



# Hill West Primary School

## Pedagogical Newsletter – May 2016

### Congratulations to all Our Year 6 Pupils

I would like to congratulate personally our wonderful Year 6 children who earlier this month sat the hardest ever tests for 11 year olds. They did this with confidence and determination and it was an honour to watch them demonstrate all of their learning confidently within the very strict time limits. The reading test on Monday 9<sup>th</sup> May was by far the hardest with three different texts to read and answer questions on within the hour. Although a little stunned after this test the children picked themselves up and continued with real conviction.



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### Reminders:

We return from half term on  
Monday 6<sup>th</sup> June but are closed  
for the EU referendum on  
Thursday 23<sup>rd</sup> June

### Developing Resilience

Recent theoretical developments in mental health promotion suggest that psychological well-being has its roots in resilience (Commonwealth Department of Health and Aged Care, 2000). 'Resilience' is defined as the capacity of individuals, schools, families and communities to cope successfully with everyday challenges, including life transitions, times of cumulative stress and significant adversity or risk (Rutter, 1990 p184). It refers to those characteristics of children and their experiences in families, schools and communities that allow them to thrive despite exposure to adversity and deficiencies in the settings of their daily lives.

Schools can have an enormous influence - for good or bad - on the mental health of their students. The most effective schools at promoting mental wellbeing are those which embed the core principles of resiliency in their everyday practices. Skills such as optimistic thinking can be taught explicitly; however social learning theorists would argue that more is learned through *implicit* social learning (role-modelling and similar processes) than is learned via direct instruction. Resiliency is absorbed by children who learn in an environment that is supportive, challenging and involving, in which the innate potential of each child is believed in and nurtured.

### Helping Pupils with Autism

1. Watch your language. Our language needs to be clear, uncluttered and free from idioms. Offer a limited number of choices.
2. Keep it clear. Avoid rephrasing requests or instructions. It is better to pick out key words and repeat them. Use short sentences.
3. Keep it predictable. Schedules, structure and routine are essential.
4. Make sense of the sensory. Sensory challenges can be a huge barrier to learning and can be easily over-looked.
5. Rationalise the ritual. Many autistic people display obsessive, ritualistic behaviours. Allow them to indulge in such behaviour.



## Glossary of Terms

**Pedagogy** – the craft of teaching

**SEND** – Special Educational Need and or Disability

**SLCN** – Speech, language and communication need

**ASD** – autism spectrum disorder

**ADD** – attention deficit disorder

**DCD** – developmental coordination disorder

**ADHD** – attention deficit hyperactivity disorder

**DfE** – Department for Education



## Parents of Children with SEND



As a parent it can be hard to give feedback to teachers, even when the parent/teacher relationship is good. We realise that teachers jobs are very busy and they have the needs and wants of 30 children to consider and we don't want to add to that workload. Parents of children with SEND (special educational needs and disabilities) struggle with this dilemma more regularly than most. In a recent TES article parents of children with SEND told us that they want us to:

- ✓ **Acknowledge diagnoses and work with the professionals** (external to the school) to secure the very best outcomes for their children.
- ✓ **Provide additional training for the staff.** Many parents felt that although their child's class teacher was trained to support their child, other school staff – after-school club workers, teaching assistants, lunchtime supervisors and other teachers, need to have extra training.
- ✓ **Incorporate alternative methods of learning into teaching.** If a child works better lying on their front for a short period or having short breaks between lessons, then why would teachers not allow for that?
- ✓ **Make practical steps to include children where possible.** Things like making plans to include all children in school trips was a recurring theme. Equipment was also another big issue for parents. If children really struggle with handwriting, then why shouldn't they use laptops to support their learning?
- ✓ **Be proactive, not reactive.** Parents felt that teachers didn't push children with SEND as much as they could do – if they were keeping up with the lower level of the class, it was assumed that there was no need to do any more. They felt that if teachers were more proactive, children would get on much better at school. Sean Bowers, founder of SEND Action, says that effective management of SEND in mainstream education comes down to three fundamental stages, echoing the request of the parents.
  - **Acknowledgement**
  - **Understanding**
  - **Putting the right support in place.**

There was an overwhelming sense from parents that it's very hard for any of these stages to be met without some nagging on their part.
- ✓ **Find better ways to communicate effectively.** Perhaps by opening up communication between parents and teachers – and, more specifically, within and between schools – we can begin to form some best practice guides for conversations. That way, parents don't have to fight the same battles every year and teachers don't have the same frustrations.

### School Health Advisory Service

All schools in England now have a named nurse who will visit fortnightly. These visits will be used to see children and parents and to liaise with our school staff about any children we or the nurse have concerns about. Our school nurse will be working closely with us to help reduce persistent absence due to illness. They will of course work with parents and the child to assess the health issues causing absence and advise them and us how the health issues can be managed so as to increase attendance at school. The nurse will be more involved in supporting us to manage medical needs, advising on medical issues, care plans and liaising with other health providers as required to make sure children with medical issues are getting the help and treatment they need.



## Domestic Violence

Domestic abuse is a crime. Every week, two women in the UK are killed by their partner and three women commit suicide as a result of domestic abuse. One in four women will experience domestic abuse in their life. Men can also be victims but are far less likely to report it. A new law was introduced at the end of 2015 which means that coercive control (emotional and psychological control) is now also recognised legally as domestic abuse. Schools are the single biggest opportunity we have to eradicate domestic abuse. According to the charity Refuge, 750,000 children witness domestic violence every year, which the charity Safe Lives says that 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. The National Domestic Violence Helpline is 0808 2000 247 (run by Refuge). Men's advice line for male victims is 0808 801 0327



Speech, language and communication needs can often pass under the radar or be misdiagnosed and early recognition is key to supporting pupils effectively. So how can we spot the signs? Alongside attention and concentration difficulties (how can a child pay attention if they cannot understand or process the language spoken by the teacher) a child with SLCN may present a range of the following:

- Speech that is difficult to understand
- Inability to formulate coherent sentences
- Difficulty understanding language spoken to them
- Immature vocabulary
- Inability to describe or explain
- Difficulty following instructions and understanding the task set
- Difficulty taking turns
- Difficulty initiating conversation
- Poor listening skills when others are speaking
- Poor social skills
- Anger and frustration.

In some parts of the country, 50% of children begin school with speech, language and communication difficulties and 10% of these children will continue to have problems well into adulthood. The causes of SLCN are wide and varied. The child may already have a diagnosis such as ASD, ADD, DCD or ADHD. There may have been a lack of exposure to spoken language and books in the child's pre-school years, or the child may have had limited life experiences that delayed language acquisition. Speech, language and communication skills underpin the child's ability to develop reading and writing skills, their ability to socialise and make friends and to understand and control emotions and feelings. If a child has not acquired these skills in their pre-school years, it is highly likely that the language deficit will result in unwanted behaviours. With early interventions we can put these disadvantaged children back on track.



## Hill West Leadership Team

**Dr Clarke** - Head Teacher  
**Mrs Leeson** - Deputy Head Teacher  
**Mrs Cook** - Deputy Head Teacher (currently at Slade)  
**Mrs Pardo / Mrs George** - Assistant Head Teacher  
**Miss Bolton** - Assistant Head Teacher  
**Mr Lackenby** - Assistant Head Teacher

## Primary Accountability

The new accountability measures from the DfE aim to capture the progress that pupils make from the end of key stage 1 (KS1), to the end of primary school. They are a type of value added measure, which means that pupils' results are compared to the actual achievements of other pupils nationally with similar prior attainment.

A school's progress scores in reading, writing and mathematics will be calculated as the average of its pupils' progress scores. These scores will indicate whether as a group, pupils in the school made above or below average progress in a subject compared with pupils who had similar starting points in other schools. Individual pupil scores are calculated separately for reading, writing and mathematics. In 2016, pupils' prior attainment will be based on their teacher assessments at the end of KS1. These teacher assessments took place in 2012 and were reported as national curriculum levels. Individual KS1 subject teacher assessments will be converted into points.