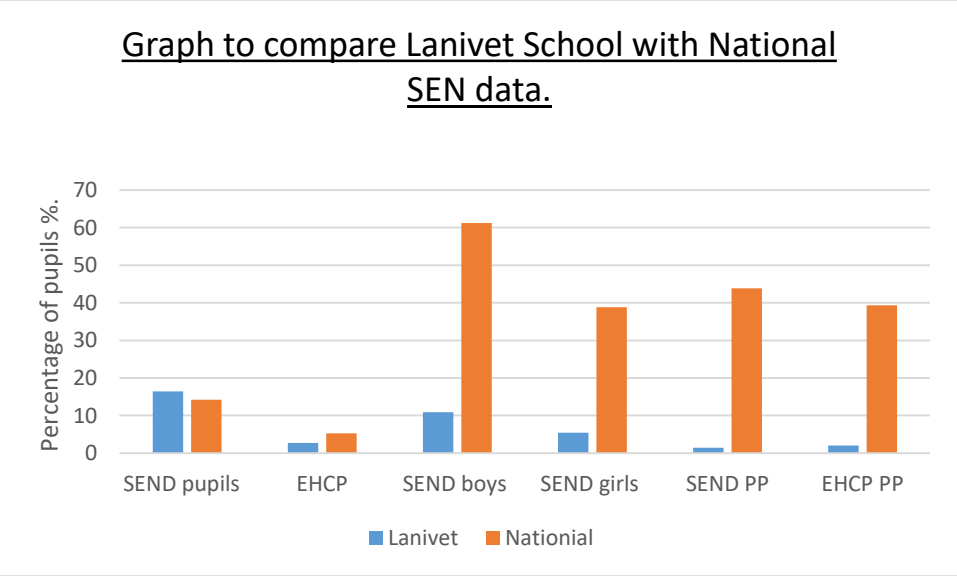
Whole School SEND Summary 2025-26

Lanivet School is a smaller than average mainstream primary school, with a high number of SEND pupils. Of 146 pupils on roll, 24 pupils are classed as SEN Support (13.7%) with an additional 4 pupils having an EHCP (2.7%).

This means that 16.4% of our school have some form of additional need/s and as such, require additional to or different from, provision to ensure they can make progress and are holistically supported. This is higher than the 14.2% national average of SEN Support but slightly lower than the 5.3% of EHCPs, for UK primary schools.



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.

Special educational needs in England, Academic year 2024/25 - Explore education statistics - GOV.UK

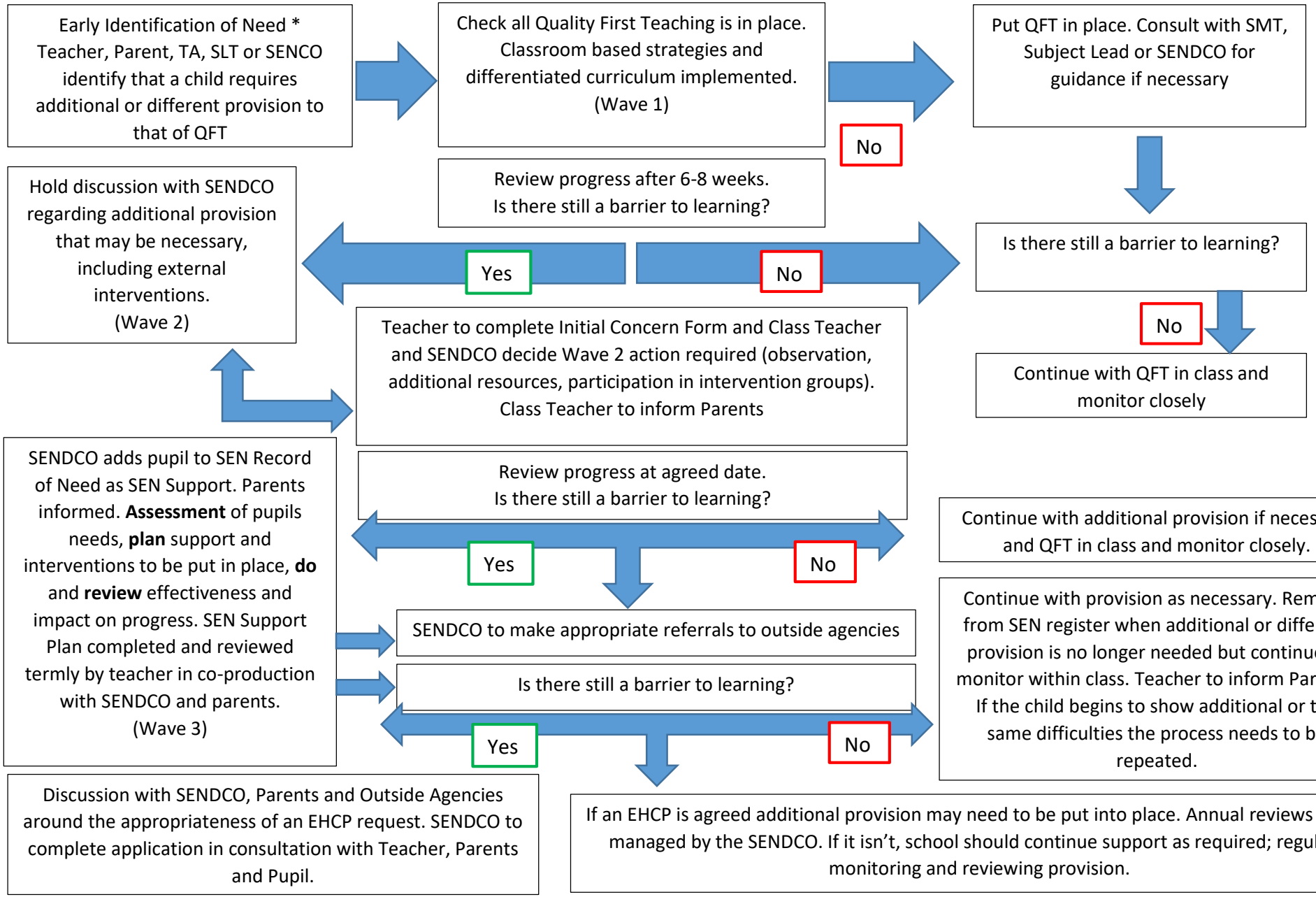
A breakdown of SEND pupils by Year Group is below (September 2026):

NC Year Group	Number of pupils in each year group.	Number of SEN Support pupils	Number of EHCP pupils	Number of EHCNA
R	19	1	0	0
1	21	0	1	0
2	18	3	0	0
3	24	5	0	0
4	24	6	0	0
5	15	1	0	0
6	25	7	3	0

The highest primary area of need at Lanivet School is Cognition and Learning difficulties at 19%, however this includes Autism Spectrum Condition with 5.4% of our SEN pupils either received or awaiting diagnosis.

Secondly, Communication and interaction is 7.5%, closely followed by Social, Emotional and Mental Health, which makes up 6.8% and finally Sensory and Physical needs at 6.1%.

SEND Identification Flow chart



Early 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.
- Learning walks and lesson observations, including scrutiny of pupil's work, by SMT, subject leaders or the SENDCO.

Description of Provision at Lanivet School 2025-26

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 with speech, language and communication needs have difficulty 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 rules of social communication. The profile for every child with SLCN is different and their needs may change over time.

6.29 – Children with ASC are likely to have particular 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 working wall and on spelling lists, processing time given Careful explanation of new vocabulary. Structured school & class routines Use of visual prompts/ICT to make learning more visual Multisensory teaching, including physical and visual explanations and instructions, where possible	Traffic light visuals alongside verbal instructions Increased differentiation at both input and output Flexible adult support on a "needs-led" basis Pre teaching of key vocabulary, particularly for the broader curriculum. A "narrative approach" small group for some aspects of learning Simplification of learning resources	1:1 support from a teaching assistant at points throughout the day. A communication plan written by the Speech and Language Therapy Service. A SEN Support Plan which sets personal targets on a regular basis Use of signs or symbol systems such as Makaton or the Picture Exchange System (PECS) if required. Other outside agencies, such as ASD support team, if required.

Use of nonverbal communication to reinforce what is being said, where possible Classroom arrangements promote good communication opportunities i.e. Talking Partners and collaborative group work Visual timetables Focused small group support on a "needs-led" basis Opportunities for talk outside of lesson time i.e. clubs, lunchtimes etc Peer and adult support Special arrangements in place for assessments, if required Seating plan and classroom environment takes account of learning needs	Explicit teaching of particular social concepts, including the use of social stories Access to Autism Champion (SC) for advice and guidance as appropriate Additional ICT strategies Supporting verbal instructions with individual visual aids An individual visual timetable or/and use of Now/Next boards	Access to a learning environment where social demand is less for part of the day A high level of supervision (1:1 Teaching Assistant) A highly structured and individualised learning programme

Cognition and Learning

SEND Code of Practice (DfE, 2015)

6.30 – Support for learning difficulties may be required when children 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) through to profound and multiple learning difficulties (PMLD), such as Down's syndrome.

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)
Appropriately differentiated curriculum taking into account individual learner's needs Groupings and seating arrangements that facilitate learning Careful consideration of language used Whole school environment takes account of learning needs i.e. illustrated signs A multi-sensory approach is used across the curriculum	Increasingly differentiated curriculum, including activities and/or materials, input and output. Extended opportunity to learn through play for some pupils. Seating arrangements consider learner's needs Careful adult support to promote and facilitate independent learning. Alternative recording methods. Personal visual time table (Now/Next)	1:1 support from a teaching assistant at points throughout the day, as required. A SEN Support Plan which sets personal targets on a regular basis Other outside agencies, such as Physical and Medical needs team, Educational Psychologist or Cognition and Learning Service, if required. A structured and safe learning environment A high level of supervision (1:1 teaching assistant)

Range of ICT used on a regular basis – TTRS, Numbots Pictorial, concrete and practical materials are available. Tools to support and scaffold learning are available i.e. word mats Range of resources in classrooms to support learning i.e. pencil grips, writing frames, word lists, talk tins, manipulatives for maths etc. Movement breaks and/or fiddle toys to help improve focus and concentration Multisensory teaching, including physical and visual explanations and instructions, where possible to cater for all learning styles	Visual task boards to help a child stay on track Coloured paper/overlays and appropriate font size for pupils with visual stress (including on board) Access to an individual white board or alternative recording strategy if copying is a difficulty Dyslexia friendly books are available in the library Movement/sensory breaks may be built into the day Opportunities for pre-teaching, particularly new topic vocabulary Opportunities for over-learning to support children with executive function needs Support to develop key board skills for some pupils i.e. Nessy fingers Individuals and/or small groups follow evidence based intervention	A highly structured and individualised learning programme Regular home-school communication Explicit teaching of independent learning skills using learning tools such as ICT, visual timetable/prompts, alternative recording methods etc.

	programmes such as Nessy, Precision Teach, phonological awareness, Read Write Inc (intervention) or White Rose Maths. 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 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 an underlying mental health difficulty such as anxiety or depression. Other children may have disorders such as ADD, ADHD or attachment disorder.

Wave 1 (Universal)	Wave 2 (Targeted)	Wave 3 (Specialist)
Positive relationships with staff and peers; we follow a non-confrontational, trauma informed approach. All staff have accessed training on PACE, attachment and Emotion Coaching Environmental adaptations to keep children safe, including a safe space when children are finding it difficult to regulate their emotions. Effective and informed seating plans are being used. Consistent behaviour management is used by all staff, especially reinforcement of positive behaviour. Meaningful rewards and sanctions in use, including visual prompts.	Access to programmes that support and develop social and emotional learning. We have a Trauma Informed School Mental Health practitioner in school fulltime. An adapted curriculum or activities at points during the week to support need Adaptations to the learning environment to reflect and support needs Supportive arrangements for break/lunch times Risk assessments completed for return to school after COVID-19 school closures	Highly modified learning environment and timetable A high level of adult support, including care and supervision. Behaviour Support Plan to inform all adults on how best to support and co-regulate with the child 1:1 support with staff trained in supporting pupils with SEMH needs (TIS, MELSA) Access to identified key adult(s) Support from outside agencies such as ASD support team or CAMHS and close communication with any external agencies supporting the

Appropriate differentiation of the curriculum. PSHE scheme provides opportunity for social and emotional development. Weekly assemblies that focus on wellbeing Emotion coaching approach used whole school. A flexible approach to different behaviours i.e. understanding that an anxious child may not contribute whole-class Daily P.E. lessons for physical activity and wellbeing. Structured routines and use of visual timetable with pre-warning of change where possible An adult to talk to when needed; I Wish My Teacher Knew available at all times	During remote learning – regular 1:1 video calls with staff Close communication with parents/carers and pupils about upcoming trips so suitable arrangements to support the child can be made Awareness of how an activity may trigger a response in some children i.e. tics can be triggered by stress/excitement Social stories 1:1 or small group TIS work Let's Get Creative	child, so school can further support their work

Sensory and/or Physical needs

SEND Code of Practice (DfE, 2015)

6.34 – Some children have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and fluctuate over time. Many children with vision impairment or hearing impairment will require specialist support and/or equipment to access their learning.

6.35 – Some children with a physical disability require additional ongoing support and equipment to access all the opportunities available to their peers.

Wave 1 (Universal)	Wave 2 (Targeted)	Wave 3 (Specialist)
Curriculum differentiation that takes account of individual pupil needs. i.e. a range of hands-on activities where possible Modelling of how to use specific equipment i.e. P.E., science, music etc Frequent and sensitive monitoring of a pupils' understanding. Repetition of contributions from others as required i.e. for hearing impaired pupils. Use of clear and precise instruction with repetition and review built in naturally.	Access to additional teaching in small groups or on an individual basis. Additional and differentiated resources. Specialist teachers of the deaf or visually impaired if required Use of appropriate ICT i.e. headphones, assistive technology etc. Access arrangements for assessments Movement/sensory breaks built into the day to support need	Specialist teachers of the deaf or visually impaired, if required Building access arrangements/equipment i.e. ramps, accessible toilet etc. Staff trained in moving and handling Staff trained in specialist medical care i.e. diabetes Access to a quiet area for specialist teaching Access to specialised resources, such as braille, if required

Follow any medical advice given for the pupil Awareness and adaptation of the classroom environment i.e. sensory overload. Grouping strategies promote independent and supported learning. Access to appropriate equipment to support need i.e. pencil grips, adapted scissors, writing slope, wobble cushion, ear defenders etc. Consideration of the position of the class teacher, board, desks etc. to support all needs i.e. visual or hearing impairment Staff trained in paediatric first aid, including Epipen administration. Movement breaks/fiddle toys to support need Knowledge of children and adapting approach to meet need i.e. not picking a dyspraxic child first but	Specialist equipment for sensory processing i.e. ear defenders, wobble cushions Opportunity to learn keyboard skills i.e. Nessy fingers Fine and gross motor skill interventions Alternative arrangements for lunch/break times i.e. a quiet room, early sitting Alternative recording methods i.e. ICT Adapting homework if pupil does not have necessary specialist equipment at home. Alternative inclusive PE activities for the whole class Emergency evacuation plans/risk assessments Staff trained in specialist medical care i.e. diabetes Close communication with parents/carers and pupils about	High level of adult support to aid delivery of individualised learning. British Sign Language training provided, if required Specialist equipment recommended by OT i.e. chairs, cutlery Occupational Therapy programme facilitated, with adult support where necessary Involvement of community nursing service and an Individual Health Care Plan written and regularly reviewed.

allowing them to observe/process the task Use of high-contrast resources for visual impairment needs, as required Use of window blinds, screen brightness etc to regulate light for children who are sensitive	upcoming trips so suitable arrangements and Risk Assessments to support the child can be made Awareness of how an activity may trigger a response in some children i.e. tics can be triggered by stress/excitement 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. Currently, 44% of our SEND pupils have involvement with one or more external agencies. 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

Parental engagement

At Lanivet School, we strongly believe in the importance of parental engagement for all pupils, but especially our SEND pupils. We aim for class teachers to meet formally with parents of children on an SEN Support Plan three times a year to review their child's progress and gain their insight. We are flexible in how we manage this and now, whilst we hold some face-to-face meetings, we are also using telephone and Microsoft Teams to enable communication.

Parents are encouraged to contact the class teacher or SENDCO to discuss matters and many will be in contact much more than three times a year as communication tends to be proportional to a child's need. In addition to the termly meetings, children who have an EHCP also have an annual review, co-ordinated by the SENCO which enables the team around the child to review their progress and plan their next outcomes.

Parental engagement is also a key factor in the early identification of an additional need, so we welcome any parent with a concern to contact the school to discuss this.