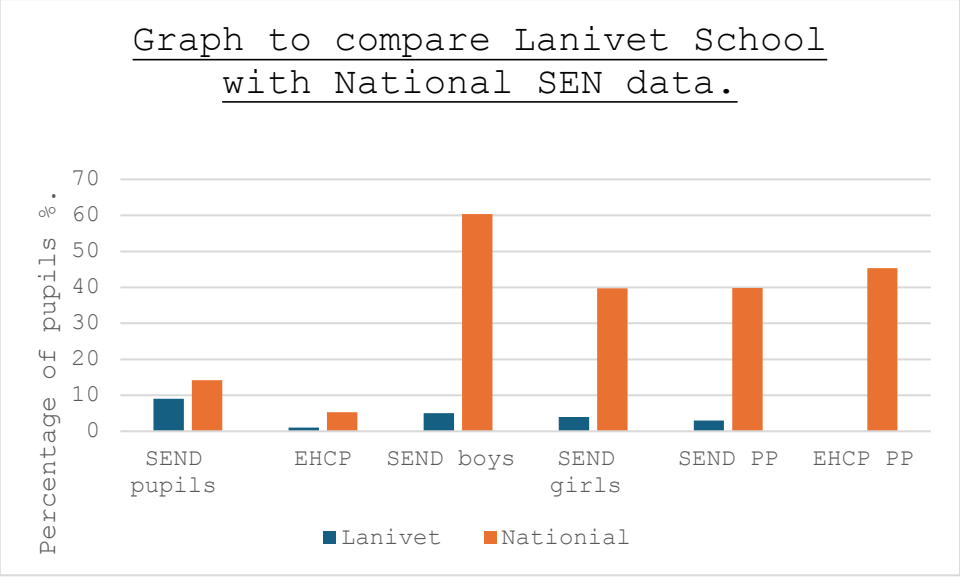
# Whole School SEND Summary 2026-27

Lanivet School is a smaller-than-average mainstream primary school with 137 pupils on roll. At the time of writing, 8 pupils (5.8%) are identified as requiring SEND Support, with a further 1 pupil (0.7%) supported through an Education, Health and Care Plan (EHCP).

Overall, 6.7% of pupils at Lanivet School are identified as having Special Educational Needs and/or Disabilities (SEND). The school maintains high expectations for all pupils and is committed to ensuring that those with SEND are fully included in school life and able to access a broad, balanced and ambitious curriculum.

Through the early identification of need, high-quality adaptive teaching, and a graduated approach to support, provision is tailored to remove barriers to learning and enable pupils to achieve well from their individual starting points. The school works closely with families and external agencies to ensure that pupils with SEND receive the effective support required to promote their academic achievement, independence, whilst fostering an inclusive culture in which every pupil is valued, able to thrive and full participate within the school community.




**The SEND Code of Practice: 0-25 years January 2015, p15,16 states:**

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for him or her. A child of compulsory school age or a young person has a learning difficulty or disability if he or she:

**a)** Has a significant greater difficulty in learning than the majority of others of the same age, or

**b)** Has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

**SEND Code of Practice, p18**

The broad areas of need described in the SEND Code of Practice are:

- Communication and Interaction
- Cognition and Learning
- Social, Emotional and Mental Health
- Sensory and/or physical.
- Pupils may have needs in more than one area of need.

https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25

Latest SEN stats released by DfE | Nasen

A breakdown of SEND pupils by Year Group is below (September 2026):

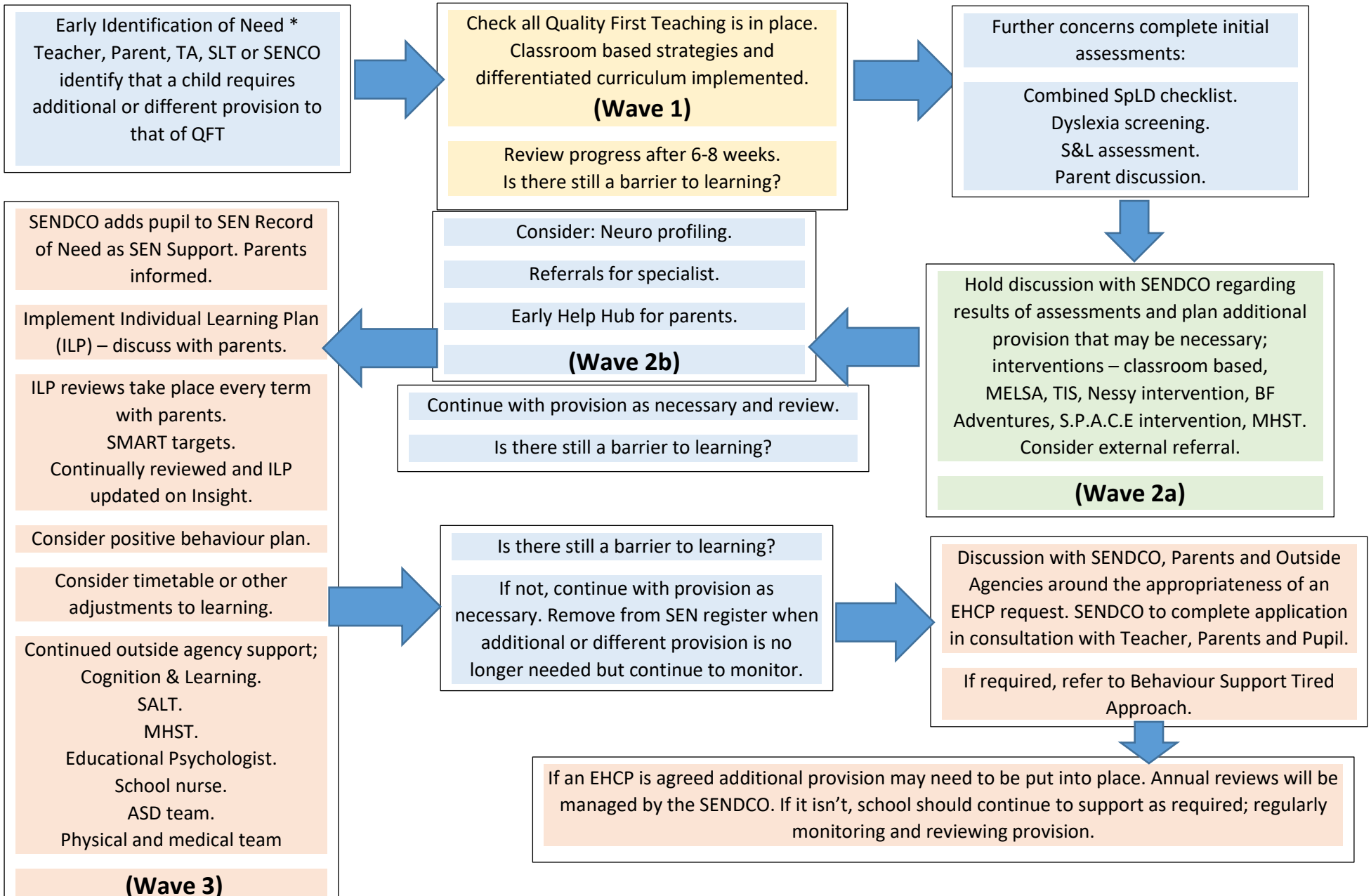
| NC Year Group | Number of pupils in each year group. | Number of SEN Support pupils | Number of EHCP pupils | Number of EHCNA |
|---|---|---|---|---|
| R | 23 | 0 | 0 | 0 |
| 1/2 | 28 | 1 | 1 | 0 |
| 2/3 | 26 | 2 | 0 | 0 |
| 4/5 | 31 | 6 | 0 | 1 |
| 6 | 29 | 0 | 0 | 0 |

The most prevalent area of identified need at Lanivet School is Cognition and Learning, accounting for 12.3% of pupils. This cohort includes pupils with Autism Spectrum Condition (ASC), with 4.5% of pupils with SEND either having received a diagnosis or currently awaiting assessment.

Communication and Interaction represents the second most common area of need at 10.9%, followed by Social, Emotional and Mental Health (SEMH) needs at 6.8%. Sensory and Physical needs account for 5.5% of the SEND population.

Many pupils present with needs across more than one area of SEND, reflecting the complex and individual nature of their profiles. The school recognises that pupils' strengths and barriers to learning do not fall neatly within a single category and therefore adopts a personalised, needs-led approach to provision. Through high-quality adaptive teaching, targeted support and effective collaboration with families and external professionals, the school aims to ensure that all pupils with SEND can access the curriculum, participate fully in school life and achieve well from their individual starting points.

## Lanivet SEND Identification Flow chart



Identification of Need can come about through a variety of ways:

- For children starting reception class, strong links with Early Years providers are established between the SENDCO and EYFS teacher to ensure all relevant information is passed on.
- Attainment data; at the collection points at the end of each term and at Pupil Performance meetings if a pupil is not making expected progress.
- Holistic pupil progress; supported by good engagement with Parents and families.
- Concerns raised by Parents or carers, or other external agencies who are involved with a pupil and/or their family.
- Staff training; following professional development staff are more aware of indicators of additional need.
- Walk Thrus and lesson observations, including scrutiny of pupil's work, by SLT, subject leaders or the SENDCO.

**Description of Provision at Lanivet School 2026-27**

At Lanivet School, we adopt a Graduated Response to provision for our SEND learners. Please visit https://www.cornwall.gov.uk/graduatedresponse for further information in line with the Local Offer.

| Wave 1 (Universal) | Wave 2 (Targeted) | Wave 3 (Specialist) |
|---|---|---|
| Quality inclusive teaching which takes into account the learning needs of all the children in the classroom. This includes providing differentiated work and creating an inclusive learning environment. | Specific, additional and time-limited interventions provided for some children who need help to accelerate their progress to enable them to work at or above age-related expectations. Wave 2 interventions are often targeted at a group of pupils with similar needs, although can be individual. | Targeted provision for a minority of children where it is necessary to provide highly tailored intervention to accelerate progress or enable children to achieve their potential. This may include specialist interventions from outside agencies. |

## Communication and Interaction

*SEN Code of Practice (DfE, 2015)*

*6.28 Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.*

*6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.*

| Wave 1 (Universal) | Wave 2 (Targeted) | Wave 3 (Specialist) |
|---|---|---|
| Differentiated curriculum planning, activities, delivery & outcomes e.g, simplified language, key words on English wall or on word mats.<br><br>Processing time given.<br><br>Careful explanation of new vocabulary.<br><br>Structured school & class routines.<br><br>Use of visual prompts/ICT to make learning more visual.<br><br>Multisensory teaching, including physical and visual explanations and instructions, where possible.<br>Now and next boards. | Spot timers, sand timers, iPad timers alongside verbal instructions.<br><br>Increased differentiation for both input and output.<br><br>Flexible adult support on a "needs-led" basis.<br><br>Pre teaching of key vocabulary, particularly for the broader curriculum.<br><br>A "narrative approach" small group for some aspects of learning.<br><br>Simplification of learning resources. | 1:1 support from a teaching assistant at points throughout the day.<br><br>A communication plan written by the Speech and Language Therapy Service.<br><br>A SEN Support Plan which sets personal targets on a regular basis.<br><br>Use of signs or symbol systems such as Makaton or the Picture Exchange System (PECS) if required.<br><br>Other outside agencies, such as ASD support team, if required. |

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| Use of nonverbal communication to reinforce what is being said, where possible.<br><br>Classroom arrangements promote good communication opportunities i.e. Talking Partners and collaborative group work.<br><br>Visual timetables.<br><br>Focused small group support on a "needs-led" basis.<br><br>Opportunities for talk outside of lesson time i.e. clubs, lunchtimes and quiet club at lunch.<br><br>Peer and adult support.<br><br>Verbal feedback.<br><br>Special arrangements in place for assessments, if required.<br><br>Seating plan and classroom environment takes account of learning needs and accessibility.<br><br>Lanivet way visuals – be ready, be safe and be respectful.<br><br>Zones of regulation visuals and discussions. | Explicit teaching of particular social concepts, including the use of social stories.<br><br>Access to Autism Champion (KH) for advice and guidance as appropriate.<br><br>Additional ICT strategies – using iPads to support longer pieces of writing and dictation.<br><br>Supporting verbal instructions with individual visual aids.<br><br>An individual visual timetable or/and use of Now/Next boards. | Access to a learning environment (Panda Pod) where social demand is less for part of the day.<br><br>A high level of supervision (1:1 Teaching Assistant)<br><br>A highly structured and individualised learning programme. |

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| Access to worry boxes.<br><br>Home/school books to understand and support any additional issues. | | |

## Cognition and Learning

*SEND Code of Practice (DfE, 2015)*

*6.30 Support for learning difficulties may be required when children and young people learn at a slower pace than their peers, even with appropriate differentiation. Learning difficulties cover a wide range of needs, including moderate learning difficulties (MLD), severe learning difficulties (SLD), where children are likely to need support in all areas of the curriculum and associated difficulties with mobility and communication, through to profound and multiple learning difficulties (PMLD), where children are likely to have severe and complex learning difficulties as well as a physical disability or sensory impairment.*

*6.31 Specific learning difficulties (SpLD), affect one or more specific aspects of learning. This encompasses a range of conditions such as dyslexia, dyscalculia and dyspraxia.*

| Wave 1 (Universal) | Wave 2 (Targeted) | Wave 3 (Specialist) |
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| Appropriately differentiated curriculum taking into account individual learner's needs. | Increasingly differentiated curriculum, including activities and/or materials, input and output. | 1:1 support from a teaching assistant at points throughout the day, as required. |

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| Groupings and seating arrangements that facilitate learning.<br><br>Careful consideration of language used.<br><br>Whole school environment takes account of learning needs i.e. illustrated signs.<br><br>A multi-sensory approach is used across the curriculum.<br><br>Range of ICT used on a regular basis – TTRS, Numbots, AR reader.<br><br>Pictorial, concrete and practical materials are available.<br><br>Tools to support and scaffold learning are available i.e. word mats.<br><br>Range of resources in classrooms to support learning i.e. pencil grips, writing frames, word lists, manipulatives for maths etc.<br>Movement breaks and/or fiddle toys to help improve focus and concentration. | Extended opportunity to learn through play for some pupils.<br><br>Seating arrangements consider learner's needs and accessibility.<br><br>Careful adult support to promote and facilitate independent learning.<br><br>Alternative recording methods – Socrative, target books.<br><br>Personal visual timetable (Now/Next).<br><br>Visual task boards to help a child stay on track.<br><br>Coloured paper/overlays and appropriate font size for pupils with visual stress (including on board).<br><br>Access to an individual white board or alternative recording strategy if copying is a difficulty.<br><br>Dyslexia friendly exercise books. | An Individual Learning Plan with personal SMART targets on a regular basis<br><br>Other outside agencies, such as Physical and Medical needs team, Educational Psychologist, SALT or Cognition and Learning Service, if required.<br><br>A structured and safe learning environment.<br><br>A high level of supervision (1:1 teaching assistant).<br><br>A highly structured and individualised learning programme.<br><br>Regular home-school communication.<br><br>Explicit teaching of independent learning skills using learning tools such as ICT, visual timetable/prompts, alternative recording methods etc. |

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| Multisensory teaching, including physical and visual explanations and instructions, where possible to cater for all learning styles. | Dyslexia friendly books are available in the library.<br><br>Movement/sensory breaks may be built into the day.<br><br>Opportunities for pre-teaching, particularly new topic vocabulary.<br><br>Opportunities for over-learning to support children with executive function needs.<br><br>Support to develop key board skills for some pupils i.e. Nessy fingers.<br><br>Individuals and/or small groups follow evidence-based intervention programmes such as Nessy, Precision Teach, phonological awareness, Read Write Inc intervention, colourful semantics interventions.<br><br>Special arrangements in place for assessments, if required and if it is the child's standard way of working. | |

## Social, emotional and mental health

*SEND Code of Practice (DfE, 2015)*

*6.32 Children and young people may experience a wide range of social and emotional difficulties which manifest themselves in many ways. These may include becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit disorder, attention deficit hyperactive disorder or attachment disorder.*

*6.33 Schools and colleges should have clear processes to support children and young people, including how they will manage the effect of any disruptive behaviour so it does not adversely affect other pupils.*

| Wave 1 (Universal) | Wave 2 (Targeted) | Wave 3 (Specialist) |
|---|---|---|
| Positive relationships with staff and peers; we follow a non-confrontational, trauma informed approach.<br><br>Environmental adaptations to keep children safe, including a safe space when children are finding it difficult to regulate their emotions.<br><br>Effective and informed seating plans are being used.<br><br>Consistent behaviour management is used by all staff, especially reinforcement of positive behaviour and following the Lanivet behaviour policy. | Access to programmes that support and develop social and emotional learning. We have a Trauma Informed School (TIS), Mediated Learning Support Approach (MELSA) and a Supportive Parenting for Anxious Childhood Emotions (S.P.A.C.E) practitioner for 1:1 or grouped sessions.<br><br>An adapted curriculum or activities at points during the week to support need.<br><br>Adaptations to the learning environment to reflect and support needs. | Highly modified learning environment and timetable.<br><br>A high level of adult support, including care and supervision.<br><br>Behaviour Support Plan to inform all adults on how best to support and co-regulate with the child.<br><br>1:1 support with staff trained to further support pupils with SEMH needs (TIS, MELSA, SPACE).<br><br>Access to identified key adult(s). |

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| Meaningful rewards and sanctions in use, including visual prompts.<br><br>Appropriate differentiation of the curriculum.<br><br>PSHE scheme provides opportunity for social and emotional development.<br><br>Weekly assemblies that focus on wellbeing and different areas of SEND.<br><br>A flexible approach to different behaviours i.e. understanding that an anxious child may not contribute whole-class.<br><br>Daily P.E. lessons for physical activity and wellbeing.<br><br>Structured routines and use of visual timetable with pre-warning of change where possible.<br><br>An adult to talk to when needed through the worry box system.<br><br>Completion of a transition passport. | Supportive arrangements for break/lunch times.<br><br>Close communication with parents/carers and pupils about upcoming trips so suitable arrangements to support the child can be made.<br><br>Awareness of how an activity may trigger a response in some children i.e. tics can be triggered by stress/excitement<br><br>Social stories. | Support from outside agencies such as ASD support team or CAMHS, EP and close communication with any other external agencies supporting the child, so school can further support their work. |

## Sensory and/or Physical needs

*SEND Code of Practice (DfE, 2015)*

*6.34 Some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Many children and young people with vision impairment (VI), hearing impairment (HI) or a multi-sensory impairment (MSI) will require specialist support and/or equipment to access their learning, or habilitation support. Children and young people with an MSI have a combination of vision and hearing difficulties.*

*6.35 Some children and young people with a physical disability (PD) require additional ongoing support and equipment to access all the opportunities available to their peers.*

| Wave 1 (Universal) | Wave 2 (Targeted) | Wave 3 (Specialist) |
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| Curriculum differentiation that takes account of individual pupil needs. i.e. a range of hands-on activities where possible.<br><br>Modelling of how to use specific equipment i.e. P.E., science, music etc.<br><br>Frequent and sensitive monitoring of a pupils' understanding.<br><br>Repetition of contributions from others as required i.e. for hearing impaired pupils.<br><br>Use of clear and precise instruction with repetition and review built in naturally.<br><br>Follow any medical advice given for the pupil. | Access to additional teaching in small groups or on an individual basis.<br><br>Additional and differentiated resources.<br><br>Use of appropriate ICT i.e. headphones, assistive technology etc.<br><br>Access arrangements for assessments.<br><br>Movement/sensory breaks built into the day to support need.<br><br>Specialist equipment for sensory processing i.e. ear defenders, wobble cushions, chair bands etc. | Staff trained in specialist medical care i.e. epilepsy.<br><br>Access to a quiet area for specialist teaching – Panda Pod or the Retreat room.<br><br>High level of adult support to aid delivery of individualised learning.<br><br>British Sign Language training provided, if required.<br><br>Specialist equipment recommended by OT i.e. chairs, cutlery |

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| Awareness and adaptation of the classroom environment i.e. sensory overload and accessibility.<br><br>Grouping strategies promote independent and supported learning.<br><br>Access to appropriate equipment to support need i.e. pencil grips, adapted scissors, writing slope, wobble cushion, ear defenders etc.<br><br>Consideration of the position of the class teacher, board, desks etc. to support all needs i.e. visual or hearing impairment.<br><br>Staff trained in paediatric first aid, including EpiPen administration.<br><br>Movement breaks/fiddle toys to support need.<br>Knowledge of children and adapting approach to meet need i.e. not picking a dyspraxic child first but allowing them to observe/process the task.<br>Use of high-contrast resources for visual impairment needs, as required. | Opportunity to learn keyboard skills i.e. Nessy fingers.<br><br>Fine and gross motor skill interventions.<br><br>Alternative arrangements for lunch/break times i.e. quiet club, library.<br><br>Alternative recording methods i.e. ICT<br><br>Adapting homework if pupil does not have necessary specialist equipment at home.<br><br>Alternative inclusive PE activities for the whole class.<br><br>Emergency evacuation plans/risk assessments.<br><br>Staff trained in specialist medical care i.e. epilepsy<br><br>Close communication with parents/carers and pupils about upcoming trips so suitable arrangements and Risk Assessments to support the child can be made. | Occupational Therapy programme facilitated, with adult support where necessary.<br><br>Involvement of community nursing service and an Individual Health Care Plan written and regularly reviewed. |

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| Use of window blinds, screen brightness etc to regulate light for children who are sensitive. | Awareness of how an activity or subjects may trigger a response in some children i.e. tics can be triggered by stress/excitement.<br><br>Information shared with relevant staff to ensure consistent support school-wide. | |

Once a pupil is accessing Wave 2 or Wave 3 provision, it may be appropriate to seek support from external agencies. The SENDCO will make a referral, in collaboration with the Parents/carers and the class teacher. Services we may access include:

- Speech and Language service
- Education Psychologist
- Cognition and Learning Service
- Physical and Medical Needs Team
- Community Nursing Team
- CAMHS
- ASD School Support Team
- Early Help Hub
- Occupational Therapy service
- School nurse

**Parental Engagement**

At Lanivet School, we place a strong emphasis on meaningful parental engagement, recognising the vital role that parents and carers play in supporting the progress, wellbeing, and inclusion of pupils with Special Educational Needs and Disabilities (SEND). Parents of pupils with an Individual Learning Plan (ILP) are invited to meet formally with class teachers three times each year to review progress, discuss outcomes, and share their views. Meetings are arranged flexibly and may take place in person, by telephone, or via Microsoft Teams, ensuring accessibility for all families.

Parents and carers are encouraged to maintain regular communication with both class teachers and the SENDCo. Communication is responsive, collaborative, and tailored to the individual needs of each pupil, helping to ensure that support remains effective and relevant.

The school further promotes parental involvement through Parent Café sessions, which provide an informal and supportive environment for parents to meet with school staff, share experiences, and access advice relating to learning, wellbeing, and additional needs. Information, guidance, and signposting to external services and support are also shared regularly through school newsletters and other communication channels.

Pupils with an Education, Health and Care Plan (EHCP) participate in an annual review coordinated by the SENDCo. These reviews bring together parents, school staff, and relevant professionals to evaluate progress towards outcomes, celebrate achievements, and agree priorities for future support.

We view parental engagement as central to the early identification and effective support of additional needs. Parents are encouraged to raise any concerns at the earliest opportunity, and we are committed to working in partnership with families to ensure every child is able to thrive and achieve their full potential.