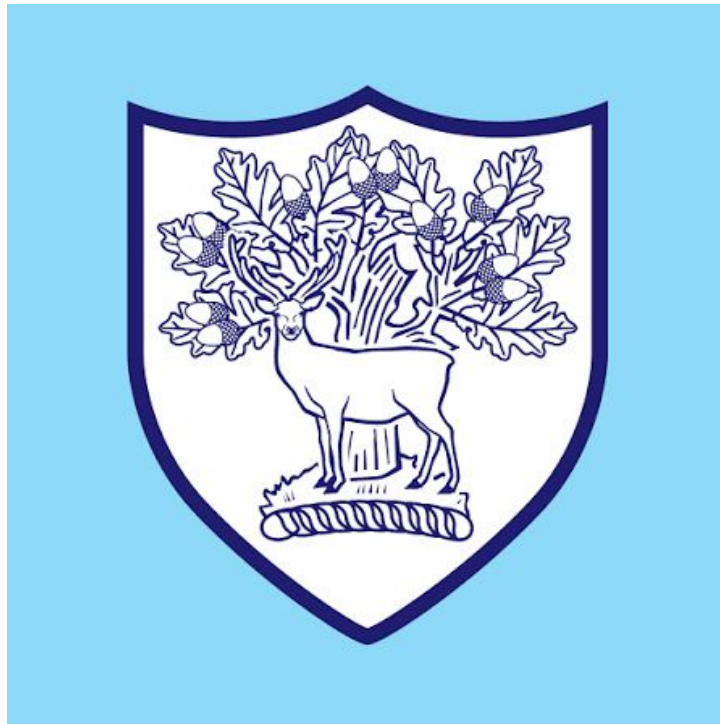


Your Child and SEND: answers, support, and next steps



PARK HOUSE SCHOOL

WORK HARD. BE KIND. TAKE RESPONSIBILITY.

SEND Initial Enquiry Booklet

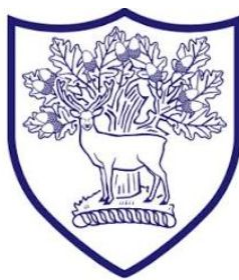
Identifying special educational needs in young people can be a complicated process.

This SEND initial enquiry booklet is designed to outline the support and next steps available to young people and their families.

This booklet is predominantly for families of young people who have not been identified as needing special educational support but may require some additional support to reach their potential.

If your child is already accessing SEND support and you have queries about additional support, please contact send@parkhouseschool.org

It is important to note that high quality teaching at Park House School means your child might already be receiving support as part of our universal provision. These reasonable adjustments are made regardless of identification of SEND or a formal diagnosis. Interventions and additional support offered is on the basis of identified need regardless of a diagnosis.





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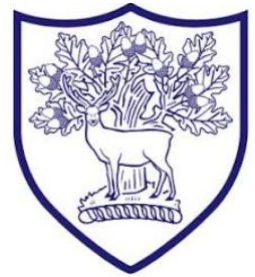
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What are SEND needs?

Disabilities are medically diagnosed conditions that cause a barrier in aspects of life.

They are recognised protected characteristics under the Equality Act 2010. This means schools and employers should make reasonable adjustments to accommodate these disabilities.

Disabilities include:

- Hearing or visual impairments
- Neurodevelopmental differences such as autism or ADHD
- Learning differences such as dyslexia
- Physical disabilities
- Developmental disabilities such as DLD
- Chromosomal differences such as Down Syndrome or Williams Syndrome

Some special educational needs may not be diagnosed as one specific condition. Identifying SEND means looking at which area of a child's development is delayed and investigating the best targeted support that might need to be offered in addition to universal provision.

It is important to understand that all children develop at their own pace, and some differences from peers or class and national averages are perfectly normal and do not necessarily mean a child has SEND. Throughout childhood and adolescence children may just required a little extra support or time to develop in certain areas and do not require long term adaptation to provision.

Key Facts

- Disabilities can only be diagnosed by a specialist.
- Disabilities are life-long conditions. These are not illnesses and there is nothing wrong with having a disability.



Autism

What is Autism?

Autism is a neurodevelopmental difference that can only be diagnosed by a medical professional or registered psychologist. Autism is not a condition that can be medicated. It is not an illness to be treated; it is an alternative way of thinking and interacting with the world.

Autism can present as:

Difficulties with social interactions	Strengths with attention to detail	Above average levels of intelligence
Difficulties managing change or uncertainty	Rigid thinking	Hyperfocus or fixation on special interests

Universal provision and adaptations

Autism may not require adaptations in school. However, some common adaptations include:

- social skills interventions
- extra processing time
- additional support in processing changes to routines

Learn more

Scan the QR codes for more information from the NHS and the National Autistic Society





ADHD

What is ADHD?

ADHD is a neurodevelopmental difference that can only be diagnosed by a medical professional. There are some medications to support with the symptoms of ADHD but they must be prescribed and reviewed by a medical professional.

ADHD can present as:

Hyperactivity	Impulsivity	Creative thinking and practical skills
Success and enjoyment in physical activities	Forgetting basic tasks and routines	Difficulties with concentration

Universal provision and adaptations

Some of the greatest impact can be had at home with clear routines, sleep patterns and a balanced diet. Research shows this combination can support those with ADHD to be more successful during the school day.

Some common adaptations at school include:

- breaking tasks into smaller, manageable activities
- use of visual prompts to support extended writing or reading tasks
- offering clear boundaries and behaviour-specific praise

Learn more

Scan the QR codes for more information from the NHS and ADHD UK.





Dyslexia

What is Dyslexia?

Dyslexia is a learning difficulty. It is a difference in how the brain processes words, language and information, particularly phonics (the sounds of letters). Dyslexia is only diagnosed by an educational psychologists or a specialist dyslexia teacher.

Dyslexia can present as:

Difficulties reading	Difficulties with spelling	Creative thinking and problem-solving
Processing difficulties	Forgetting basic tasks and routines	Difficulties with concentration

Universal provision and adaptations

Schools may screen for literacy difficulties if there is emerging need and will share strategies for suitable adaptations with colleagues where necessary. Some common adaptations at school include:

- extra thinking time in class
- use of a word processor to access resources and complete extended reading and writing tasks
- additional literacy interventions

Learn more

Scan the QR codes for more information from the NHS and British Dyslexia Association.





Unknown Need

When investigating SEND need there are three main categories for consideration:

1. Medical disabilities
2. Learning difficulties
3. Learning disabilities.

What is the difference between a learning difficulty and a learning disability?

A learning disability is a reduced intellectual ability, usually identified soon after birth or in the early years, and will last a person's whole life, affecting all areas of life. A learning difficulty might make aspects of learning difficult but does not affect general intellect.

"A learning disability is different from a learning difficulty as a learning difficulty does not affect general intellect. It is possible for a person to have both a learning disability and a learning difficulty."

<https://www.mencap.org.uk/learning-disability-explained/learning-disability-and-conditions/learning-difficulties>

Deviating from developmental norms or national averages in one area or subject is not always indicative of SEND. Instead, this could be a result of hormonal changes and the significant brain development your child experiences during childhood and adolescence.



There are other difficulties and conditions that could explain the behaviours of concern, these include:

Dyscalculia

Dyspraxia

Chronic Fatigue / ME

Hypermobility

Learning Disabilities

Chromosome disorders or deletion syndrome

These will be investigated and diagnosed by trained medical professionals.

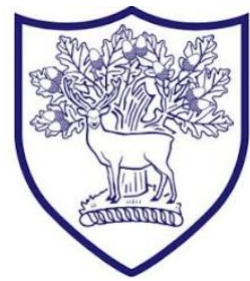
Physical or Mental?

A decline in mental health may manifest in physical symptoms meaning and/or behaviour changes. This can mean it is sometimes easier to investigate a list of symptoms as an unidentified SEND need when in fact the symptoms are indicating a decline in mental health.

It is important to note that when mental health declines, so does the individual's motivation, ability to rationalise and their optimism. These factors can lead to significant behavioural changes which might explain some of the behaviours of concern parents and carers observe during adolescence.

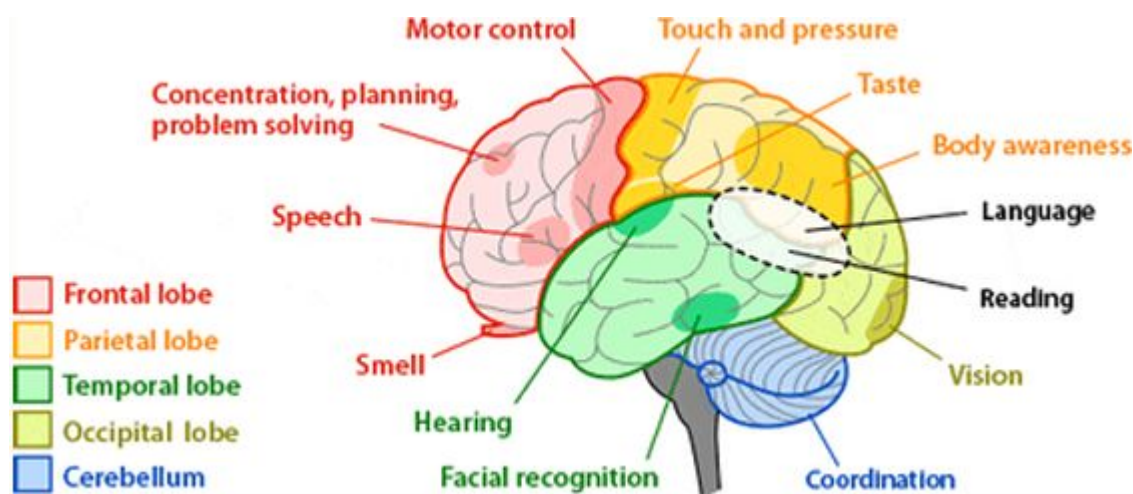
Children with SEND may experience related or unrelated mental health difficulties but these difficulties are not exclusive to children with SEND.

The next two sections of this booklet will explore this in more detail.



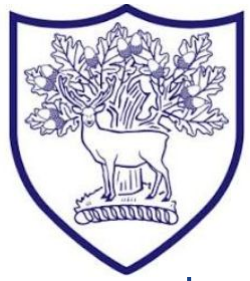
The Teenage Brain

During adolescence your child's brain develops significantly. Until certain areas of the brain develop, some skills and abilities are impaired or limited. This can explain some of the behaviours of concern you might have. Medical and educational professionals will first consider the developmental stage of your child and may monitor certain skills or behaviours. This is because the brain continues to develop until at least the mid-20s and so some behaviours of concern will lessen over time.



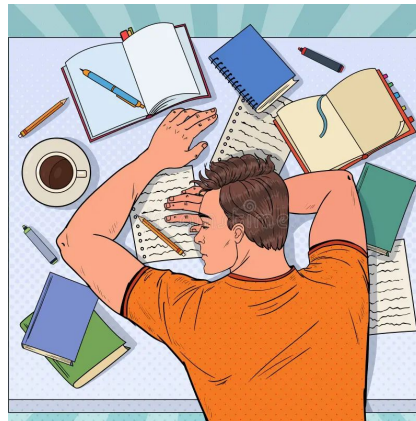
Until the **pre-frontal cortex** (responsible decision-making and impulse control) is fully developed, teenagers use their amygdala more frequently to make decisions. This part of the brain is associated with emotions, aggression and instinctive behaviour.

This might explain why your child is more prone to mood swings, impulsive or irrational emotional responses and poor decision-making.



During adolescence the **mesolimbic system** (the brain's reward system) is more active and drives teenagers' motivation. They become more focused on obtaining tangible rewards and emotional satisfaction from social interactions. This can lead to more 'risk-taking' behaviours as they gain pleasure through dopamine 'hits'.

This might explain why your child prioritises friendships and social interactions over academic success or hobbies. They might also grow in confidence or want to try new experiences without prompting.



Teenagers also experience delayed production of **melatonin** (the hormone that helps us sleep). This means staying up and sleeping in later become more common. Teens will often fill this time with screens or social contact. It is important that this is managed carefully as blue light from screen time has been proved to further delay melatonin, making it harder for teens to fall asleep.

This might explain why your child has an irregular sleep pattern and tells you they aren't tired later in the evening. A healthy sleep routine is essential in regulating melatonin.

Learn More

Scan the QR codes for top tips from the Teen Sleep Hub on how to support your teen with a healthy sleep pattern.





SEMH

(Social Emotional Mental Health)

Special Educational Needs also extend to mental health difficulties that have a substantial and long-lasting effect on the individual concerned. Mental illness can be a short term problem relating to a specific set of external events, or a longer term issue. A short period of mental illness may not require adaptations in school. A longer, or more severe period of mental illness may require adaptations. The Behaviour, Safeguarding, Attendance and SEND teams work in partnership on mental health difficulties and so some adaptations may be put in place by teams external to SEND. The SEND team become more involved with the most serious issues impacting progress in the long-term.

At Park House our curriculum offer extends beyond the school timetable, encompassing co-curricular clubs,, and trips and visits to ensure students are offered a holistic experience that will meet their academic and SEMH needs.

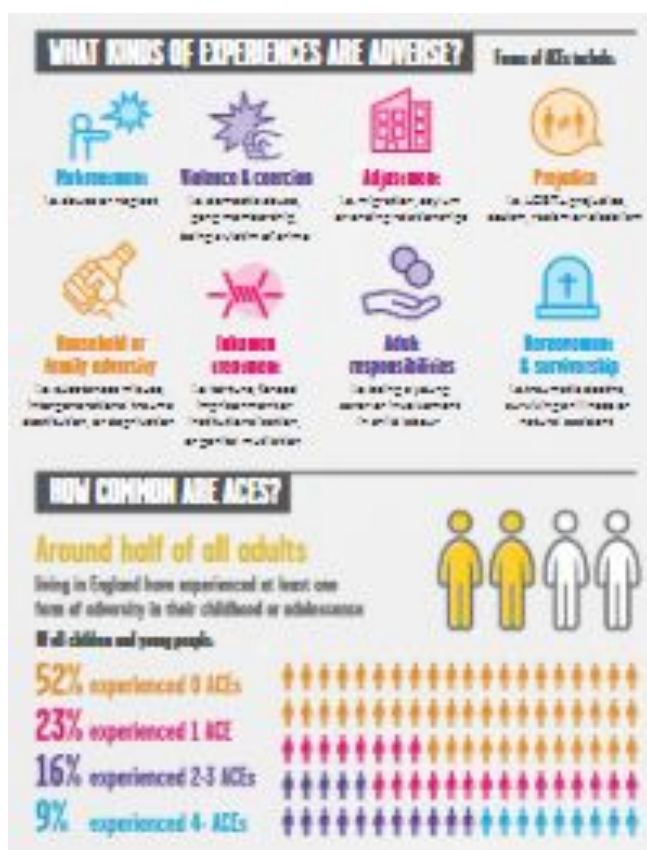
It is important that your child maintains a healthy balance of experiences outside of school too. Creating clear routines for homework, hobbies, social interaction and quality family time is essential in allowing children to have their needs met and to help them navigate the challenges that adolescence can present.





In many cases, what presents as an initial concern for SEND is something else entirely. A child's dysregulation or disorganisation isn't always autism, ADHD, or sensory processing difficulties, it can just be a sign of their emotional and mental health at their current stage of development. Sometimes, it's not the case that there is an unmet learning need, but instead that the combination of home and school life can become too overwhelming and challenging. There are some instances where this feeling is exasperated further, specifically if the individual has experienced **Adverse Childhood Experiences (ACEs)**.

We all face emotionally challenging situations during our childhood, which is a normal part of life. However, some children and young people grow up in environments and have experiences that cause additional emotional stress and are often unexpected. These can be traumatic experiences and may have long lasting effects on a young person's development, learning, health and/or behaviour.



Further information on how to support your child's mental health can be found through charities such as

YOUNGMINDS
fighting for young people's mental health



<https://www.youngminds.org.uk/professional/resources/understanding-trauma-and-adversity/>



Experiencing ACEs is part of life, especially where unexpected life events occur. Having experience of ACEs does not predict a child's future or mean that they will have a special education need either, instead it is a risk factor to be considered when investigating behaviours of concern.

Ultimately, the impact of ACEs and the change to an individual's behaviour might make it easier to identify symptoms of SEND rather than identify the impact of previous trauma. This is why medical and educational professionals review medical and personal history, exploring the link between trauma and SEND.

Emotional Based School Avoidance (EBSA)

Emotional Based School Avoidance (EBSA) Emotional based school avoidance is a relatively new term and is not a condition; it is an experience a child has of avoiding school on emotional grounds. This is not 'bunking' or 'truanting' a lesson, but rather avoiding school or a lesson on emotional grounds. The reasons for avoiding school can vary and it is not, in itself, a special educational need.

A child may be avoiding school due to academic pressure, social issues or bullying, as well as underlying disability causing a barrier to school attendance.

If a child is experiencing anxiety that leads to avoiding school, the Attendance, Behaviour, Safeguarding and/ or SEND team will work with them to unpick what is causing the anxiety and, where possible remove barriers.

There may be aspects of their school anxiety that are too complex for the school to easily unpick. Access to specific members of staff, or avoiding specific lessons for example are not long-term solutions but adaptations may be made in the form of small steps to help ease a child back into school.



What can the school do?

If your child's tutor, or Head of Year believes there are grounds for further support beyond their initial intervention, they will make a referral to the SEND team. This will initiate an internal SEND investigation: a process drawing insights from teacher feedback, assessment data and, in some cases, focused observations.

If there are concerns raised, the SEND team will be in touch with you. If there are no concerns, or some clear next steps, the SEN team will pass some advice and guidance onto your key contact for further action.

The SEND team may then be involved at a later date.

If your child is undergoing an assessment for any special educational need, it is likely that school will be asked to contribute to the assessment in the form of a questionnaire. If this is shared directly with us we will complete and await their next steps. If the questionnaire is given to you, please send this to send@parkhouseschool.org as soon as possible so we can action it.



What if my child doesn't want help?

Once a child reaches the age of 13 any medical professional will consider whether they are competent to make their own choices about their medical care, including mental health or diagnostic pathways. If your child does not want to attend their counselling or diagnostic appointments, the service is unlikely to continue.

It's important that our young people, if competent, have autonomy over their medical care. This can feel really frustrating as a parent. As a school, we will always encourage young people to accept help, but we will always allow them to make their own choices and decisions about the support or intervention they wish to receive.



What can I do as a parent?

It is important for us to understand why you feel your child may have special educational needs or disabilities that haven't been identified. Your first port of call should be your child's Head of Year.

After reading this booklet you might be left wondering "what should I do now?". Take a look at the suggested next steps below:

I think my child is dyslexic. How can I help them?

Access support from British Dyslexia Association and use some of the suggested strategies to support at home. Speak with your child's tutor or English teacher in the first instance to explain why you think this and see if they have any evidence too.



I think my child is autistic. How can I help them?

Book an appointment to discuss your concerns with your GP. They can make a referral to CAMHS for further investigation and assessment.

Take a look at advice from National Autistic Society.

I think my child has ADHD. How can I help them?

Book an appointment to discuss your concerns with your GP. They can make a referral to CAMHS for further investigation and assessment. Take a look at advice from Young Minds.



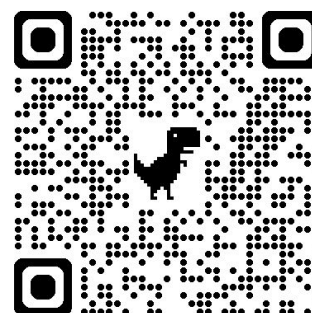


I have concerns about my child's mental health. How can I help them?

You do not need to wait for school to get help for your child's mental health.

- You can contact your GP
- You can complete a referral through West Berkshire's Emotional Health Academy (EHA)

For more information and to access the EHA referral page scan the QR code here:



If your child is experiencing an acute mental health crisis and you need urgent support, please contact 111 immediately.

If there risk to the life of a child or young person call 999.

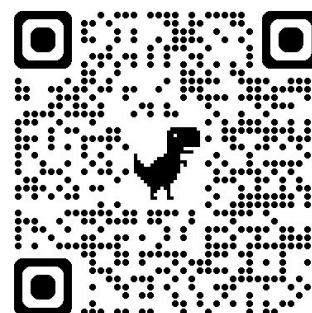


Parenting is an incredibly challenging yet rewarding role. Understanding how to set boundaries, support your child's changing needs and regulate their routines with sleep, diet and exercise can be especially challenging at times. Reaching out for help isn't a sign of weakness. Learning from others who have been in your position can be beneficial. There are various avenues that are available for you to make use of, including:

Time to Talk



Mental Health Support Team





SEND in West Berkshire

The SEND provision we offer at Park House School makes use of the local authority's services and resources as appropriate.

This includes working with the following services:

- West Berkshire Special Educational Needs (SEN) and Disabled Children's Team
- West Berkshire Educational Psychology Service
- West Berkshire Pupil Transport Team
- Berkshire Sensory Consortium Service (SCS)
- West Berkshire Early Development and Inclusion Team
- Berkshire West Autism & ADHD Support Service
- West Berkshire Therapeutic Inclusion Support
- West Berkshire SENDIASS
- West Berkshire Specialist Inclusion Support Service
- West Berkshire Mental Health Support Teams



It may be the case that your child is considered for a referral to one of these services. If this is the case, you will be notified and often asked for your input in the referral. Please note that you cannot self-refer or request access to these services if they being used as part of our school's 'assess-plan-do-review' cycle in line with the local authorities processes.

What services can I access?

There are a range of services that are on offer in and across West Berkshire that you may wish to make use of in meeting your child's needs outside of school. Please see the next page for more information.



Parents and carers of children and young people with Special Educational Needs and Disabilities (SEND) in West Berkshire have access to a comprehensive range of services designed to provide support, guidance, and resources. Here's an overview of the key services available:

[SEND Local Offer](#)

The SEND Local Offer is a central resource for families, providing information about local services and support available for children and young people aged 0 to 25 with SEND. It includes:

- **Information on SEND services:** Details about local support for children, young people, and families across education, health, and social care.
- **Guidance for newcomers to SEND:** Clear steps and pathfinding routes to take if you are entirely new to the SEND system.
- **Support for preparing for adulthood:** Specialised advice for young people aged 14 to 25 to help plan their next steps after school, including housing, employment, and community inclusion.
- **Access to SEND Team appointments:** Links to connect with the SEN Assessment Team to discuss queries regarding ongoing Education, Health, and Care Plans (EHCPs) or current statutory support.
- **For more information:** Visit the West Berkshire SEND Local Offer.

[SEND Information, Advice and Support Service \(SENDIASS\)](#)

West Berkshire SENDIASS (delivered by the Rose Road Association) offers free, confidential, and impartial advice, guidance, and support to:

- Parents and carers of children and young people up to the age of 25 with SEND.
- Young people themselves up to the age of 25 with SEND.
- They provide legally based support from initial classroom-level concerns through to those navigating established EHCPs, tribunals, and mediation.
- **Contact:** Call 0300 303 2644 or email westberksiass@roseroad.org.uk.
- **For more information:** visit the West Berkshire SENDIASS website.

[Parent Carer Forum: West Berkshire SEND Parent Carer Forum](#)

The West Berkshire SEND Parent Carer Forum is the independent parent carer forum for the West Berkshire region (supported locally by Swings & Smiles). They represent the views of parents and carers in the local area and provide:

- **Guides and resources:** Practical resources, toolkits, and information about local organisations and services that offer SEND support.
- **Opportunities for involvement:** Safe spaces and forums to share your lived experiences, shape local policy, and have a direct voice in local local authority and health authority SEND matters.
- **Contact:** Call 01635 285170 or email admin@westberkssendpcf.co.uk.
- **For more information:** visit the West Berkshire SEND Parent Carer Forum on Facebook or the West Berkshire Council Engagement Page.



Specialist Support Services

Berkshire West Autism & ADHD Support Service

Delivered by Autism Berkshire in partnership with CAMHS, this service provides essential support, information, and workshops for autism and ADHD across the West Berkshire footprint.

- **What they provide:** Pre- and post-diagnostic workshops, specialist advice, social groups for young people, and tailored parent support programs.
- **Contact:** Call 01189 594 594 or email contact@autismberkshire.org.uk. For more information, visit the Autism Berkshire website.

Therapeutic Inclusion Support & Family Hubs

Replacing basic behavioral interventions, West Berkshire operates a blend of local Family Hubs and Therapeutic Inclusion Support teams to assist with home dynamics and behaviour.

- **What they provide:** Targeted parent courses and workshops centered around sensory needs, distressed behaviors, sleep advice, and emotional regulation.
- **Contact:** Call 01635 503090 or email child@westberks.gov.uk. For more information, visit the West Berkshire Directory Family Hubs page.

Children with Disabilities Team

This statutory, multidisciplinary social care team works specifically with children and young people up to the age of 18 who have permanent, significant, or complex SEN and disability needs.

- **What they provide:** Specialised social care assessments, child-in-need planning, support for occupational therapy, direct payments guidance, and coordination across complex health packages to ensure a positive family life.
- **Contact:** Call 01635 503090 or email child@westberks.gov.uk. For more information, visit the West Berkshire Children with Disabilities Team page.

West Berkshire Directory and Family Information Service (FIS)

Serving as West Berkshire's equivalent to an additional needs registration and information network, this digital network connects SEND families to a wider community framework.

- **What they provide:** Comprehensive signposting to local leisure attractions, adaptive sports clubs, short breaks providers, and training workshops.
- **Contact:** Email fis@westberks.gov.uk. For more information, visit the West Berkshire Directory.



Did you know?



If you are seeking a diagnosis of autism or ADHD, the waiting list for CAMHS is several years long. Ask your doctor about **Right to Choose**: an NHS funded service that allows you to use private companies (with shorter waiting lists).

Psicon and **Clinical Partners** are two providers that parents often use to pursue this diagnostic pathway, but others are available.



Dyslexia diagnoses are useful to schools but not necessary.

Dyslexia diagnoses do not qualify someone for exam access arrangements, even if the diagnostic report states that they would be useful. Further guidance can be found in the next section of this booklet.

We will always take a private dyslexia diagnostic report into account and use it as guidance to support our work in school. If there are aspects of a report that we cannot follow through on, we will let you know.



Access arrangements are decided upon by the **Joint Council for Qualifications**. Schools have to provide specific evidence, including tests co-ordinated by a registered access arrangement assessor, to be able to offer access arrangements from Y9 onwards. There is more information about access arrangements in the next section of this booklet. Please be aware that thresholds and criteria for access arrangements change yearly.



Access Arrangements

What are they?

When students are assessed we want to ensure that it is their subject skills and not their literacy skills that are being assessed. Access Arrangements are put in place at GCSE/A-Level to ensure that students are assessed for the skills the exam is testing and not held back due to their disability or difficulty.

Examples of access arrangements:

- Use of reading software or asking the teacher to read a question / piece of text aloud
- Use of a scribe (in rare circumstances)
- 25% extra time (in rare cases)
- Rest/Movement break
- Prompting to move onto the next question
- Typing instead of handwriting

Who might need access arrangements?

Students who are disadvantaged due to a learning difference or a disability, may need an access arrangement. This is decided on the basis of need, not on the basis of disability. Students don't need a diagnosis to qualify for access arrangements. A diagnosis does not mean an access arrangement will be granted.

How do schools identify need?

In Year 7, the SEND team reviews information from primary and makes some recommendations to teaching staff. Teaching staff put these recommendations in place for assessments. Where these are in-class assessments, these arrangements are more flexible than for external exams such as GCSEs.



The Exam Access Arrangements Journey

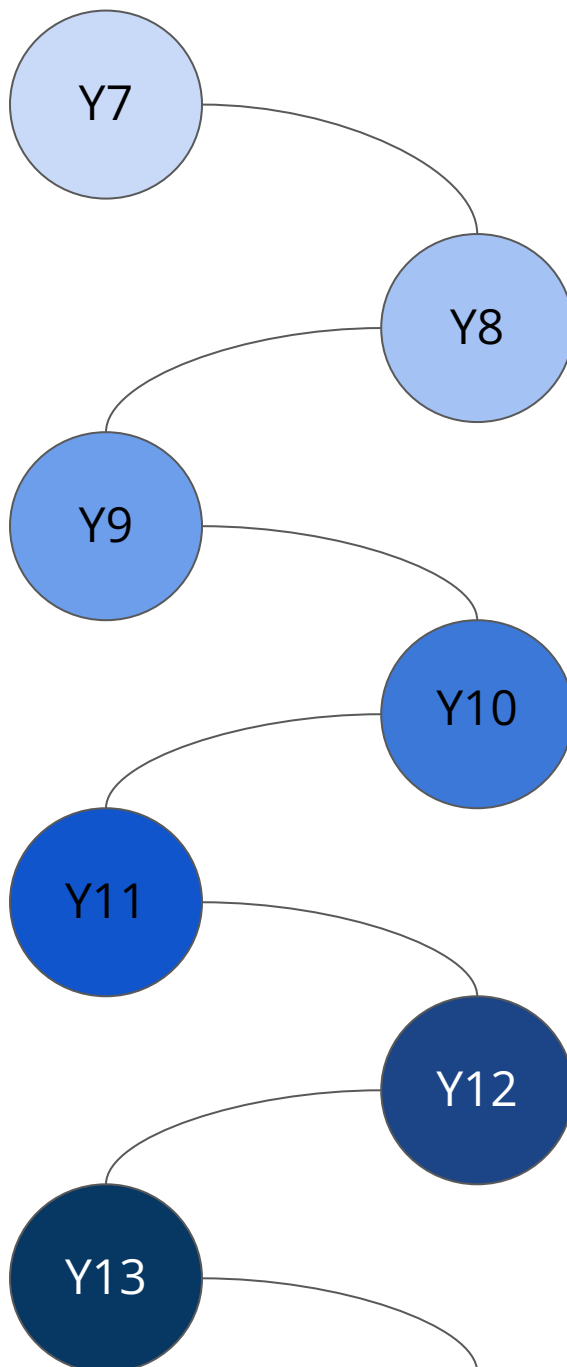
Information is sent by Primary schools to ensure that reasonable adjustments are in place where possible. There will be some trial and error throughout Y7 as students develop in a new setting.

During Y7, we complete initial assessments during the first term without access arrangements to ensure we have a clear baseline and an understanding of need.

We will continue to monitor informal Exam Access Arrangements throughout Y9.

Students will sign their access arrangements consent form in Y11 to enable us to enter them for formal GCSE access arrangements.

Students will also be asked to sign a consent form to allow us to share their forms and evidence with their post-16 college.



From Y8 onwards, we try to ensure that reasonable adjustments are in place for assessments and in lessons where possible.

From the autumn term of Y10, access arrangement testing in line with JCQ regulations can take place.

If students remain at Park House School for 6th Form, their access arrangements will be reviewed and carried forward into Y12 and Y13.

Students joining Park House School will need to bring evidence of their access arrangements from their previous school.

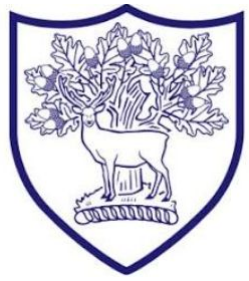
Exam Access Arrangements do not carry forward into further education, but Park House School can provide supporting evidence to Higher Education institutions.



Exam Access Arrangements (EAAs)

- The Facts

- The rules and regulations for EAA at Y6 are at the primary school's discretion which means there is no guarantee these will be honoured in secondary setting as we have to collate evidence to prove offering the arrangements meets the threshold set by JCQ.
- A diagnosis of SEND does not automatically mean EAA will be granted.
- Any arrangement offered in school during KS3 or KS4 needs evidence so it becomes their normal way of working. The SENCo will then collate evidence from teachers of the student's normal way of working to secure access arrangement testing.
- Students are tested for access arrangements in Y10 by an assessor organised by the school. This test is in line with JCQ regulations and sits outside of the school's jurisdiction. If students' scores fall below a specific threshold, they qualify for some access arrangements.
- Once a student is assessed and any medical diagnoses (e.g. ADHD or autism) have been received by the school, the arrangement must continue to be the student's normal way of working in each subject.
- Access arrangements belong to the student. If a student does not want an arrangement, they do not have to agree to it or use it. The arrangements themselves and the consent for them belong to the student only. As a result we will not share forms directly with other educational placements or parents without student consent.



EAAAs in Summary

- Exam Access arrangements are designed to remove barriers to learning caused by underlying learning differences or disabilities.
- Exam Access Arrangements are granted on the basis of need, not on the basis of diagnosis.
- JCQ (Joint Council for Qualifications) produce regulations that we, as Park House School, have to follow. This includes specific thresholds and evidence required for exam arrangements.
- JCQ and individual exam boards decide whether or not a student meets the threshold for a particular arrangement. The school is bound by their rules and regulations.



Still need support?

If you have any further queries after accessing the support services in this booklet, please contact your child's Head of Year in the first instance. A list of email contacts can be found on our school website.

If your child already has a diagnosed special educational need, or is on the CAMHS Neurodevelopmental Pathway following referral from your GP, please contact send@parkhouseschool.org with your query.