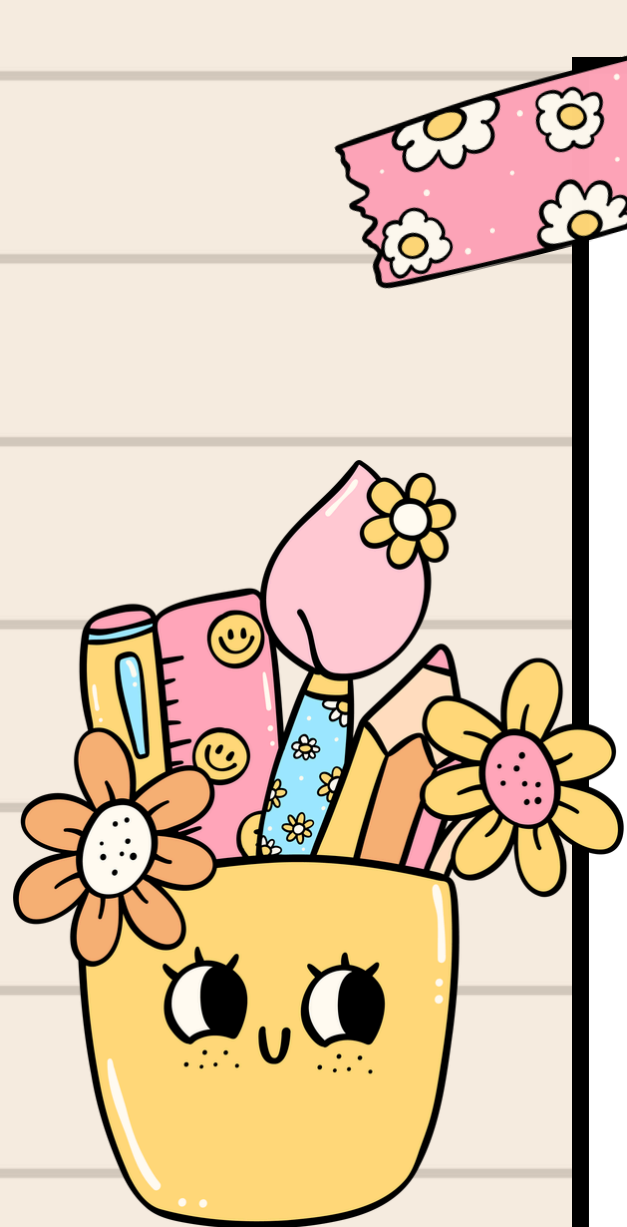
HOME
PAGE

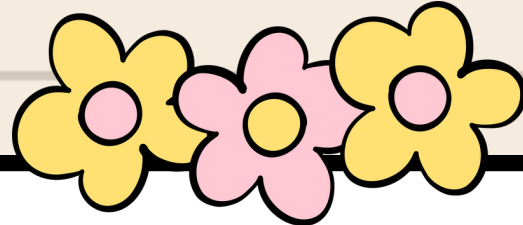


MEDICAL NEEDS

AUTISM

- If a pupil has a complex medical need, then a detailed Health Care Plan is compiled by our SENDCO Mrs S Booth.
- The SENDCO will then seek support from relevant medical agencies, in consultation with parents/carers if required.
- Staff can monitor prescription medicines, asthma sprays and all other medical related needs, such as those children who need support in changing themselves, having creams applied for serious conditions or diabetes.
- Medical consent forms need to be signed by parents prior to administering any medicines to ensure the safety of both the child and staff members.
- When necessary, school will liaise with other agencies to gain support or necessary equipment.
- All staff receive epipen, asthma and defibrillator training. Many are also Peg / Mickey Button trained.
- As a school we use Tapestry's medical tracking system; an online centralised system to record, track and monitor incidents, illnesses and injuries. All medication administered is recorded on this online system and parents are notified (where necessary) via the online platform and will receive a message or email regarding their child.



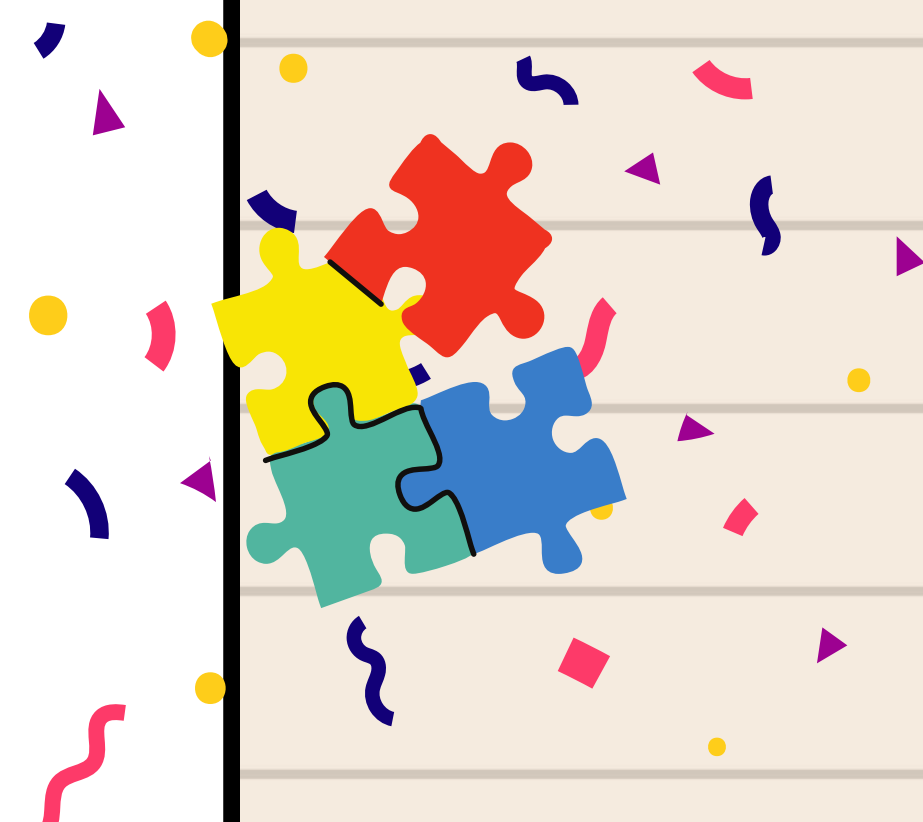


NEURODIVERSITY - AUTISM

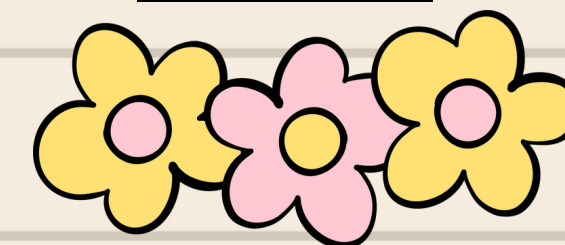
- Here at Somerville, we celebrate our differences and focus on our strengths.
- We focus on making the school environment right rather than changing behaviours.
- Being autistic might mean people understand social situations or communication differently.
- Someone with autism might not be flexible in their thinking and find change difficult
- They might have different sensory likes and dislikes.
- They might have limited interests.
- At times, children with autism might be -
 - angry
 - confused
 - anxious
 - frustrated.

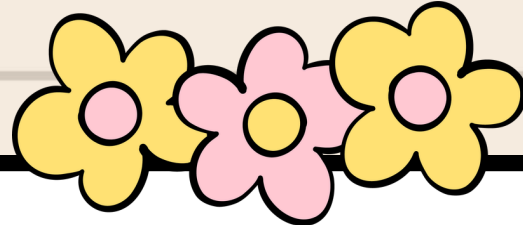


[More on
Autism](#)



[HOME
PAGE](#)





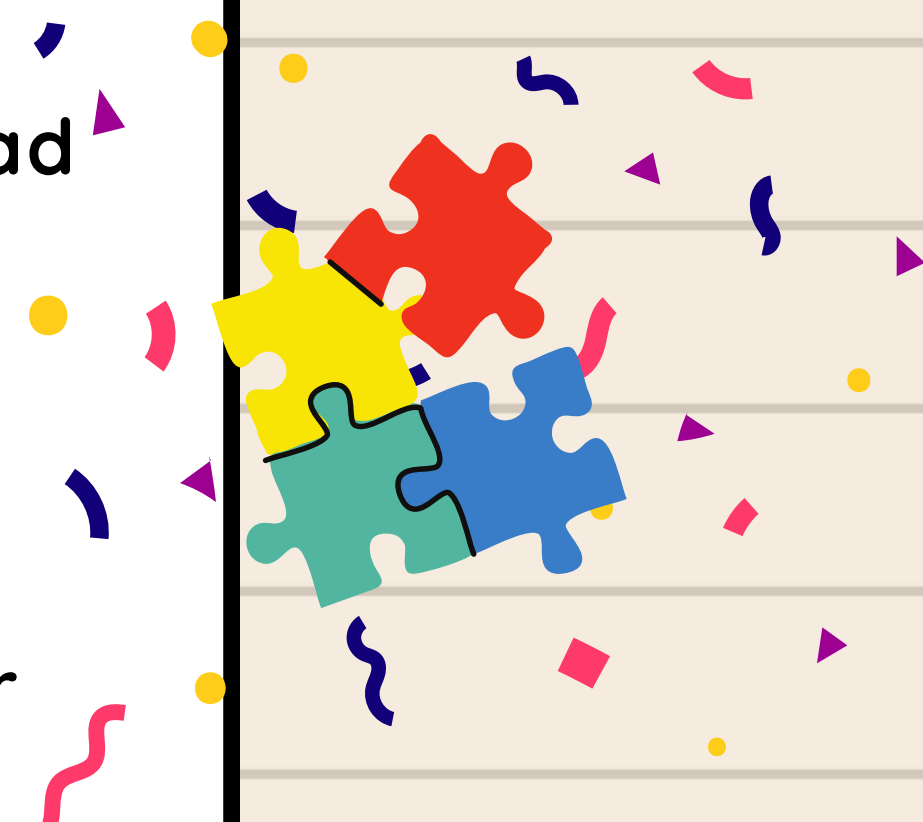
NEURODIVERSITY - AUTISM

Reasonable Adjustments:

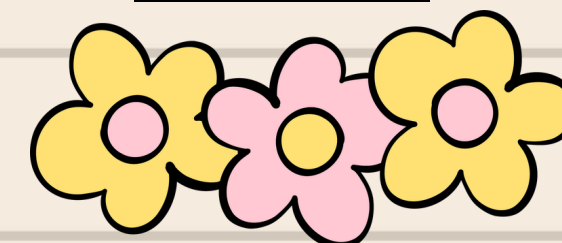
- We develop positive relationships
- We make things predictable - any changes are shared ahead of time
- There are visuals in every classroom (including timetables)
- We give 1 question at a time
- We use the child's name to get their attention
- Sometimes we give choices - "do you want to play inside or outside?"
- Language is stripped back to support understanding e.g. "snack now, play next"
- We allow extra processing time
- We say what we mean and avoid sarcasm



More on
Autism



HOME
PAGE





NEURODIVERSITY - AUTISM

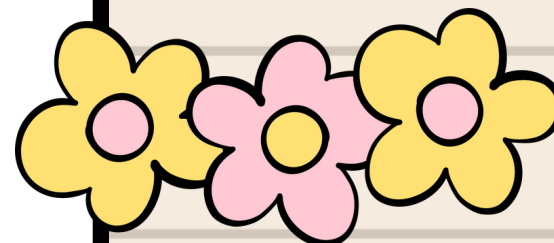
Some children may need more support:

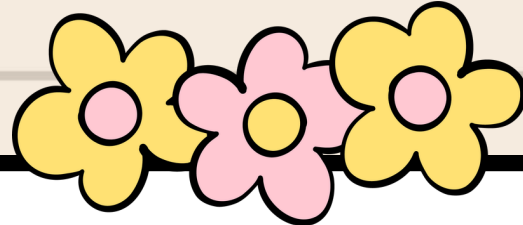
- ‘Now and Next’ boards
- A sensory audit to see what their specific sensory needs are
- We offer sensory breaks
- Wobble cushions are available
- We remind children of their Zones of Regulation ‘toolboxes’
- Ear defenders are available
- Fidget tools are available in every room
- Weighted blankets/lap pads are available
- Some children prefer to be seated in a certain area
- One Page Profiles can be written to let adults know all about specific needs
- Some children need help with social situations so interventions are used
- Some children benefit from a ‘debrief’ before home time to ‘offload’
- We may do a referral to 0-19 team if a diagnosis “will impact so significantly on their life experience that a formal ASD diagnosis would be helpful and protective” (official wording from a paediatrician.)

[More on
Autism](#)



[HOME
PAGE](#)





NEURODIVERSITY - AUTISM

For further support, here are some useful web sites that you may wish to try:

www.mymind.org.uk - local Child and Adolescent Mental Health Service Information

www.minded.org.uk - free educational resource on children and young people's mental health

www.sendlowirral.co.uk - information for children and young people with special educational needs and disabilities in Wirral

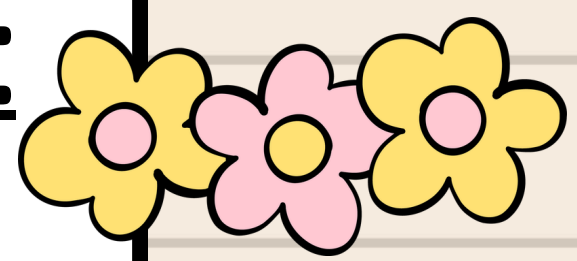
www.autismtogether.co.uk - Autism Together provide services for individuals with autism & their families

www.autism.org.uk - National Autistic Society charity for people on the autism spectrum and their families providing support, guidance and advice



ZONES OF REGULATION

HOME PAGE



ZONES OF REGULATION



Everybody has feelings, and they change all the time. Sometimes we feel happy, sometimes we feel sad, sometimes we feel worried. All feelings are okay!

The Zones of Regulation help us understand and talk about our feelings.

Zones of Regulation will help us understand ourselves better: We will be able to identify our own feelings.

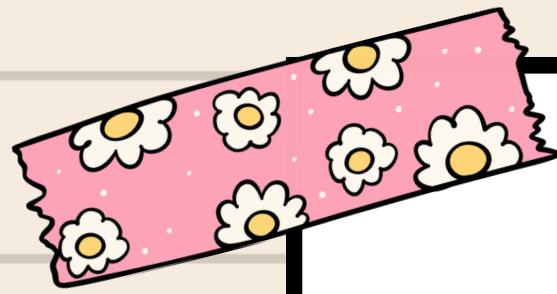
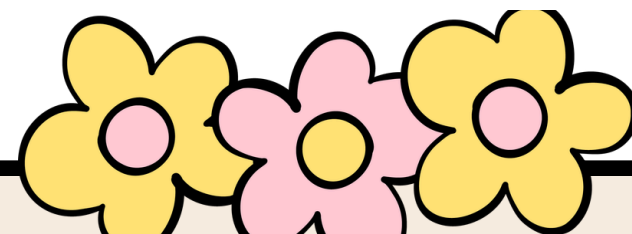
It will help our friends: We can understand why our friends might be feeling a certain way.

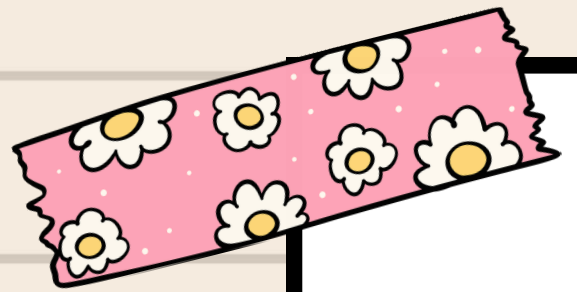
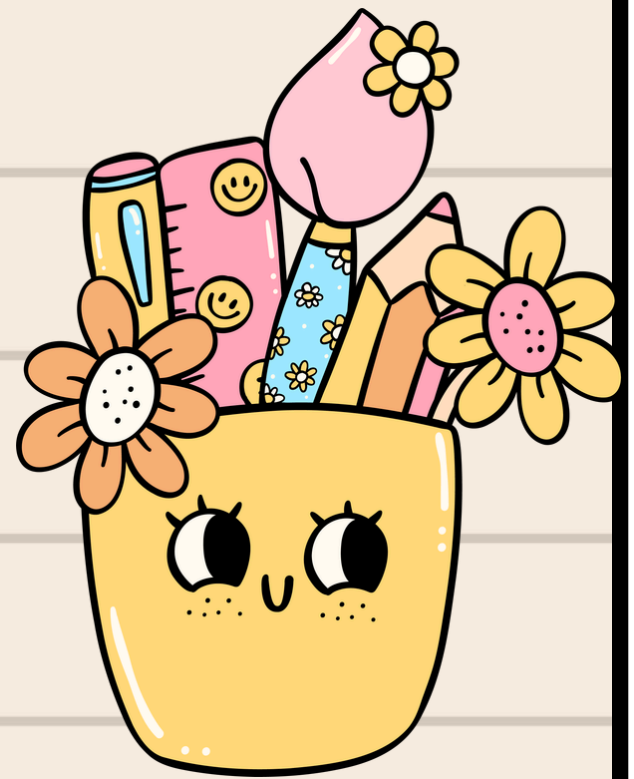
We can communicate our needs: We can say, "I'm in the Yellow Zone because I'm feeling frustrated."

**'LIFE IS 10% WHAT HAPPENS TO US
AND 90% HOW WE REACT TO IT!'**

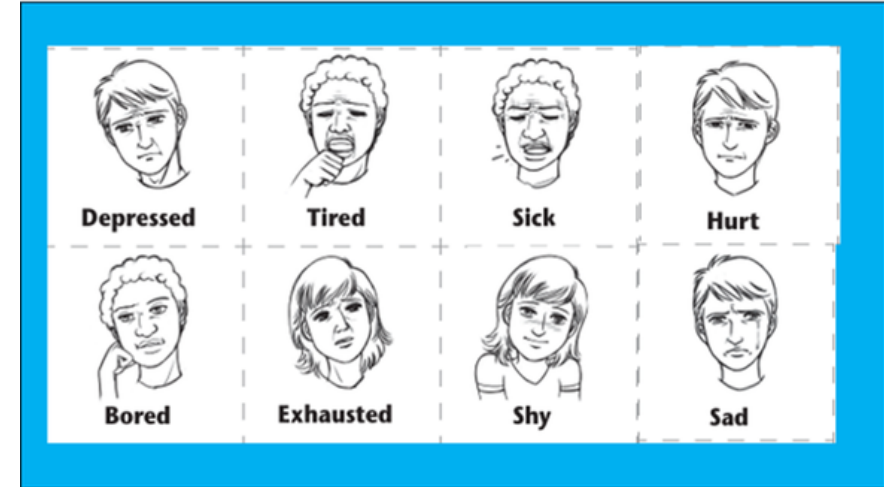
**THE BLUE
ZONE**

**HOME
PAGE**





BLUE ZONE - THE SLOW ZONE



What it looks like:

- Our bodies may feel heavy or slow
- We may speak softly or not at all.
- We may give one-word answers.
- Or be slow to respond.
- We might be sad or downcast mood.
- We might put our head down.
- We might not want to play.
- We might rub our eyes or yawn.
- There be a lack of eye contact.

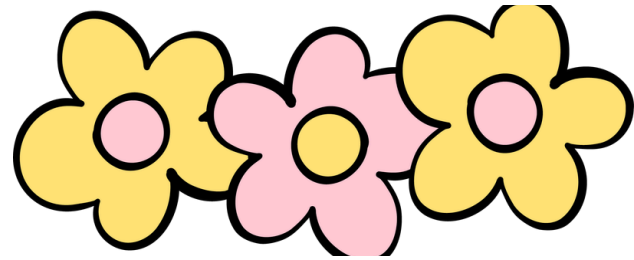
Tools to help us:

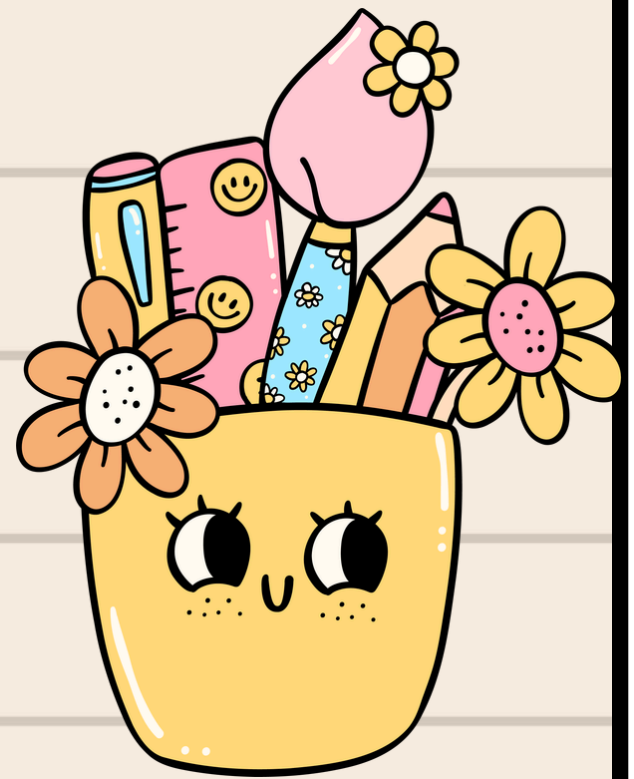
- Stretch.
- Talk to somebody.
- Walk.
- Movement breaks.
- Cold water or crunchy snack.
- Give choices.
- Check ins.
- Swing or rock gently. Walk on your tip toes.



HOME PAGE

THE GREEN ZONE





GREEN ZONE - THE JUST RIGHT ZONE



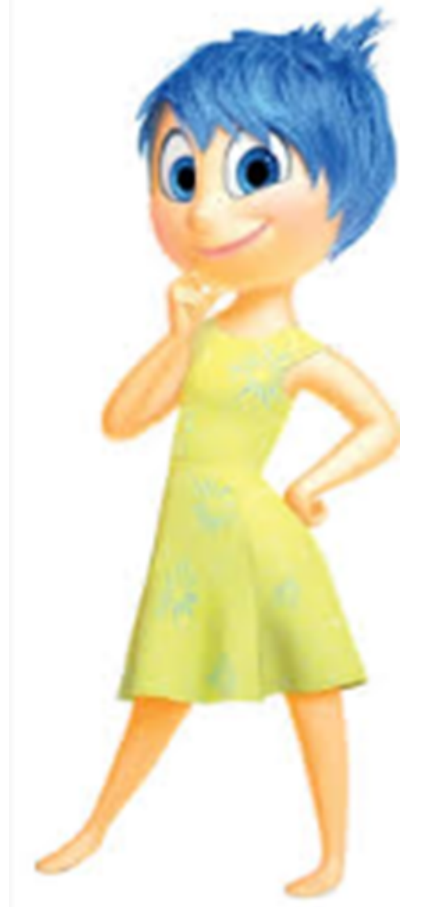
This is where we want to be
MOST OF THE TIME.

What it looks like:

- We might be smiling, breathing calmly and our muscles are relaxed.
- We might speak with a steady and respectful voice.
- We can listen and respond.
- We show interest in others.
- We sit and play nicely.
- We are calm, content or happy.
- We can complete tasks.

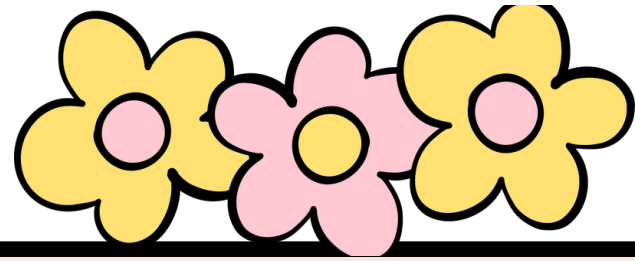
Tools to help us:

- Mindfulness breaks.
- Movement breaks.
- Drink water
- Fidget tools.
- Calm music.
- Quiet spaces.
- Check ins.
- Have enough sleep.

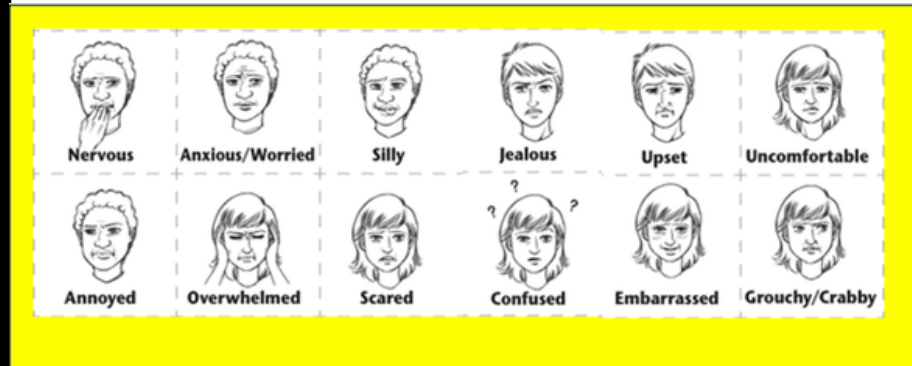


HOME
PAGE

THE YELLOW
ZONE



YELLOW ZONE - THE WOBBLY ZONE



What this looks like:

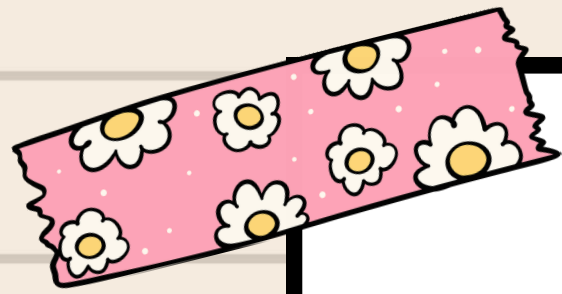
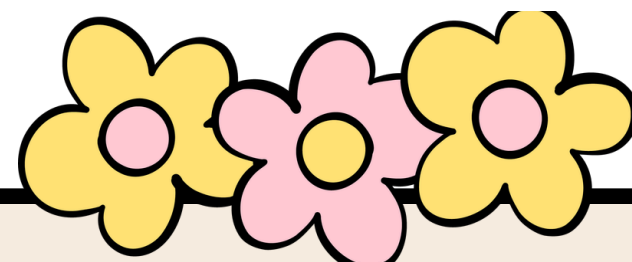
- We might be squirming or fidgeting.
- Our hearts might be beating quickly.
- We might feel shaky or restless.
- Our talking may be quicker.
- We cannot pay attention.
- We might frown.
- We could be overly silly/giggly.
- We might feel anxious or nervous.
- We might be tapping a pencil.

Tools to help us:

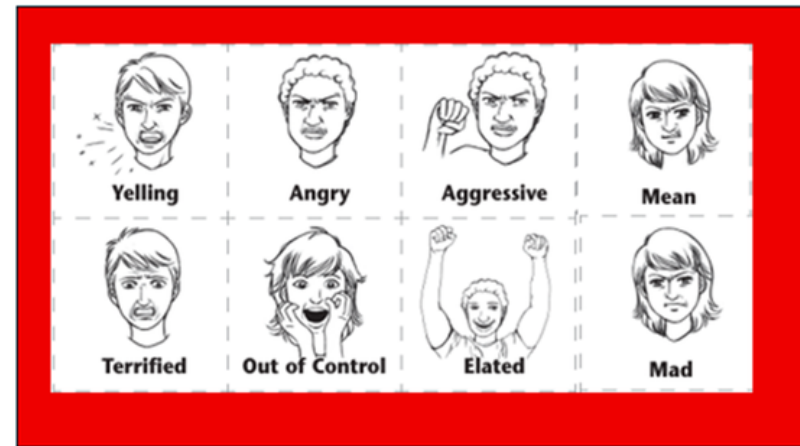
- Take time out
- Take deep breaths
- Count to 20
- Draw a picture
- Concentrate on feeling the ground under your feet
- Blow bubbles
- Give them time to talk to someone about how they feel, or write it down.
- Close their eyes and count slowly.
- Calming tools e.g. fidgets, quiet space
- Practice self-regulation strategies e.g. movement break.

HOME
PAGE

THE RED
ZONE



RED ZONE - THE HIGH ALERT ZONE

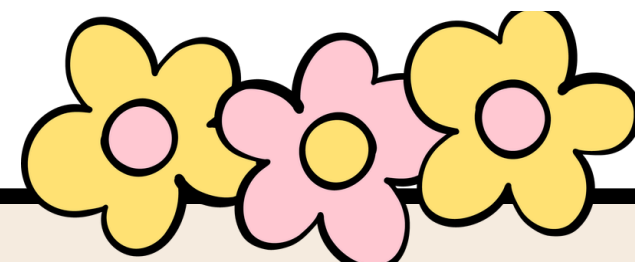
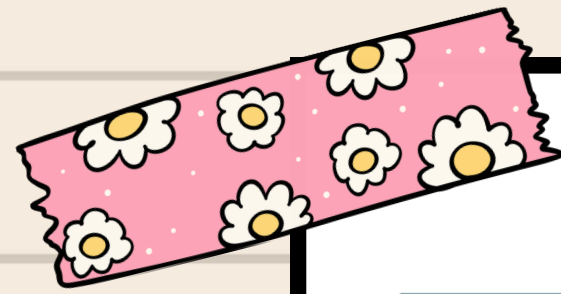


What this looks like:

- We might stomp our feet.
- We might shout or hit something.
- We might be angry: we might yell, clench our fists, hit or throw things
- We might cry
- We might run away
- We refuse to listen.
- We might be overwhelmed: shut down and be unable to respond

Tools to help us:

- Use a calm and quiet voice.
- Ensure environment is safe.
- Give space if appropriate.
- Use very simple language e.g. "I'm here"
- We understand it is not the time to talk or reflect right now.



SENDLO

HOME
PAGE



LOCAL AUTHORITY OFFER

SENDLO brings together information about the local services and support available across education, health and social care for families with children and young people aged 0 to 25, who have special educational needs and/ or disabilities.

<https://www.sendlowirral.co.uk/>

**HOME
PAGE**



WHAT SPECIALIST SERVICES AND EXPERTISE ARE AVAILABLE AT OR ARE ACCESSED BY THE SCHOOL?

Senior leaders, teachers and teaching assistants are skilled in meeting the individual learning, behavioural and social needs of our children. The school accesses a range of specialist services including;

- Social Inclusion Manager - Ms Crampton
- Attendance and Family Support Officer- Mrs Dowd
- EWO (Educational Welfare Officers)
- Social Care - Family Support Workers
- CAMHS Mental Health Team
- Speech and Language Therapist
- Health Visitors
- Educational Psychologist
- Vision and Hearing Support
- Occupational Therapist (OT)
- Physiotherapist
- Special Educational Needs Assessment and Advisory Team (SENAAT)
- Outreach Support from Specialist Schools, including Elleray Park, Hayfield, Gilbrook and Clare Mount
- Autism Social Communication team
- Specialist ASC Teacher- Mrs Stokes
- Wirral Specialist Support Teacher for Children with Physical and Medical needs - Mrs Catton
- Paediatricians - accessed via Health Visitors and/or GPs
- Local Authority EHCP team
- Wired/Parent Partnership
- Minority Ethnic Achievement Service (MEAS)

HOME
PAGE